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Hospital Preparedness
Exercises Pocket Guide



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The content of this document is intended to provide a resource for hospitals in planning, conducting, and evaluating exercises and should not be construed as representing standards of care or recommendations on how to respond to specific types of incidents. No statement in this document should be construed as the official position of AHRQ or the U.S. Department of Health and Human Services

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Introduction

This Pocket Guide is meant to be a quick reference for those planning, conducting, and evaluating hospital preparedness exercises. For additional information on the materials presented in this Pocket Guide, please reference the Hospital Preparedness Exercises Guidebook. For a complete listing of resources and tools related to hospital preparedness exercises, please see the Hospital Preparedness Exercises Atlas of Resources and Tools.

Hospital Preparedness Exercises

A **hospital preparedness exercise** is a means for a hospital to test and evaluate its capabilities of preventing, preparing for, protecting from, responding to, and/or recovering from an event that puts a significant strain on a hospital's patient care or operating systems. Exercises are a component of a hospital's **emergency management program**, which also may include emergency operations plans and an incident command system.

Types of Exercises

Two main categories of exercises are **discussion-based exercises**, which concentrate on strategic issues related to plans, policies, agreements, or procedures, and **operations-based exercises**, which test and evaluate certain capabilities, procedures, and functions.

Discussion-Based Exercises Types

TYPE OF EXERCISE	EXERCISE SCALE	DEFINITION AND PURPOSE
Seminar	Small	Provides a synopsis of authorities, strategies, plans, policies, procedures, protocols, resources, concepts, and ideas.
Workshop	Small	Provides an overview of relevant information for an emergency management program; more participant interaction than a seminar; aims to create a product/tool for exercise conduct.
Tabletop	Small-Medium	Staff and key decision makers convene to discuss and verbally walk through incident response under simulated emergency settings.
Game	Small-Medium	Adapts to actions of participants; and consequences of decisions and actions during exercise play.
Model/ Simulation	Small	Used to visualize and quantify a scenario and consequences of specific decisions.

Operations-Based Exercise Types

TYPE OF EXERCISE	EXERCISE SCALE	DEFINITION AND PURPOSE
Drill ¹	Small-Medium	Small scale way of testing a specific function of an organization (e.g. fire evacuation drill) and are used to practice or develop skills
Functional	Medium	Targets broader capabilities than drills; used to determine whether the hospital can effectively perform a function related to exercise plans, policies, or procedures
Full-Scale Exercise ²	Medium-Large	Most elaborate exercise form, requires extensive resources; often involves multiple entities besides hospitals (e.g., EMS, police, and local health departments), and includes coordination between these entities to respond to an incident

¹ In certain publications, the term “drills” may be used interchangeably with “exercises.” However, for the purposes of this guidebook, a drill is a type of exercise.

² Sometimes hospitals participate in full-scale exercises that are developed and coordinated by other entities.

Exercise Requirements

Hospital preparedness exercises serve to prepare the hospital to respond to an emergency incident. Exercises may be required by certain government agencies or accreditation organizations. Some of the important groups that have specific exercise requirements are:

The Joint Commission – see the chapter on **Emergency Management** in the accreditation manual.

The American Osteopathic Association – See the **Disaster Drills Standards** in the Healthcare Facilities Accreditation Program standards.

Det Norske Veritas – See **Environment of Care Standards** in the National Integrated Accreditation for Healthcare Organizations standards.

National Hospital Preparedness Program – Check with your State or local Jurisdiction for potential deliverables required of your hospital.

Other State and Local Jurisdiction Requirements

Exercise Documentation

Exercise Documentation includes documents that will be used or reviewed by exercise participants, exercise evaluators, exercise controllers, and exercise observers. These documents are developed by the exercise planning team.

Documentation to Review by Exercise Planning Team

Name	Purpose
Hazard Vulnerability Analysis (HVA)*	Identifies and analyzes potential hazards of a system a hospital is likely to encounter; useful for identifying exercise objectives and an exercise scenario.
After Action Reports/ Improvement Plans	Show existing strengths, weaknesses, and recent improvements in the system.
Emergency Operations Plan	Outlines the hospital's plans and protocols for emergency events.
Accreditation Standards	Important if one of the exercise goals is to meet accreditation requirements.
Federal/ State/ Local Jurisdiction Requirements , Deliverables	Important if one of the exercise goals is to meet Federal funding requirements or State/local jurisdiction requirements.

Documentation to Be Created/Modified

Discussion-based Exercises

Name	User	Purpose
Exercise Evaluation Guide (EEG)	Evaluators, Controllers	Used to help evaluate an exercise; identifies tasks linked to certain capabilities.
Situation Manual (SitMan)	Exercise Participants, Evaluators, Controllers	Ideally the primary source of documentation for a discussion based-exercise -- a textual exercise playbook.
Multimedia Presentation	Exercise Participants	Used to supplement the SitMan; provides a degree of realism to a discussion-based exercise.

Documentation to be Created/Modified Operations-Based Exercises

Name	User	Purpose
Exercise Evaluation Guide (EEG)	Evaluators, Controllers	Used to help evaluate an exercise; Identifies tasks linked to capabilities.
Exercise Plan (ExPlan)	Exercise Participants	Similar to a SitMan, but has no scenario information; includes summary of objectives, exercise scope, roles and responsibilities, duties for a planning team.
Controller and Evaluator (C/E) Handbook	Controllers and Evaluators	Explains roles and responsibilities during the exercise; greater scenario detail than ExPlan.
Controller Packets	Controllers	Distributed prior to the start of an exercise to controllers; Packets contain controller information respective to their duties (e.g., MSEL).
Evaluator Packets	Evaluators	Distributed to evaluators immediately prior to the start of an exercise; packets contain information on their duties (e.g. relevant EEGs).
Media/ Public Information Documents	Media, Community	Can be in the form of a press release or public announcement

Maximizing Efficacy and Efficiency of Exercises

Because exercises take a considerable amount of planning and resources, it is essential to get the most value out of each exercise, both in meeting Federal, State, local jurisdiction, and accreditation requirements and in preparing the hospital to manage any incident or threat. Some key points for maximizing efficacy and efficiency are listed here.

Training

An exercise can only effectively test what the participants know. It is essential that the participants are trained in the emergency operations plan and their roles during an emergency situation, especially if they are key members of the incident command system. An announced exercise can be useful in that it allows the hospital an opportunity to review response procedures, communications (important points of contact, call trees, etc.), and other educational material.

Small Scale Drills

These may be useful because they require less planning time and resources. Because fewer departments and outside agencies are involved, meetings can be shortened and the number of staff needed for exercise planning can be reduced. They can also effectively target specific deficiencies discovered in previous exercises and offer an opportunity to practice responses and demonstrate improvement. **Having very clear, defined, SMART (simple, measurable, achievable, realistic, and task-oriented) objectives is critical for smaller exercises so that they can be specifically designed to test those objectives.**

Knowing Requirements

A single exercise may meet requirements of multiple organizations. Knowing these requirements and planning for them during early stages of exercise design will be useful when seeking to fulfill requirements of relevant organizations. It may be necessary to write up more than one After-Action Report/Improvement Plan, according to the needs of each organization.

Work With Community Partners

Few incidents affect only a single entity, so it is important to do exercises that involve the community. Some accreditation organizations such as Joint Commission require involvement of community partners such as local police, fire, and public health departments. **It is important to have the participation of community partners so that the hospital can establish lines of communication, identify key points of contact for various agencies, and determine where key resources are available.**

Additionally, ESAR-VHP (Emergency System for Advance Registration of Volunteer Health Professionals) may be able to provide additional staff in emergencies. When conducting exercises with the community, additional planning and resources may be needed, so it is important to ensure that your hospital is still meeting the necessary requirements. Making the exercise as realistic as possible will also effectively test cooperation and communication with other agencies in real time.

HSEEP Exercise Methodology

The **Homeland Security Exercise and Evaluation Program (HSEEP)** has an exercise methodology that consists of five phases:

- Foundation
- Design & Development
- Conduct
- Evaluation

Improvement Planning

These phases are meant to be a cycle, with the next exercise being based on lessons learned and improvements made from previous exercises. This is meant to strengthen the overall **emergency management program** of the hospital.

The following checklists outline each phase and include essential tasks to be completed in each phase. The lists are not exhaustive of all tasks that need to be completed, nor do they ensure full HSEEP compliance.

CHECKLIST: FOUNDATION

The following are some of the essential steps in the **Foundation** phase:

Developing a Support Base

- Identify key stakeholders.
- Involve key stakeholders in exercise planning (form an emergency management committee).

Forming an Exercise Planning Team

- Identify team members and assign roles.

Creating a Timeline

- Determine necessary meetings and milestones.
- Set dates and deadlines for completion.

Conducting Exercise Planning Conferences

Discussion-Based Exercises

- Concept/Objectives Meeting
- Initial Planning Conference
- Final Planning Conference

Operations-Based Exercises

- Concept/Objectives Meeting
- Initial Planning Conference
- Midterm Planning Conference
- Master Scenario Events List Conference
- Final Planning Conference

CHECKLIST: DESIGN & DEVELOPMENT

The following are some of the essential steps in the **Design & Development** phase:

Defining Capabilities, Tasks, and Objectives

- Determine necessary capabilities and tasks.
- Review the most recent hazard vulnerability analysis (HVA), Emergency Operations Plan (EOP) and previous After Action Reports/Improvement Plans.
- Review necessary requirements/standards.
- Define exercise objectives based on the HVA and capabilities and tasks to be tested.

Scenario

- Develop narrative context of the scenario.
- Develop conditions to test plans and objectives.
- Determine technical aspects of portraying the scenario.

Documentation

Discussion-Based Exercises

- Exercise Evaluation Guides (EEGs)
- Situation Manual (SitMan)
- Multimedia Presentation

Operations-Based Exercises

- Exercise Evaluation Guides (EEGs)
- Exercise Plan (ExPlan)
- Controller/Evaluator (C&E) Handbook and Packets
- Media/Public Announcement

Logistics

Discussion-Based Exercises

- *Participants*: facilitators, controllers, evaluators
- *Setting*: location, room setup, restrooms
- *Supplies*: multimedia technology, table tents, name tags, food

Operations-Based Exercises

- *Participants:* Actors, Controllers, Evaluators
- *Setting:* Assigning areas for assembly, operations, observation, SimCell and response routes
- *Supplies:* Multimedia technology, communications technology, food, badges
- *Safety:* Security, weapons and safety policy

Evaluation Planning

- Develop evaluation documentation (exercise evaluation guides, evaluation forms, etc.).
- Recruit and train evaluators.
- Plan the placement of evaluators at the exercise site.

CHECKLIST: CONDUCT

The following are some of the essential steps in the **Conduct** phase:

Discussion-Based Exercise

- Room setup
- General briefing presentation
- Exercise play – presentation of scenario and discussion
- Debriefing with exercise planning team
- Hot wash and/or participant feedback forms

Operations-Based Exercise

- Set-up of location
- Safety briefing for all participants
- Individual briefings for controllers and evaluators, players, actors, and observers
- Exercise play
- Player hot wash
- Controller & Evaluator debrief

CHECKLIST: EVALUATION

The following are some of the essential steps for the **Evaluation** phase:

Planning and Organizing the Evaluation

- Assign a lead evaluator.
- Identify evaluation requirements.
- Hire and train evaluators.
- Develop an evaluation plan.
- Hold a controller and evaluator briefing (just prior to the exercise).

Observing the Exercise and Collecting Data

- Data includes:
- Evaluators' observations from the exercise
- Exercise Evaluation Guides (EEGs)
- Hot wash minutes
- Participant feedback forms

Analyzing Evaluation Information

- Condense information into narratives showing exercise strengths and weaknesses.
- Decide whether objectives were met.
- Determine root causes for actions and tasks not completed.
- Develop recommendations for improvement.

Developing the Draft of the After Action Report/Improvement Plan

- Write the draft of the AAR/IP.

CHECKLIST: IMPROVEMENT PLANNING

The following are some of the essential steps for the **Improvement Planning** phase:

Conduct an After Action Conference

- Hold an After Action Conference with the exercise planning team and evaluators.

Identify Corrective Actions to be Implemented

- Determine changes needed to be made to plans, organizational structures, equipment, and additional training needed for staff.
- Determine time frames and methods of measuring completion of corrective actions.
- Write corrective actions into the IP.

Finalize AAR/IP

- Create final draft of AAR/IP with all changes.
- Distribute to planning team members, evaluators, key stakeholders, and government agencies and accreditation groups as needed.

Track Implementation

- Assign team members to be **event points of contact** for each corrective action.
- Assign **participating entity points of contact** to monitor corrective actions at entities outside of the hospital.
- Follow-up with responsible parties to make sure each action is completed.

Useful Web Sites

These Web sites may be useful for hospital emergency preparedness exercises:

Agency for Healthcare Research and Quality (AHRQ)

<http://www.ahrq.gov/prep/>

Center for HICS Education & Training

<http://www.hicscenter.org/pages/index.php>

Centers for Disease Control & Prevention (CDC)

<http://www.cdc.gov>

Centers for Medicare & Medicaid Services (CMS)

<http://www.cms.hhs.gov/SurveyCertEmergPrep/>

**Department of Health and Human Services,
Office of the Assistant Secretary for
Preparedness and Response (ASPR)**

<http://www.hhs.gov/aspr/>

**Federal Emergency Management Agency
(FEMA)**

<http://www.fema.gov/>

Hospital Incident Command System (HICS)

<http://www.hicscenter.org/>

**Homeland Security Exercise and Evaluation
Program (HSEEP)**

https://hseep.dhs.gov/pages/1001_HSEEP7.aspx

**National Association of County and City Health
Officials**

<http://www.naccho.org>

National Incident Management System (NIMS)

<http://www.fema.gov/emergency/nims/>

Commonly-Used Acronyms and Abbreviations

AAC – After Action Conference

AAR/IP – After Action Report/Improvement Plan

ACS – Alternate Care Site

AHRQ – Agency for Healthcare Research and Quality

AOA – American Osteopathic Association

ASPR – Office of the Assistant Secretary for Preparedness and Response of the U.S. Department of Health and Human Services

C/E – Controllers and Evaluators

C&O – Concept and Objectives Meeting

CMS – Centers for Medicare and Medicaid Services

CoP – Condition of Participation

DNV – Det Norske Veritas

EEG – Exercise Evaluation Guide

EM – Emergency Management

EOP – Emergency Operations Plan

ESAR-VHP – Emergency System for Advance

Registration of Volunteer Health Professionals

ExPlan – Exercise Plan

FEMA – Federal Emergency Management Agency

FPC – Final Planning Conference

HAvBED – Hospital Available Beds for Emergencies and Disasters

HEICS – Hospital Emergency Incident Command System

HFAP – Healthcare Facilities Accreditation Program

HHS – U.S. Department of Health and Human Services

HICS – Hospital Incident Command System

HPP – Hospital Preparedness Program

HSEEP – Homeland Security Exercise and Evaluation Program

HVA – Hazard Vulnerability Analysis

ICS – Incident Command System

IPC – Initial Planning Conference

MOU – Memoranda of Understanding

MPC – Midterm Planning Conference

MSEL – Master Scenario Events List

NFPA – National Fire Protection Association

NIAHO – National Integrated Accreditation for Healthcare Organizations

NIMS – National Incident Management System

OSHA – Occupational Safety and Health Administration

POC – Point of Contact

PPE – Personal Protective Equipment

SitMan – Situation Manual

TCL – Target Capabilities List

TTX – Tabletop Exercise

UTL – Universal Task List



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