



COLORADO
North Central Region
Healthcare Coalition

Hospital Resource Officer Exercise-in-a-Box Toolkit

Exercise Name:

Exercise Date:

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Exercise-in-a-Box Toolkit

This document is an “Exercise-in-a-Box” toolkit and is meant to include the resources needed to design, facilitate, and evaluate a Tabletop exercise (TTX). Some Functional Exercise (FE) elements have also been included for planners who wish to conduct an FE. This toolkit is specifically designed to exercise the *Hospital Resource Officer (HRO) Concept of Operations* created for the North Central Region (NCR). It has been designed based upon the Homeland Security Exercise and Evaluation Program (HSEEP) framework. For additional information on the HSEEP process, please see <https://www.fema.gov/emergency-managers/national-preparedness/exercises/hseep>.

The Tools

[Tool 1: Exercise Plan Template](#)

This Exercise Plan (ExPlan) functions as a guide to assist an Exercise Design Team in planning and facilitating an exercise. The final version of this document includes the details of the exercise (including the objectives, scenario, questions, and schedule) and can be shared with exercise participants prior to the exercise.

[Tool 2: Exercise Facilitator Guide](#)

This Facilitator Guide provides strategies to prepare for, conduct, and debrief the exercise. The layout mimics the Exercise Plan and can be customized to match.

[Tool 3: Participant Feedback Form Template](#)

A Participant Feedback Form is a document designed to collect input from all participants of the exercise. This feedback form is to be completed at the conclusion of the exercise by exercise participants and returned to the facilitator. The information collected in this form should be collated and incorporated into the After Action Report (AAR).

[Tool 4: Exercise Evaluation Guide \(EEG\) Template](#)

An Exercise Evaluation Guide (EEG) is a document that captures information specifically related to the evaluation requirements of the exercise. This EEG template provides Evaluators with a standard tool to guide data collection and capture performance results from either the discussion or the operational tasks of each module.

[Tool 5: After Action Report and Improvement Plan \(AAR/IP\) Template](#)

The AAR/IP is a document that generally includes an exercise overview, analysis of capabilities, and a list of corrective actions. The length, format, and development timeframe of the AAR/IP depend on the exercise type and scope. A template AAR/IP has been developed for this exercise.

[Attachment 1: Exercise Design Checklist](#)

This Exercise Design Checklist provides the Exercise Design Team with a roadmap to ensure the best possible exercise. The Checklist includes tips, tricks, and considerations for the entire exercise planning process.

[Attachment 2: Optional Operational Tasks](#)

This Attachment provides some suggestions for tasks that can expand this exercise from tabletop to a functional exercise.

How to Use This Toolkit

This Toolkit provides guidance to assist the Exercise Design Team, facilitator, and participants through all phases of exercise design and conduct of the Hospital Resource Officer Concept of Operations (CONOPS).

This Toolkit includes a series of prompts and tips for the user to design, conduct, and evaluate a successful exercise.

Instructions for Exercise Design

Convene an Exercise Design Team comprised of those who are tasked with response obligations related to the HRO. The Exercise Design Team will customize this exercise toolkit for your organization. Begin with [Attachment 1: Exercise Design Checklist](#) and work through each of the exercise documents in the order described.



The grey boxes provide exercise design considerations and recommendations that can be used in the exercise design process. These are suggestions and can be customized by each user.

Customizable Portions

Throughout this document, you will find **highlighted text**. This **highlighted text** can be edited and replaced with information specific to your exercise.



Delete this introduction before you share your ExPlan with the participants.

Remove these grey boxes and any highlighted areas before you share your final versions of the tools in this Toolkit.

Tool 1: Exercise Plan Template

Exercise Overview



This section provides an overview of the exercise. This section may be completed as a final step in the process and after you have customized your exercise.

- Add a creative name for your exercise.
- Review and list exercise specifics.
- If you add operational tasks like those described in [Attachment 2: Optional Operational Tasks](#), edit the scope to include a statement such as “this exercise will include open discussion and operational tasks.”

Exercise Name	Hospital Resource Officer (HRO) Exercise
Exercise Details	Date: Insert Date
	Time: Insert Time
	Location: Location and Address
Scope	This exercise is a tabletop exercise planned for LENGTH. Exercise play is limited to initial response actions.
Focus Area(s)	Response
Capabilities	See Exercise Capabilities below
Objectives	See Exercise Objective below
Threat/Hazard	Insert the Threat/Hazard
Scenario	Insert Synopsis of Selected Scenario
Sponsor	Insert Sponsoring Organization
Participating Organizations	For a full list of participants, please see Exercise Plan Appendix B: Exercise Participants .
Exercise Point of Contact	First Name Last Name
	Title
	Agency
	Street Address
	City, State, Zip Code
	Phone Number
	Email Address

General Information

Exercise Objectives

The objectives are approved by the Exercise Design Team.



Typically, exercises have 2-3 objectives to test. Exercise Objectives are the outcomes you want to achieve during your exercise. They describe the specific performance expected from participants and convey how the exercise should achieve its purpose. You can add additional lines to the table below as needed. Use your Exercise Design Team to decide on your objectives. Three example objectives are provided below for your consideration.

Exercise Objectives	HPP Capability	FEMA Capability
1. Review and discuss the activation and notification procedures of the HRO.	Capability 2: Health Care and Medical Response Coordination	Operational Coordination
2. Discuss and further define the roles and operational responsibilities of the HRO within the response.	Capability 2: Health Care and Medical Response Coordination	Operational Communications
3. Discuss and further define the demobilization process of the HRO.	Capability 2: Health Care and Medical Response Coordination	Operational Coordination

Exercise Capabilities

The exercise capabilities are approved by the Exercise Design Team.



When discussing the exercise objectives, it may be helpful to describe the capabilities that are aligned to each objective. Each objective the team selects will fall under one of the capabilities as found below. Capabilities for your consideration may come from three sources:

Federal Emergency Management Agency (FEMA) Core Capabilities: FEMA has identified “core capabilities” as distinct critical elements necessary to achieve the National Preparedness Goal. For more information, see <https://www.fema.gov/emergency-managers/national-preparedness/mission-core-capabilities>

Hospital Preparedness Program (HPP) Capabilities: HPP capabilities provide guidance to describe what the health care delivery system, including healthcare coalitions, hospitals, and emergency medical services (EMS), have to do to effectively prepare for and respond to emergencies that impact the public’s health. For more information, see <https://www.phe.gov/preparedness/planning/hpp/reports/documents/2017-2022-healthcare-pr-capabilities.pdf>.

Public Health Emergency Preparedness (PHEP) Program Capabilities: The Centers for Disease Control (CDC) established 15 capabilities that serve as national standards for public health preparedness. These capabilities are designed for planning to prepare for, respond to, and recover from public health emergencies. For more information, see <https://www.cdc.gov/orr/readiness/capabilities/index.htm>.

You can select the capabilities to best fit your exercise participants and objectives.

Exercise Structure

This Exercise Plan (ExPlan) includes two modules with a scenario that would test the activation of a Hospital Resource Officer (HRO). Within each module, there are a series of discussion questions directed at specific disciplines who would have a role in an incident with an HRO activation (hospitals, EMS, dispatch, and other response partners). Each module can act as a standalone discussion-based tabletop exercise, or you can use both modules in one exercise. Additionally, these discussion-based exercises can be upgraded to an operations-based Functional Exercise (FE), by adding and completing some of the example operational functional tasks in [Attachment 2: Optional Operational Tasks](#).

Before each module, the Exercise Facilitator will present the scenario and summarize key events occurring at that time. After the updates, participants will review the situation and engage in the exercise as described in the ExPlan.

Module 1: A Large Mass Casualty Incident and Patient Surge

Module 2: Hospital Evacuation



The module titles are recommendations based on the content covered within each module. These sections and section titles are fully customizable and can be edited as needed. If you wish to add additional modules to the exercise, please ensure the module title is listed above and the Exercise Structure accurately reflects the structure you have chosen.

Roles and Responsibilities

Exercise Participants

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 are also responsible for providing feedback on discussion, tasks, and performance.
- **Facilitator.** The Facilitator plans and manages exercise play. The facilitator also directs the pace of the exercise, they may prompt or initiate certain player actions, and they issue exercise material to players.

- **Observers:** Observers do not directly participate in the exercise. However, they may support the development of player responses to the situation during the discussion by asking relevant questions or providing subject matter expertise.
- **Evaluators:** Evaluators are assigned to observe and document certain objectives during the exercise. Their primary role is to document player discussions, including how and if those discussions conform to plans, policies, and procedures.

Exercise Facilitator

Facilitators guide exercise play and are responsible for ensuring that participant discussions remain focused on the exercise objectives and making sure all issues are explored as thoroughly as possible within the available time.

The Facilitator's primary role is to encourage all participants to contribute to the discussion and to ensure participants understand that the exercise is a no-fault learning opportunity with a hypothetical situation. It will require a skilled facilitator to keep participants on track. Facilitators also build and maintain an inclusive environment where participants feel comfortable speaking honestly and where differences of opinion are respected. Facilitators should ensure that everyone feels included in the conversation and has an opportunity to participate.

Facilitators should not lecture or dominate the discussion, but rather keep conversations moving as well as redirect conversation when necessary. Additionally, Facilitators may want to use an issues list or "parking lot" to document valid points that are raised by participants during the exercise but that risk taking the conversation off topic; these items can be assigned for later discussion to the appropriate persons.

See [Tool 2: Exercise Facilitator Guide](#)



The Exercise Design Team will need to assign personnel to fill the roles necessary for your exercise. Players will be invited based on the scope of your exercise. The team will need to establish a skilled exercise facilitator, evaluators who can observe and record how exercise objectives are met, note takers to capture exercise discussion, and personnel to help register exercise participants. Others may be required for your specific exercise needs.

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.

The following assumptions and artificialities 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.*
- Exercise communication and coordination is limited to those located in the same physical location exercise play. Please do not contact outside organizations unless instructed to do so.
- Add additional as needed.



These are standard assumptions and artificialities. You can add or edit any of these assumptions as you see fit during the design process. Some of these may change based on any operational elements you may add.

Exercise Evaluation

Evaluation of the exercise is based on the exercise objectives and aligned capabilities which are documented in Exercise Evaluation Guides (EEGs). Evaluators have EEGs for each of their assigned areas. An EEG template can be found in [Tool 4: Exercise Evaluation Guide \(EEG\) Template](#). Additionally, players will be asked to complete participant feedback forms. The Participant Feedback Form template can be found as [Tool 3: Participant Feedback Form Template](#). These documents, coupled with facilitator observations and notes, will be used to evaluate the exercise, and compile the After Action Report as described in [Tool 5: AAR/IP Template](#).

Module 1: A Large Mass Casualty Incident and Patient Surge



If you do not intend to use Module 1 in your exercise, you can remove the following section from this document.

Scenario

A **bleacher collapse at a large stadium** occurs in your jurisdiction. When EMS arrives on scene, they declare a mass casualty incident (MCI) and begin MCI operations. Patient transport begins to multiple hospitals, and there are ongoing search and rescue operations in the rubble. A large number of injured are expected to be transported to hospitals over several hours. **The local EOC and ESF-8** have been activated but are not yet operational.



The purpose of a scenario is to make sure players have enough information to drive their exercise actions. To this end, you may add more details to the scenario as you see fit. You may also choose to leave the scenario less specific.

Objectives

1. Review and discuss the activation and notification procedures of the HRO.
2. Discuss and further define the roles and operational responsibilities of the HRO within the response.
3. Discuss and further define the demobilization process of the HRO.

Discussion Questions

Based on the information provided, participate in the discussion concerning the issues raised in Module 1. Identify any critical issues, decisions, requirements, or questions that should be addressed at this time. Utilize the Hospital Resource Officer Concept of Operations (CONOPS) as a guide. Participants should consider using the checklists and other resources in the CONOPS to guide their response.



Use the questions below if your organization chose to do a **discussion-based exercise**. The questions are fully customizable. If a question does not pertain to your organization, you can edit or delete the question. If there are additional questions that you would like to present to your group, add them below.

Also, if you are customizing this exercise for a specific discipline, you can remove the questions for other disciplines.

Activation

These questions focus on activating (and/or requesting) someone to fill the role of an HRO.

EMS Questions

1. Would this incident necessitate the activation of an HRO?

2. What knowledge, skills, and/or abilities are important for the person serving in this role?
3. Where does the HRO fit in with the on-scene Incident Command System (ICS) structure?
4. Describe the process to assign an HRO to an impacted hospital.
5. Could multiple hospitals request an HRO in this scenario?
 - a. If so, how would these HROs coordinate and communicate?

Dispatch Questions

6. What is the role of the local dispatch in activating or assigning the HRO in this scenario?
7. Describe the actions of the local dispatch if they are contacted by an impacted hospital requesting an HRO.

Hospital Questions

8. How do you request an HRO in this scenario?
 - a. If the local dispatch is overwhelmed with emergency calls, who else would you call to request an HRO?
9. Are there triggers or decision points which would cause the hospital to request an HRO?
10. Where does the HRO connect into the hospital's ICS structure?

Other Response Partner Questions

11. Describe the role(s) of these partners in the HRO activation process:
 - a. North Central Region Healthcare Coalition (NCR HCC)
 - b. Local Emergency Management / Local Emergency Operations Center (EOC)
 - c. Local Public Health / Local Emergency Support Function-8 (ESF)
 - d. Others

Notification

These questions focus on notifying the HRO and other response partners of the HRO's activation.

EMS Questions

12. How is the assigned HRO notified of their role?
13. What resources or equipment are necessary for the HRO to fulfill their functions?
14. How are other responding agencies and organizations notified of this activation?
15. How do notifications through the MCI plan and notifications regarding the HRO intersect?

Dispatch Questions

16. What information do you need to collect from the requesting hospital to pass on their HRO request?

17. How do you pass the request for an HRO to the on-scene Incident Commander (IC) whether inside or outside your jurisdiction?

Hospital Questions

18. How will the hospitals perform the functions of the HRO in the event one is unable to be assigned or if there is a delay in the HRO's arrival?
19. What information do you need from Incident Command regarding your request for an HRO?
20. How are other responding agencies and organizations notified of this activation?

Other Response Partner Questions

21. Describe the role(s) of these partners in the HRO notification process:
- a. North Central Region Healthcare Coalition (NCR HCC)
 - b. Local Emergency Management / Local Emergency Operations Center (EOC)
 - c. Local Public Health / Local Emergency Support Function 8 (ESF-8)
 - d. *Others*

HRO Operations

These questions focus on the three functions of the HRO: information sharing, resource coordination, and patient movement.

EMS Questions

22. How does the HRO connect with the larger response systems?
23. How does the HRO connect with the IC for situational awareness (for information needed by the hospital and to share hospital status with the IC)?
24. If the HRO requests resources from the IC on behalf of the impacted hospital:
- a. How are the resources requested?
 - b. What is the role of the HRO in managing these resources?
25. What connections or resources are needed if the HRO is supporting the hospital with patient movement to another hospital?
26. How would EMS interact with the assigned HRO regarding patient transport operations from the scene of an MCI?
27. How do MCI plans and the HRO process overlap and complement each other? Are there areas in which this integration could be improved?

Dispatch Questions

28. What is the role of dispatch in providing situational awareness to the impacted hospital?
29. What is the role of dispatch if the HRO requests resources on behalf of the impacted hospital?

30. What is the role of dispatch if the HRO requests support for patient movement / patient destinations on behalf of the impacted hospital?

31. Are there information needs for dispatch centers that have not been addressed?

Hospital Questions

32. How would the HRO be integrated into hospital operations and the hospital's ICS structure?

33. What resources (including personnel) would you assign to the HRO?

34. What would you need from the HRO during this response? Consider:

- a. Needed information from the scene or other response partners.
- b. Resources to support your response.
- c. Efforts to support patient movement to another hospital.

Other Response Partner Questions

35. These agencies/disciplines may have a role in this response.

- Incident Command
- Non-impacted hospitals
- Fire / EMS
- Local and non-impacted Dispatch centers
- Law Enforcement
- North Central Region Healthcare Coalition (NCR HCC)
- Regional Emergency Medical and Trauma Services Advisory Councils (RETAC)
- Local Emergency Management/Local EOC
- Local Public Health/ESF-8
- *Other Responders*

a. What support would each agency/discipline provide to the HRO and their functions?

- i. Needed information from the scene or other response partners.
- ii. Resources to support your response.
- iii. Efforts to support patient movement to another hospital.

b. What would each agency/discipline need from the HRO?

- i. Needed information from the scene or other response partners.
- ii. Resources to support your response.
- iii. Efforts to support patient movement to another hospital.

Demobilization

36. Describe the criteria for demobilizing the HRO.
37. What documentation would be necessary to gather from the HRO?
38. Which impacted agencies would conduct a hotwash/debrief that would include the HRO?



Want to make this exercise functional? See [Attachment 2: Optional Operational Tasks](#) for examples of operational tasks that will test the HRO.

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Module 2: Evacuation



If you do not intend to use Module 2 in your exercise, you can remove the following information from this document. If you do not intend to use Module 1, modify the title to reflect this module as Module 1.

Scenario

On **DATE**, a train carrying toxic chemicals derailed in **LOCATION**, igniting a fire that covered the area in smoke. Fearful of an explosion, the authorities carved out an evacuation zone of two square miles and plan to carry out a controlled release of toxic fumes to neutralize burning cargo inside some of the train cars. **NAME** hospital is in the identified evacuation zone and had begun to plan for evacuation. The current census is **NUMBER/TYPES** of patients.



The purpose of a scenario is to make sure players have enough information to drive their exercise actions and a sufficient scenario to warrant an evacuation. To this end, you may add more details to the scenario as you see fit. You may also choose to leave this scenario less specific.

Objectives

1. Review and discuss the activation and notification procedures of the HRO.
2. Discuss and further define the roles and operational responsibilities of the HRO within the response.
3. Discuss and further define the demobilization process of the HRO.

Discussion Questions

Based on the information provided, participate in the discussion concerning the issues raised in Module 2. Identify any critical issues, decisions, requirements, or questions that should be addressed at this time. Utilize the Hospital Resource Officer Concept of Operations (CONOPS) as a guide. Participants should consider using the checklists and other resources in the CONOPS to guide their response.



Use the questions below if your organization chose to do a **discussion-based exercise**. The questions are fully customizable. If a question does not pertain to your organization, you can edit or delete the question. If there are additional questions that you would like to present to your group, add them below.

Also, if you are customizing this exercise for a specific discipline, you can remove the questions for other disciplines.

Activation

These questions focus on activating (and/or requesting) someone to fill the role of an HRO.

EMS Questions

1. Would this incident necessitate the activation of an HRO?

2. What knowledge, skills, and/or abilities are important for the person serving in this role?
3. Where does the HRO fit within the on-scene Incident Command System (ICS) structure?
4. Describe the process to assign an HRO to the impacted hospital.

Dispatch Questions

5. What is the role of the local dispatch in activating or assigning the HRO in this scenario?
6. Describe the actions of the local dispatch if they are contacted by the impacted hospital to request an HRO.
7. How does the local dispatch center of an impacted hospital contact Incident Command in another jurisdiction?

Hospital Questions

8. How do you request an HRO in this scenario?
 - a. If the local dispatch is overwhelmed with emergency calls, who else would you call to request an HRO?
9. Is evacuation a trigger to request an HRO? Are plans established to request an HRO through a specific hospital position?
10. Where does the HRO connect into the hospital's ICS structure?

Other Response Partner Questions

11. Describe the role(s) of these partners in the HRO activation process:
 - a. North Central Region Healthcare Coalition (NCR HCC)
 - b. Local Emergency Management / Local Emergency Operations Center (EOC)
 - c. Local Public Health / Local Emergency Support Function -8 (ESF)
 - d. Others

Notification

These questions focus on notifying the HRO and other response partners of the HRO's activation.

EMS Questions

12. How is the assigned HRO notified of their role?
13. What resources or equipment are necessary for the HRO to fulfill their functions?
14. How are other responding agencies and organizations notified of this activation?

Dispatch Questions

15. What information do you need to collect from the requesting hospital to pass on their HRO request?
16. How do you pass the request for an HRO to the on-scene IC?

Hospital Questions

17. How will the hospitals perform the functions of the HRO in the event one is unable to be assigned or if there is a delay in the HRO's arrival?
18. How are other responding agencies and organizations notified of this activation?
19. How will the impacted hospital notify other facilities and partners that an evacuation is eminent?

Other Response Partner Questions

20. Describe the role(s) of these partners in the HRO notification process:
 - a. North Central Region Healthcare Coalition (NCR HCC)
 - b. Local Emergency Management / Local EOC
 - c. Local Public Health / Local ESF-8
 - d. Others

HRO Operations

These questions focus on the three functions of the HRO: information sharing, resource coordination, and patient movement.

EMS Questions

21. How does the HRO connect with the larger response systems?
22. How does the HRO connect with the IC for situational awareness (for information needed by the hospital and to share hospital status with the IC)?
23. If the HRO requests resources from the IC on behalf of the impacted hospital:
 - a. How are the resources requested?
 - b. What is the role of the HRO in managing these resources?
24. What connections or resources are needed if the HRO is supporting the hospital with patient movement to another hospital(s)?
25. Are there anticipated resource shortfalls (equipment, personnel, etc.) which could impact the ability of EMS, an HRO, and the hospital to effectively evacuate?
26. What other partners may be necessary to assist the HRO in a large evacuation?

Dispatch Questions

27. What is the role of dispatch in providing situational awareness to the impacted hospital?
28. What is the role of dispatch if the HRO requests resources on behalf of the impacted hospital?
29. What is the role of dispatch if the HRO requests support for patient movement / patient destinations on behalf of the impacted hospital?

30. Are there information needs/ roles and responsibilities for dispatch centers which have not been addressed?

Hospital Questions

31. What would you need from the HRO during this response? Consider:

- a. Needed information from the scene or other response partners.
- b. Resources to support your response.
- c. Efforts to support patient movement to another hospital.

32. How are you maintaining situational awareness with regional partners?

33. What resources/personnel would be assigned to assist or liaison with the HRO?

Other Response Partner Questions

34. These agencies/disciplines may have a role in this response.

- Incident Command
- Non-impacted hospitals
- Fire / EMS
- Local and non-impacted Dispatch centers
- Law Enforcement
- North Central Region Healthcare Coalition
- Regional Emergency Medical and Trauma Services Advisory Councils (RETAC)
- Local Emergency Management/Local EOC
- Local Public Health/ESF-8

• *Other Responders*

a. What support would each agency/discipline provide to the HRO and their functions?

- i. Needed information from the scene or other response partners.
- ii. Resources to support your response.
- iii. Efforts to support patient movement to another hospital.

b. What would each agency/discipline need from the HRO?

- i. Needed information from the scene or other response partners.
- ii. Resources to support your response.
- iii. Efforts to support patient movement to another hospital.

Demobilization

35. Describe the criteria for demobilizing the HRO.
36. What documentation would be necessary to gather from the HRO?
37. Which impacted agencies would conduct a hotwash/debrief that would include the HRO?



Want to make this exercise functional? See [Attachment 2: Optional Operational Tasks](#) for examples of operational tasks that will test the HRO.

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Acronyms

Acronym	Definition
AAR/IP	After Action Report / Improvement Plan
CDC	Centers for Disease Control and Prevention
CONOPS	Concept of Operations
EEG	Exercise Evaluation Guide
EMS	Emergency Medical Services
EOC	Emergency Operations Center
ESF	Emergency Support Function
ExPlan	Exercise Plan
FE	Functional Exercise
FEMA	Federal Emergency Management Agency
HPP	Hospital Preparedness Program
HRO	Hospital Resource Officer
HSEEP	Homeland Security Exercise and Evaluation Program
IC	Incident Commander
ICS	Incident Command System
MCI	Mass Casualty Incident
NCR HCC	North Central Region Healthcare Coalition
PHEP	Public Health Emergency Preparedness Program
TTX	Tabletop Exercise



Please review your completed Exercise Plan and ensure that all acronyms have been included in the table above.

Appendix A: Exercise Schedule

DATE	INSERT DATE
TIME	WELCOME AND INTRODUCTIONS
TIME	MODULE ONE
TIME	BREAK
TIME	MODULE TWO
TIME	HOTWASH
TIME	CLOSING COMMENTS AND ADJOURN



Because this information is updated throughout the exercise planning process, Appendices may be developed as stand-alone documents rather than part of this document. The times for each module are approximate and not prescriptive. You may choose to spend more or less time on each module depending on the level of discussion or the use of operational tasks.

Appendix B: Exercise Participants



The following chart is used to document those who are participating in the exercise. If this is a community-based exercise, you may choose to sort participants by their organization. If this exercise is for a single organization, you may choose to list participants by their department.

Participating Organization or Department	Name	Job Title
Organization or Department	Name	Title

Tool 2: Exercise Facilitator Guide

This Facilitator Guide provides strategies for the Exercise Facilitator to manage, guide, and conduct the exercise. The layout mimics the Exercise Plan and can be customized to match.

Prepare for the Exercise

To prepare for the exercise, the Facilitator should meet with the Exercise Design Team (if they are not a member of the team already) to understand the goals of the exercise, the desired outcomes, and the established timelines. Read the exercise material and ask any additional questions you may have.



Many facilitators like to use PowerPoint for the exercise briefing and conduct. This can be an easy way to have all participants see the same information at the same time.

Exercise Briefing

When all participants have gathered, you can begin the exercise with a briefing. A typical briefing includes:

- ☐ Welcome and Introductions (Name, Agency/Organization, and Position).
- ☐ A review of the exercise schedule in [Appendix A: Exercise Schedule](#).
- ☐ Housekeeping (snack breaks, restroom location, emergency exits, etc.).
- ☐ A review of the exercise objectives and capabilities.
- ☐ Instructions or expectations for the exercise participants.
- ☐ Exercise guidelines and assumptions [Exercise Assumptions and Artificialities](#).
- ☐ Review resources available to the participants (hard copies of exercise documents, plans, etc.).
- ☐ Other items

Exercise Conduct

After the briefing, it's time to conduct the exercise. Your role is to guide the group through the exercise.

- ☐ Make sure you have the needed exercise materials to include:
 - ☐ Copies of the Exercise Plan for yourself and each participant.
 - ☐ Participant Feedback Forms.
 - ☐ Exercise Sign-In Sheet.
 - ☐ Technology: laptop, projector, etc.
- ☐ Lead the group through the scenario(s), questions, and/or tasks as outlined in the ExPlan and/or Facilitator Guide.

- ☐ Remain impartial to the discussion while the group talks through the exercise questions. Your role is to focus on the questions and avoid the temptation of offering opinions.
- ☐ Keep participants moving through the exercise and focused on the discussion.
- ☐ Stay alert, listen actively, and ask additional questions if needed.
- ☐ Monitor the timing. Be flexible and balance the need for discussion with the need to run the exercise efficiently. If a discussion is not reaching a natural conclusion, consider adding items to a “parking lot” for further follow up.

Exercise Debriefing

When the exercise has concluded, lead the group in a short debrief (or hotwash). This provides an opportunity for participants to discuss strengths and areas for improvement immediately following the exercise. The information gathered during a hot wash/debrief contributes to the exercise After Action Report (AAR). Be sure to assign a notetaker to document the discussion.

- ☐ Distribute Participant Feedback Forms
- ☐ Review of Exercise Objectives. For each objective, ask:
 - ☐ What went well?
 - ☐ What actions can be sustained?
 - ☐ How do we sustain those actions?
 - ☐ What were the pain points?
 - ☐ What can be improved upon?
 - ☐ How do we improve upon those pain points?
- ☐ Prioritize action items.
 - ☐ What should we focus on first?
 - ☐ Who is responsible for this action item?
- ☐ Next Steps
- ☐ Collect Participant Feedback Forms



During the debrief, remember to keep participants focused on the lessons learned and specific steps for improving performance and proficiency during response. Participants may also choose to provide information on the Participant Feedback Form.

Tool 3: Participant Feedback Form Template



This Participant Feedback Form can be used to collect additional input from the exercise participants. You could use this as a hard copy handout or could translate this into an electronic survey and provide a link to participants rather than a hard copy.

Thank you for participating in this exercise. Your observations, comments, and input are greatly appreciated, and provide invaluable insight that will better prepare our organization/community against threats and hazards. Any comments provided will be treated in a sensitive manner and all personal information will remain confidential. Please keep comments concise, specific, and constructive.

Part 1: General Information

Name (Optional):

Agency/Organization Affiliation:

Discipline:

EMS ____ Fire ____ Hospital ____ Dispatch ____
Public Health ____ Law Enforcement ____ Other: _____

Part 2: Exercise Design

Please circle (on a scale of 1 to 5) your overall assessment of the exercise relative to the statements provided. 1 indicates Strong Disagreement; 5 indicates Strong Agreement.

Assessment Factor	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The exercise scenario was plausible and realistic.	1	2	3	4	5
Exercise participants included the right people in terms of level and mix of disciplines.	1	2	3	4	5
Participants were actively involved in the exercise.	1	2	3	4	5
Exercise participation was appropriate for someone with my level of experience/training.	1	2	3	4	5
The exercise increased my understanding about and familiarity with the HRO.	1	2	3	4	5
After this exercise, I am better prepared to deal with capabilities and hazards addressed.	1	2	3	4	5

Other comments:

Part 3: Participant Feedback

1. I observed the following strengths related to each objective during this exercise.

Objective	Strengths
Objective One: <i>Insert Objective</i>	
Objective Two: <i>Insert Objective</i>	
Objective Three: <i>Insert Objective</i>	

2. I observed the following areas of improvement related to objectives during this exercise.

Objective	Area(s) for Improvement
Objective One: <i>Insert Objective</i>	
Objective Two: <i>Insert Objective</i>	
Objective Three: <i>Insert Objective</i>	

3. What specific training opportunities helped you (or could have helped you) prepare for this exercise? Please provide specific course names if applicable.

4. Please provide any recommendations on how this exercise or future exercises could be improved or enhanced.

Tool 4: Exercise Evaluation Guide (EEG) Template

	Creating the EEG: • The purpose of the EEG is to provide a mechanism for personnel assigned as evaluators in your exercise to make observations about how exercise participants were able to accomplish the established objectives. • Each exercise module should have an Exercise Evaluation Guide (EEG). The EEG template below has a column for expected actions, a rating scale, noted strengths, and areas for improvement / suggested solutions. • Use your Design Team to create the EEGs during your exercise design process. As you create your exercise objectives and questions (or operational tasks), create a list of actions you expect the participants to take related to each objective. List those expected actions in your EEG.
	Using the EEG: • Exercise evaluators will rate the participants on their ability to perform these actions during the exercise. Why they were able to meet those actions can be described in the <i>Strengths</i>; why they were not able to perform those actions or suggestions to make performing the actions better can be described in the <i>Areas for Improvement / Suggested Solutions</i>. • Consider meeting with your Evaluators prior to the exercise to review the EEG and set expectations for the completion of the document. An After Action Report is only as good as the information that is collected by evaluators so prepare them for their role in the exercise. • Your evaluators can complete their EEGs on paper (handwritten) or electronically. You can decide the best way to collect the information from them. • If you are providing hard copies of the EEGs for your evaluators, remember to remove the highlighted sections in each chart before printing.

Exercise Evaluation Guide: Module

Evaluator Name:	Evaluator Email:
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Rating Scale	These EEGs use performance ratings. The rating definitions can be found below. Performed without Challenges: This action was completed in a manner that achieved the exercise objectives and in accordance with plans, policies, and procedures. Performed with Some Challenges: This action was completed in a manner that achieved the exercise objectives and in accordance with plans, policies, and procedures. However, areas for improvement were noted. Performed with Major Challenges: This action was completed in a manner that achieved the exercise objectives but some or all the actions were not conducted in accordance with applicable plans, policies, or procedures. Unable to be Perform: This action was not completed in a manner that achieved the exercise objectives nor in accordance with applicable plans, policies, or procedures. Not Observed: This action was not observed during this exercise.
Strengths and Areas for Improvement	Based on your observations, document your findings in the format below for each question and provide any recommendations you have. Please ensure that you provide enough detail surrounding your observations to fully analyze the Strengths and Areas for Improvement within the After Action Report. There is not a set number of Areas for Improvement or Strengths that you must identify.
Suggested Solutions	For each Area for Improvement, list the actions or suggested solutions needed to address the Area for Improvement. <i>For example, if a contact list was outdated, corrective actions would be to update the list and develop a process to regularly review the list.</i>
Discussion Notes / Observations	Observation notes include notes on relevant decisions, information surrounding decision making, policies and procedures referenced, and any other factors contributing to the results of the exercise.
Hot Wash / Debrief	Use the exercise hot wash as an opportunity to clarify any observations with partners.

Expected Action	Corresponding Objective and Question	Rating	Strengths	Areas for Improvement / Suggested Solutions
Participants were able to Insert Expected Action	Objective #, Question #	☐ Performed with No Challenges ☐ Performed with Some Challenges ☐ Performed with Major Challenges ☐ Unable to Perform ☐ Not Observed	Identified Strength(s)	Identified Area(s) for Improvement or Solution(s)
		☐ Performed with No Challenges ☐ Performed with Some Challenges ☐ Performed with Major Challenges ☐ Unable to Perform ☐ Not Observed		
		☐ Performed with No Challenges ☐ Performed with Some Challenges ☐ Performed with Major Challenges ☐ Unable to Perform ☐ Not Observed		

Additional Notes	
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Tool 5: AAR/IP Template

The After Action Report and Improvement Plan (AAR/IP) provides guidance to assist the exercise facilitator and should not be given to exercise players. It provides limited talking points and supplemental questions or issues to raise during exercise conduct.

Exercise Overview

Exercise Name	Hospital Resource Officer (HRO) Exercise
Exercise Details	Date: Insert Date
	Time: Insert Time
	Location: Location and Address
Scope	This exercise is a tabletop exercise planned for LENGTH. Exercise play is limited to initial response actions.
Focus Area(s)	Response
Capabilities	Exercise Capabilities
Objectives	Exercise Objectives
Threat/Hazard	Threat/Hazard
Scenario	Scenario
Sponsor	Sponsoring Organization
Participating Organizations	For a full list of participants, please see Appendix B.
Exercise Point of Contact	First Name Last Name
	Title
	Agency
	Street Address
	City, State, Zip Code
	Phone Number
	Email Address



This should be the same chart as you created in your Exercise Plan. Copy and paste that chart here.

Analysis of Capabilities

Aligning exercise objectives and capabilities provides a consistent taxonomy for evaluation that transcends individual exercises to support preparedness reporting and trend analysis. The table below includes the exercise objectives, aligned capabilities, and performance ratings for each capability as observed during the exercise and determined by the evaluation team.



The information for this chart comes directly from the EEGs and uses the same scale. The **highlighted** performance ratings are provided as an example.

Objective	Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
Objective	Capability	P			
			S		
				M	
					U

Ratings Definitions:

Performed without Challenges: This action was completed in a manner that achieved the exercise objectives and in accordance with plans, policies, and procedures.

Performed with Some Challenges: This action was completed in a manner that achieved the exercise objectives and in accordance with plans, policies, and procedures. However, areas for improvement were noted.

Performed with Major Challenges: This action was completed in a manner that achieved the exercise objectives but some or all the actions were not conducted in accordance with applicable plans, policies, or procedures.

Unable to be Perform: This action was not completed in a manner that achieved the exercise objectives nor in accordance with applicable plans, policies, or procedures.

Not Observed: This action was not observed during this exercise.

The following sections provide an overview of the performance related to each exercise objective and associated capability, highlighting strengths and areas for improvement.



Copy this layout and complete it for each exercise objective

Objective #: Insert Objective

The strengths and areas for improvement for each capability aligned to this objective are described in this section.

Aligned Capability

Insert aligned Capability from the Exercise Plan

Strengths

The full or partial capability level can be attributed to the following strengths:



If an objective is indicated as meeting the “full” capability level, there were no *Areas for Improvement* identified. If there were *Areas for Improvement* identified by the evaluators and participants, the capability level should be noted as being “partial.”

Strength 1: Observation statement

Strength 2:

Strength 3:

Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 1: Summarize the problem or gap noted. Recommendations are listed below and in the Improvement Plan.

Recommendations for Improvement:

- Identify the action items or suggestions for this Area for Improvement

Area for Improvement 2: Summarize the problem or gap noted. Recommendations are listed below and in the Improvement Plan.

Recommendations for Improvement:

- Identify the action items or suggestions for this Area for Improvement



Information for *Strengths* and *Areas for Improvement* comes from the completed EEGs and Participant Feedback Forms.

Add or remove lines and supporting information to match the number of strengths and areas for improvement for this objective.

Appendix A: Improvement Plan

This Improvement Plan (IP) is developed specifically for **Organization or Jurisdiction** because of the **HRO Exercise** conducted on **DATE**.



- **Column 1: Exercise Objectives** – This is a list of all the objectives from the exercise.
- **Column 2: Issue \ Area for Improvement** – These areas for improvement are populated based on the analysis and recommendations sections from above. The areas for improvement were identified based on the results of the exercise.
- **Column 3: Corrective Action(s)** - For each area for improvement, add the actions needed to address/correct the area for improvement listed.
- **Column 4: Capability Element** – For each corrective action, a capability element (Planning, Organization, Equipment, Training, Exercises) is identified to provide a mechanism to address the corrective actions.
- **Column 5: Assigned To** - List who is tasked with seeing the corrective actions through to completion.
- **Column 6: Start Date** - List the date that work on each corrective action will begin.
- **Column 7: Target Completion Date** - List the date on which you plan to have the corrective actions completed.

Tips and Tricks for Improvement Planning:

- This Improvement Plan was developed based on the cumulative results of the exercise. Not all areas for improvement may be applicable to your organization. Delete or update the listed items as needed.
- It is a **GOOD THING** to have areas for improvement and action items in every exercise you conduct. Nothing will go perfectly – this is your opportunity to dig in and look for ways to improve.
- Use your Exercise Design Team to build this matrix and make assignments.

Objective	Issue/Area for Improvement	Corrective Action	Capability Element	Assigned To	Start Date	Target Completion Date
Objective	1. Area for Improvement	Corrective Action 1	POETE	Name/Title	MM/DD/YYYY	MM/DD/YYYY

Appendix B: Exercise Participants



The following chart is used to document those who participated in the exercise. If this is a community-based exercise, you may choose to sort participants by their organization. If this exercise is for a single organization, you may choose to partition participants by their department.

This can be copied from the ExPlan and then edited.

Participating Organization or Department	Name	Job Title
Organization or Department	Name	Title

Appendix C: Acronyms

Acronym	Definition
AAR/IP	After Action Report and Improvement Plan
Acronym	Definition



Please review your completed AAR/IP and ensure that all acronyms have been included in the table above.

This can be copied from the ExPlan and then edited.

Attachment 1: Exercise Design Checklist

The following checklist includes items for consideration during your exercise planning efforts.

Before the Exercise (One-Three Months Out)

- ☐ Identify your Exercise Design Team and who you would like to play in the exercise.



Your Design Team will help you design, develop, and conduct your exercise. The Design Team members are not typically players in an exercise. However, if you elect to have your exercise team also play in the exercise, ensure that these individuals are careful not to divulge sensitive exercise information.

- ☐ Identify a date and time for the exercise. Send out a calendar hold, a save the date email, or an exercise registration flyer to participants.
- ☐ Identify and reserve a space for the exercise that is appropriate for the number of expected participants. The room should include:
 - ☐ Enough space for the number of expected participants (i.e., tables and chairs for each participant).
 - ☐ Proper acoustics that encourage discussion.
 - ☐ Accessible accommodations (i.e., parking and restroom access).
 - ☐ Power, internet bandwidth, and cell phone reception to support exercise play.
- ☐ Identify whether you will be providing a meal or refreshments during the exercise.
- ☐ Identify an experienced exercise facilitator.
- ☐ Identify experienced exercise evaluators (one evaluator for every ten people).
- ☐ Meet with your Exercise Design Team to complete and review the exercise documents.



There are typically 2-3 planning meetings for a tabletop exercise. If you choose to add operational components, you may include another planning meeting.

Before the Exercise (Two Weeks Out)

- ☐ Meet with your Design Team and finalize all exercise documents.
 - ☐ ExPlan
 - ☐ Exercise Evaluation Guide
 - ☐ Participant Feedback Form
 - ☐ Sign In Sheet
- ☐ Send the exercise facilitator and evaluators the following documents:

- ☐ ExPlan
- ☐ Exercise Evaluation Guide (EEG)
- ☐ Meet with your exercise Facilitator and Evaluator(s).
 - ☐ Review exercise documentation
 - ☐ Review exercise logistics
- ☐ Order any exercise refreshments or meals.

Before the Exercise (One Week Out)

- ☐ Send the ExPlan to all the exercise participants along with any logistical information.
 - ☐ Include date and time of the exercise.
 - ☐ Include room location.
 - ☐ Include any travel or parking instructions.
 - ☐ Assign exercise discussion groups, if applicable.
- ☐ Print exercise materials.
 - ☐ Exercise Sign in Sheet (1 copy printed for exercise day)
 - ☐ ExPlan (1 copy printed per participant)
 - ☐ Exercise Evaluation Guide (EEG) (1 copy printed per Evaluator)
 - ☐ Participant Feedback Forms (1 copy per participant)
 - ☐ HRO Concept of Operations or other related response plans
- ☐ Confirm any food or refreshment orders.
- ☐ Review logistical needs.
 - ☐ Laptop or computer with proper audio/visual equipment
 - ☐ Name tents or identifiers
 - ☐ Pens and paper

Day of the Exercise

- ☐ Arrive at exercise location 60 minutes prior to the start of the exercise.
- ☐ Set up the room.
- ☐ Test any audio/visual equipment.
- ☐ Set out exercise documents and the sign-in sheet with pens.



Consider arranging the tables to best suit the exercise. For example, a u-shaped layout for the exercises may encourage participant interaction in a small group. If you have more participants and would like them to participate in breakout group or a

functional group discussion, you may choose to separate the tables and chairs into clusters.

- ☐ Coordinate food or refreshments, if applicable.
- ☐ Conduct Exercise.
- ☐ Clean and organize the room to its original standards.

Following the Exercise (One Week)

- ☐ Collect Exercise Evaluation Guides and notes from your evaluators.
- ☐ Begin to organize your After Action Report/Improvement Plan.

Following the Exercise (One Month)

- ☐ Draft and review the After Action Report/Improvement Plan with your Exercise Design Team.
- ☐ Send the finalized After Action Report/Improvement Plan to exercise participants.

Attachment 2: Optional Operational Tasks

Since tabletop exercises are discussion-based, adding operational tasks to this exercise will expand it to a functional (or operations-based) exercise. According to FEMA, “a functional exercise is a fully simulated interactive exercise that tests the capability of an organization to respond to a simulated event. It is similar to a full-scale exercise but does not include equipment or deployment of actual field resources. It simulates an incident in the most realistic manner possible short of moving resources to an actual site. A functional exercise focuses on the coordination, integration, and interaction of an organization’s policies, procedures, roles, and responsibilities before, during, or after the simulated event. Functional exercises make it possible to examine and/or validate the coordination, command, and control between various multi-agency coordination centers without incurring the cost of a full-scale exercise.”¹

The following tasks may be incorporated into this TTX to create an FE.

- Establish an Incident Command Structure and/or Hospital Incident Command Structure from participants in the exercise. Assign participants to fill those roles, and have those participants respond accordingly.
- Direct the selected Incident Commander to activate the HRO by contacting a qualified responder through the established process (e.g., if this is by phone call, make the phone call). Have the assigned HRO respond utilizing the checklists and resources provided in the CONOPS.
 - This will require pre-planning to ensure first responders are available to participate in the exercise to establish this structure.
- During exercise play, prompt hospital participants to contact the non-emergency phone line of their local dispatch center and request an HRO from the established exercise Incident Command. An added component could be to use the alternate methods to request an HRO as outlined in the CONOPS.
 - Either of these additions will require notification to the recipients to engage in the exercise.
 - When making these types of notifications, be clear in your request that this is part of an exercise. Begin and end all communications with “This is an exercise.”
- For a mass casualty incident scenario, create some “paper patients” that can be used during the exercise to add more clinical discussions.
- Gather real-time patient capacity information from other healthcare organizations using existing platforms and processes.
- Utilize situational awareness systems and/or communications systems to send exercise communications to partners.

¹ Federal Emergency Management Agency. June 08, 2023.

https://emilms.fema.gov/is_0559/groups/153.html#:~:text=A%20functional%20exercise%20is%20a,respond%20to%20a%20simulated%20event

- Always remember to begin and end all exercise communication which is outside of the exercise itself with “This is an Exercise”.
- Be clear with all outside partners that you are conducting an exercise and there is not a real-world emergency.
- Be mindful of any communications systems which could be overheard or seen by the general public or other responders who may not be aware of an exercise.

DRAFT