TEXAS
Department of
State Health Services

HEALTH and MEDICAL EXERCISE & EVALUATION PROGRAM

Exercise Guidance

2012-2013

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I. INTRODUCTION

Purpose

The Texas Department of State Health Services (DSHS) Health and Medical Exercise Program (HMEEP), Exercise Guidance has been created to accomplish the following within the Community Preparedness Section (CPS), Division of the Region and Local Health Services (RLHS) as well as the overall agency where applicable:

1. Establish and maintain consistent standards of quality and uniformity in the preparedness exercises designed, developed, conducted, evaluated and documented by the DSHS, its stakeholders and contractors statewide to enable the attainment of the highest levels of all-hazards preparedness and response capabilities;
2. Establish and maintain a standardized system of consistent formats, terminology, definitions and processes for the design, documentation and reporting of preparedness exercises and to facilitate the conduct, reporting and tracking of exercise activities undertaken by the agency, its stakeholders and contractors;
3. Encourage an inclusive approach to preparedness exercises whereby there will be a conscious outreach to include all agencies and organizations involved in all-hazards emergency management or disaster response based on the scope and type of exercise activities scheduled and planned at the local, regional, and/or state levels;
4. Encourage and support the consolidation of grant, accreditation, certification and executive-directed exercise mandates and requirements in comprehensive exercise activities to alleviate, to the degree possible, the conduct of multiple exercise activities which can lead to "exercise fatigue" on the part of the agency, stakeholder and contractor personnel and systems;
5. Provide guidance and limited oversight to private entities, organizations and/or individuals contracting with the agency, its stakeholders and contractors for the design, development, conduct, evaluation and documentation of exercises; and
6. Provide guidance, processes and templates for the documentation and after action reporting on actual responses and incidents involving the agency, its stakeholders and contractors.

It is the expectation of the DSHS that all preparedness exercises conducted by or involving the agency, its stakeholders and contractors will be designed, developed, conducted, evaluated, documented and reported in compliance with the U.S. Department of Homeland Security's (DHS) Homeland Security Exercise and Evaluation Program (HSEEP) as described in the DSHS HMEEP. This will ensure exercise compliance with HSEEP, the National Response Framework (NRF), the National Incident Management System (NIMS)

and the State of Texas Strategic Plan while incorporating all grant-based exercise mandates as well as the exercise-related directives of the executive leadership of the DSHS.

Affected Persons and Programs

The DSHS HMEEP Exercise Guidance applies to all individuals and programs administered and executed by or through the offices of the Community Preparedness Section and its stakeholder and contractor organizations that are involved in the design, development, conduct, evaluation, documentation and reporting of exercises used to improve overall capability as well as to fulfill any and all grant, regulatory, executive-directed, or other all-hazard preparedness exercise requirements. Additionally, this guidance applies to, and is intended to assist those entities referenced above desiring to document planned events or actual responses/incidents to record and preserve lessons learned and identify areas for improvement in addition to fulfilling applicable grant requirements. This includes, but is not necessarily limited to, those exercises mandated, required, or conducted to validate capabilities related to:

1. Federal grant programs originating with the U.S. Department of Health and Human Services (HHS), Office of the Assistant Secretary for Preparedness and Response (ASPR);
2. Federal grant programs originating with the Centers for Disease Prevention and Control (CDC);
3. Federal grant programs originating with the U.S. Department of Homeland Security (DHS);
4. Directives originating from executive leadership within the DSHS;
5. Other grant programs in which the agency, its stakeholders and contractors may participate and are managed through the DSHS structure;
6. Validation of ESF-8 (Health & Medical) capabilities in all-hazards preparedness; and
7. Exercises sponsored by other state-level, local and federal agencies and/or other organizations sponsoring exercises in which the DSHS, its stakeholders and contractors may participate (i.e. local emergency management exercises, state hurricane exercises, etc.).

Maintenance and Development of the HMEEP

The responsibility for the maintenance and further development of the HMEEP and ensuring that any and all changes to the exercise mandates and/or requirements contained in federal and/or state grant programs, as well as the directives of the executive leadership are incorporated into the HMEEP is a shared effort and responsibility.

1. State-Level Executive and Program Oversight

To define, support and maintain an overall effective exercise program for the DSHS, its stakeholders and contractors, the agency has established and supports the DSHS Exercise Team within Division of Regional and Local Health Services, Community Preparedness Section, Preparedness Coordination Branch. It is the responsibility of this team to take the lead on, and responsibility for the overall development, maintenance and defined user compliance with the comprehensive and inclusive Health and Medical Exercise and Evaluation Program. This will ensure, where possible, the exercises conducted and documentation submitted comply with all federal and state standards for the fulfillment of grant requirements as well as improving overall all-hazards capabilities. For, the agency, its stakeholders and contractors, the DSHS Exercise Team will:

A. Develop, maintain and refine the DSHS HMEEP to include specific guidance and direction on exercise processes, standards, formats, and reporting of exercises conducted in support of all grants and grant programs containing identified exercise mandates or requirements;
B. Coordinate with the various program offices within the DSHS CPS managing federal or state grants and other relevant programs in the development of exercise policies, processes, formats and reporting procedures to ensure HSEEP compliance thereby ensuring compliance with the grant-based, executive-directed or other exercise requirements;
C. Provide policy recommendations to the DSHS executive leadership on preparedness exercises and exercise-related activities upon request;
D. Provide consultative and direct support* to the agency, stakeholders and contractors in the design, development, conduct and documentation of exercises and reporting of actual responses/incidents;
E. Serve as an initial point of contact for businesses, organizations and individuals desiring to contract with the agency, its stakeholders and/or contractors for the design, development, conduct, and documentation of exercises conducted to fulfill grant-based or executive-directed exercise mandates or requirements; and
F. Provide or coordinate the availability of training in all aspects of exercise design, conduct, evaluation, documentation and reporting for agency, stakeholder or contractor personnel charged with exercise responsibilities within their respective organizations.

(* - The E-Team will serve as required or requested in the role of the lead exercise coordinator/facilitator in the design, development, conduct, evaluation and reporting of exercises conducted by the agency, its stakeholders and/or contractors.)

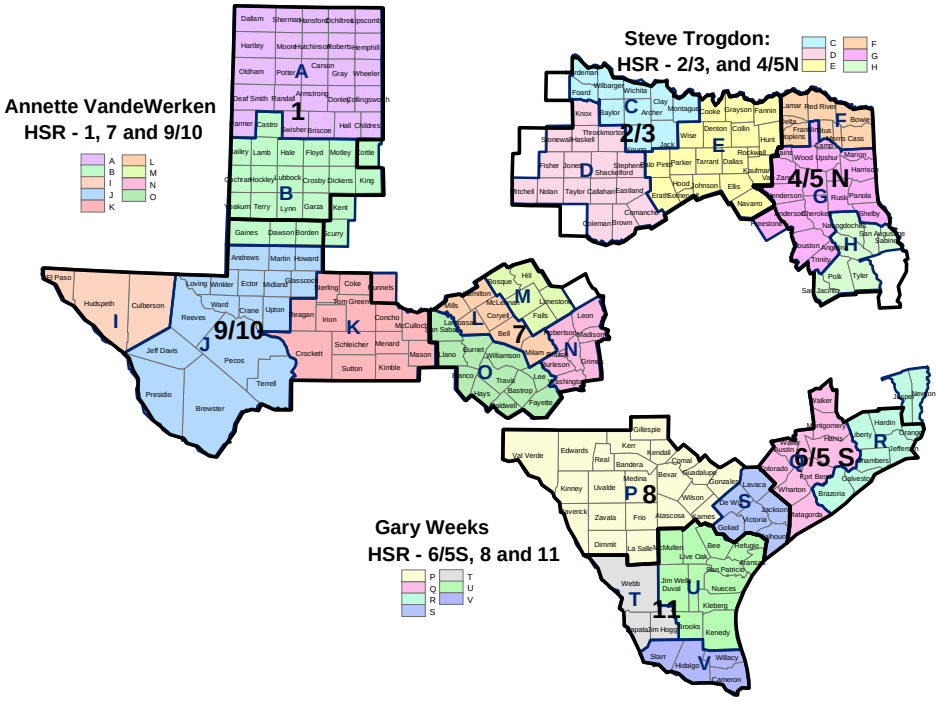
The DSHS Exercise Team has established points of contact aligned with the DSHS Health Service Regions identifying the respective team members' areas of responsibility to providing the required consultative and technical support to public health and healthcare entities each. These are:

Steve Trogdon, MEP: HSRs 2/3 & 4/5N, and
RACs C/D, E, F, G and H
512/776- 2987
Steve.Trogdon@dshs.state.tx.us

Annette VandeWerken, MEP: HSRs 1, 7 & 9/10, and
RACs A, B, I, J, K, L, M, N and O
512/776-2051
Annette.VandeWerken@dshs.state.tx.us

Gary Weeks, MEP: HSRs 6/5S, 8, & 11, and
RACs P, Q, R, S, T, U and V
512/776 - 2135
Gary.Weeks@dshs.state.tx.us

Figure 1: Exercise Team Assigned Regional Areas



2. DSHS Central Campus Program Offices (CPS and others as applicable)

The program offices located at the DSHS Central Campus charged with management and oversight federal of state funded grants or receive grant funds that are required to conduct or participate in preparedness exercises, will support the HMEEP by:

A. Providing input on, or suggestions for, the development, maintenance and refinement of the agency HMEEP;
B. Advising the DSHS Exercise Team as to the designated point of contact within their office for exercises scheduled to be conducted by, or in which they will participate at the local, regional, state and/or federal level that are covered by this guidance;
C. Including the DSHS Exercise Team in the review of grant funding opportunity announcements, statements of work, work plans and any supporting grant requirements for the defining of exercise-related requirements;
D. Providing the DSHS Exercise Team notification of exercises to be conducted by or involving, Central Campus offices and the submission of properly completed after action reports and other documentation as required in this guidance;
E. Ensuring all exercises conducted, or sponsored by, the Central Campus program offices that are intended to fulfill grant-based or executive-directed exercise requirements or improve overall all-hazards capabilities will be accomplished in accordance with the standards and requirements of the federal HSEEP and agency HMEEP; and
F. Ensuring all exercises involving the Central Campus programmatic offices that are sponsored by other jurisdictional, regional, state-wide or federal agencies or organizations meeting criteria stated on page 2 of this document will be accomplished in accordance with the standards and requirements of the federal HSEEP and the overall agency HMEEP.

3. Regional Level (Health Service Regions – HSRs & Healthcare Coalitions – HCCs)

The DSHS Health Service Regions and the Healthcare Coalitions identified within the state will support the HMEEP by:

A. Providing input on, or suggestions for, the development, maintenance and refinement of the overall HMEEP;
B. Advising the DSHS Exercise Team as to the designated point of contact within their organization for exercises conducted by or participated in by the HSR that are being used to fulfill grant-based or executive-directed exercise requirements;

C. Providing the DSHS Exercise Team notification of exercises to be conducted by or involving, HSR or HCC offices and the submission of properly completed after action reports and other documentation as required in this guidance;
D. Ensuring that all exercises conducted, or sponsored by, the HSR or HCC that are being used to fulfill a grant-based or executive directed exercise requirements will be accomplished in accordance with the standards and requirements of this guidance; and
E. Ensuring all exercises involving the HSR/HCC that are sponsored by other jurisdictional, regional, state-wide or local agencies or organizations and meet the criteria stated on page 2 of this document will be accomplished in accordance with the standards and requirements of the federal HSEEP and the overall agency HMEEP where it applies to that office's participation.

4. Local Level (Local Health Departments – LHDs & Healthcare Facilities/Organizations as Appropriate)

Local Health Departments and Healthcare Facilities/Organizations participating in grant programs through the DSHS will support the HMEEP by:

A. Providing input on, or suggestions for, the development, maintenance and refinement of the overall HMEEP;
B. Advising the Exercise Team as to the designated point of contact within their office for exercises conducted by, or participated in by the LHD or healthcare facilities/organizations that are being used to fulfill grant-based or executive-directed exercise requirements;
C. Providing the DSHS Exercise Team notification of exercises to be conducted by or involving, local public health offices and/or healthcare entities and the submission of properly completed after action reports and other documentation as required in this guidance;
D. Ensuring that all exercises conducted, or sponsored by, the LHD or healthcare facilities/organizations that are being used to fulfill a grant-based or executive directed exercise requirements will be accomplished in accordance with the standards and requirements of the overall HMEEP; and
E. Ensuring that all exercises involving the LHD or healthcare facilities/organizations that are sponsored by other jurisdictional, regional or state wide agencies or organizations and are being used to meet the criteria stated on page 2 of this document will be accomplished in accordance with the standards and requirements of the overall HMEEP where it applies to that LHD's or healthcare facilities'/ organizations' participation.

II. EXERCISE PROGRAM DOCUMENTATION

To effectively address exercise design, development, conduct, evaluation and reporting requirements, HSEEP-compliance, build effective exercise processes and sustain an effective exercise program within the DSHS and its stakeholders, the DSHS Exercise Team has developed and provides the following documentation for use in developing, conducting and reporting exercise activity.

(These documents may be found at http://www.dshs.state.tx.us/commprep/exercises.aspx)

- Notification of Exercise (NoE) form(s): The DSHS NoE form is to be used by public health (PHEP) programs and offices to provide notification of a planned exercise to allow for scheduling (see Section III) and possible coordination of exercise efforts. This includes those exercises conducted to fulfill grant-related exercise requirements of the various grant programs managed through the DSHS Community Preparedness Section as well as any other exercises involving the agency or its stakeholders.

- ASPR Excel Template: The HPP Healthcare Coalitions are to use the Excel spreadsheet formats for notification of exercises. The notification information in this template is the first of the three worksheets in the document. This ASPR-created format is to be submitted for all exercises scheduled during a given year. These are to be submitted as described in Section III of this document.

- Exercise Plan (ExPlan): As the title implies, an ExPlan is a tool used to plan and develop a given exercise. ExPlans are general information documents that address most, if not all aspects of an operations-based exercise. This includes the exercise objectives and scope, assumptions, staffing, schedule, exercise communications and concept of operations among other topics. An ExPlan enables participants to understand their roles and responsibilities in exercise planning, conduct and evaluation. The ExPlan is intended for use by exercise planners, players and observers; therefore, it does NOT contain detailed scenario information that may reduce the realism of the tasks to be performed.

  While not a grant-based requirement for the discussion-based tabletop exercises or operations-based drills, use of the ExPlan is encouraged for operations-based functional and full-scale exercises as it provides a valuable tool to assist in exercise design, development, conduct and evaluation.

- Controller/Evaluator Handbook: The Controller/Evaluator Handbook is used by those individuals fulfilling the controller and evaluator roles during an exercise. This document contains all information needed to allow the assigned individuals to effectively carry out their respective responsibilities. This includes the exercise capabilities,

objectives, exercise evaluation guides (EEGs), master scenario events list (MSEL), communications protocols, rules governing interaction with players, etc. While much of the information contained in this document is drawn from the ExPlan, this is a restricted document for use exclusively by the members of the exercise control and evaluation teams and is not provided to the exercise players.

- After Action Report and Improvement Plan (AAR/IP): This document is *required* for any exercise conducted by the agency and/or its stakeholders with the exception of drills conducted to fulfill specific SNS grant requirements (see below). Additionally, the AAR/IP is to be used, and may be required, to document any actual responses. The AAR/IP is to be submitted as described in Section III of this document.

- Strategic National Stockpile Drill After Action Report and Improvement Plan (SNS-AAR/IP): All drills conducted related to the SNS grant funding are to be documented through use of the required Data Collection Forms *and* an AAR/IP. This version of the AAR/IP has been shortened to minimize the redundant information already contained in the RAND forms while still meeting the HSEEP-compliance requirements. These are to be submitted as described in Section III of this document.

- Corrective Action Plan (CAP): This document is used to lay out the process required to carry out the implementation of the corrective actions identified in the Improvement Plan portion of the AAR/IP. It is intended as a tool to allow for the facilitation and tracking of the improvements required as stated in the IP. While all agency offices and stakeholders are currently not mandated to complete and use the CAP, all are encouraged to use this tool. If used, please submit to the DSHS E-Team along with the AAR/IP.

- Multi-Year Training & Exercise Plan (MYTEP):

  PHEP and HPP participating organizations are required to develop, refine and submit a multi-year training and exercise plan. This document will identify the submitting organization's priority for implementing the Public Health and/or Healthcare preparedness capabilities and the processed used in identifying the priorities based on the applicable Hazards Vulnerability Analysis (HVA) and/or Jurisdictional Risk Assessment (JRA). This document allows for the identification and explanation of how training and exercises will be used to support the development and refinement of each identified priority capability. Each individual organization should complete this to reflect both their training and exercise needs based on grant requirements and state and locally identified desired preparedness capabilities and long-term goals. The completed product should reflect the implementation of a multi-year (5-year) strategy to achieve the organizational, regional and/or state desired preparedness capabilities and goals.

III. EXERCISE NOTIFICATION, SCHEDULING AND REPORTING

Notification

Notification of planned exercise activities is critical to the tracking and coordination of public health and healthcare, emergency management and homeland security exercises conducted statewide. This information is included in the Statewide Exercise Schedule as well as the National Exercise Schedule (NEXS) if appropriate. These widely available and circulated calendars are used for deconflicting schedules and to allow those entities conducting exercises to simplify the process by consolidating exercise activities wherever possible.

Notifications of all PHEP/SNS exercises, to include tabletop (TTX), functional (FE), and full-scale (FSE) exercises are to be submitted to the DSHS Exercise Unit following the Initial Planning Conference (IPC) or as soon as the exercise date is set and the capabilities to be demonstrated, capability-based objectives and core players are known, but ***no later than 60 days prior*** *to the conduct of a given exercise.* For PHEP/SNS exercises, this is to be accomplished through the submission of the DSHS Notification of Exercise (NoE) form. In cases where the agency, stakeholders or contractors have contracted for the development and conduct of exercises, the notification of the exercise *IS TO BE SUBMITTED PRIOR* to the start of exercise planning as soon as the contractor to be used is identified. *No notification of drills or actual incidents is required.*

Hospital Preparedness Program Healthcare Coalitions are to use the first page of the *Hospital Preparedness Program Exercise and Training Plan Template* Excel spreadsheet for notification. One of these notifications is to be completed for each exercise scheduled for the current budget period (2012-2013) and submitted to the DSHS Exercise Team, Contract Management Unit and the respective HPP program office point of contact no later than January 11, 2013. This applies to all HPP exercises to include tabletop, functional and full-scale exercises.

ATTENTION: The notification requirements change if a contractor is being used to develop, conduct, evaluate and document an exercise. (Also see Section IV - Use of Contractors for Exercise Design, Conduct and After Action Reporting)

Notifications for PHEP/SNS full-scale exercises are to be submitted as follows:

- Initial notification is to be submitted to the DSHS Exercise Unit following the concept and objectives meeting (or the identification of same) or no later than 120 days prior to the conduct of the exercise using the DSHS Notification of Exercise form. This will include the following:
  - Exercise date(s)

- Exercise name/ID
- Exercise lead/sponsoring organization
- Exercise location
- Person submitting the notification
- Organization (of the person submitting the form/host organization)
- Email (of the person submitting the form/host organization)
- Fax Number (of the person submitting the form/host organization)
- Type of Exercise (TTX, FE, FSE)
- Exercise scope
- Funding source(s)
- Grant information
- Contractor information

- Final/updated information, if any, is to be submitted **no later than 60 days prior** to the start of the exercise. At this time all remaining or modified information is to be provided to the DSHS Exercise Unit. This will include the remaining information not provided in the initial notification. This may include:

  All public health, medical and emergency response organizations and agencies participating in the exercise
    - Local:
        - health districts,
        - hospitals,
        - emergency management,
        - law enforcement,
        - fire,
        - public works,
        - others
    - Regional:
        - Health Service Regions
        - Regional Advisory Councils
        - Councils of Government
        - Others
    - State:
        - Disaster Districts
        - TDEM Regional Liaison Officers
        - State agencies
    - Federal:
        - DoD facilities/organizations
        - FEMA
        - FBI
        - CDC
        - Others
    - Other organizations:
        - Any private or public sector participants not already listed
  - Listing of grant-funded systems and capabilities to be tested, and

- Exercise scenario summary

Scheduling

There are three exercise schedules to which the DSHS Exercise Unit will provide input related to health and medical exercise activities occurring within the state. These are:

1. The Statewide Significant Events List – Exercise Schedule, and
2. The National Exercise Schedule (NEXS) as appropriate
3. Lessons Learned Information Sharing (LLIS - Site to which the DSHS Multi-Year Training and Exercise plan is submitted.)

The purpose of these schedules it to provide visibility to all public health and health care provider organizations and entities as well as those federal, state and local homeland security and emergency management organizations that have a critical interface with health and medical operations during emergency preparedness and response operations. This allows for de-conflicting and consolidation of, where possible, exercise activities to reduce the potential for exercise fatigue resulting from multiple mandates to conduct exercise activities.

Exercises may not be posted to any of the following calendars until notification of the specific exercise date(s) has been received via the receipt of a submitted Notification of Exercise form.

Statewide Significant Events List – Exercise Schedule

The Texas Division of Emergency Management (TDEM), State Operations Center (SOC) compiles, and distributes a weekly *Statewide Significant Events List* that includes an exercise schedule listing all identified exercises that are to be conducted within the state, to include those exercises sponsored by federal, state, local, tribal organizations or jurisdictions as well as many private industry partners. All exercise activities *sponsored by* or *involving* the DSHS Central Campus State Medical Operations Center (SMOC), Health Service Regions (HSR), Healthcare Coalitions (HCCs), Local Health Departments (LHDs), and/or individual healthcare provider facilities or organizational partners should be included in this exercise schedule

Each week, the DSHS Exercise Unit will submit an update of any newly reported, eligible, exercise activities to the TDEM-SOC for inclusion in the exercise schedule. This will include all grant required exercise activities involving multiple agencies within a community and/or multiple departments within a public health or health care facility or organization. The weekly consolidated updates produced by the DSHS Exercise Team will contain *only those exercise activities for which the Exercise Unit has received notification.*

Procedures for inclusion in the Statewide Significant Events List – Exercise Schedule

1. HSRs, HCCs, LHDs and other DSHS partner/stakeholders are to notify the Exercise Team of their exercise activities as has been described previously in this section;
2. The DSHS Exercise Team will compile and provide all updates received by 4:00pm each Tuesday to the TDEM-SOC to be included in the exercise schedule no later than 10:00am each Wednesday;
3. The TDEM-SOC will incorporate newly identified exercise activities into the Exercise Schedule of the Statewide Significant Events List. The TDEM-SOC will then disseminate this information via their email distribution list by close of business each Thursday; and
4. Upon receipt of the updated Exercise Schedule from the TDEM-SOC, the DSHS Exercise Unit will distribute this information to those on its DSHS Central Campus internal email list no later than close of business each Friday.

All exercises listed in the DSHS Exercise Schedule and/or the *TDEM Statewide Significant Events List – Exercise Schedule* will remain listed until such time as the date for a specific activity has passed or the DSHS Exercise Team has been provided notification that the scheduled activity has been cancelled.

The National Exercise Schedule (NEXS)

The National Exercise Schedule (NEXS) is a compilation of all national, federal, state, tribal, territorial and local level exercises. The NEXS serves as a management tool and reference document for exercise planning. It provides information on exercise dates, location, scenario, scope and participants. The purpose of the NEXS is to provide visibility of upcoming exercises to leadership, exercise planners and exercise schedulers.

The NEXS System is a centralized national online comprehensive tool that facilitates scheduling, de-confliction, and synchronization of all exercises. The NEXS System allows users to schedule exercises online, with awareness of exercises that are similar in date, location, scope, scenario or participants. It allows for the coordination and possible linking or combining of exercises, facilitation of shared resource allocations and limits potential exercise fatigue.

Users can access the NEXS System through the Homeland Security Exercise and Evaluation Program (HSEEP) Website at http://hseep.dhs.gov. To obtain NEXS viewing access, contact support@hseep.net.

Final NEXS scheduling access is limited to federal, state, tribal and territorial Exercise Administrative Authorities (EAAs) or their designated exercise schedulers. The initial entry of the exercise into the system is to be accomplished by the lead exercise planner for a given exercise. Once this information is entered into the appropriate "domain," the state-level

schedulers are notified by the system. The scheduler reviews the entered information and, if complete, forwards it to the EAA for final review/entry. Once this process is completed, the information will appear in the Texas Domain portion of the NEXS.

If you feel you should have access to the NEXS for purposes of scheduling exercises, please send a request to NEXS@dhs.gov.

The designated Exercise Schedulers for DSHS are:

Community Preparedness Coordination Branch, Exercise Unit:
Annette VandeWerken
Steve Trogdon

The designated Exercise Administrative Authority (EAA) for the Texas Department of State Health Services is:

Community Preparedness Coordination Branch, Exercise Unit:
Gary Weeks

Lessons Learned and Information Sharing (LLIS) Website

The LLIS site is where the DSHS Multi-Year Training & Exercise Schedule is posted to comply with the requirements for the federal grant programs. Once this is compiled from the agency headquarters and those partners and contractors throughout the state, the E-Team posts, or provides the documentation to the Public Health Emergency Preparedness Branch to post to this site.

Exercise Reporting

All documentation for all drills, tabletop, functional or full-scale exercise activities sponsored by, or involving, public health and/or health care entities and organizations and are being accomplished using federal grant monies, to fulfill grant or executive-directed exercise requirements, are to be reported to the DSHS Exercise Unit **no later than 60 days following** the conclusion of the exercise. **AAR/IPs for exercises and drills conducted as a part of the SNS component of the PHEP grant are to be submitted no later than April 1, 2013.**

All agency, stakeholder and contractor entities participating in the PHEP/SNS program are to be aware that, for any exercises conducted later than early February, are to submit their exercise documentation by the April 1, 2013 deadline. This will effectively reduce the time available for submission of the required documentation from the 60 day window.

Drills

All drills conducted to fulfill the PHEP grant requirements are to be reported using, at a minimum, the required data collection forms ***and*** a *SNS Drill After Action Report/ Improvement Plan*. These are to be submitted to the DSHS Exercise Team at PreparednessExercise@dshs.state.tx.us for review by the exercise team and SNS staff. The PHEP/SNS Staff Notification, Acknowledgement and Assembly drill requires a copy of the sign-in forms used to document the arrival of key staff at the operations center in addition to the call-down data collection form and SNS Short-form AAR/IP.

Tabletop, Functional and Full-Scale Exercises

All tabletop, functional and full-scale exercises are to be reported to the DSHS Exercise Unit no later than 60 days following the conclusion of the exercise activity. The documentation required is as follows:

Tabletop Exercises:	Properly completed After Action Report/ Improvement Plan
Functional Exercises:	Properly completed After Action Report/ Improvement Plan
Full-Scale Exercises*:	Properly completed After Action Report/Improvement Plan (* - For all full-scale exercises conducted to fulfill the CDC/SNS Medical Countermeasures Distribution and Dispensing (MCMDD) exercise requirement, all or in-part, the Mid-Term Planning Conference (MPC) minutes and roster, the Master Scenario Events List (MSEL) used in the exercise, and the ***EVALUATOR-COMPLETED Exercise Evaluation Guides)*** are required in addition to a properly completed AAR/IP along with any applicable data collection forms.)

The process for review and assignment of a document tracking number for all exercises is the same for all exercises whether conducted to fulfill Public Health Emergency Preparedness, Hospital Preparedness or other grant-based or executive-directed exercise requirements.

Actual Responses/Incidents

Significant Incidents or Responses – DSHS AAR/IP:

All actual or real-world responses requiring activation of a significant portion of response assets and personnel, or those organizations involved desire to use the response to satisfy grant requirements for exercises/drills, are to be documented and reported via the DSHS AAR/IP. Incidents qualifying for this reporting are those in which:

- The agency, contractor or stakeholder organization activates its operations center (EOC, MOC and/or MACC or designated coordination and control facility) for multiple operational periods (2 or more). These operational periods do not have to be based on 24-hour operations. Response and operations that extend over multiple consecutive days but require only single 8 or 12-hour shifts meet this requirement;
- Activate/mobilize key Incident command staff for more than a single operational period. At a minimum this would be:
  - Incident Commander
  - Operations Chief
  - Logistics Chief and,
  - Planning Chief
- The operations center staff produce two or more Incident Action Plans (IAPs);
- The operations center staff produce two or more Situation Reports (SITREPS); and
- Operations require coordination with outside entities during the response. In addition to the traditional emergency response organizations such as emergency management, emergency medical services, and law enforcement, this may include outside public health and healthcare facilities/organizations. (i.e. the local health department requires and receives support from the state health service region, local healthcare facilities/organizations and/or the HCCs. The health service region requires and receives support from the LHDs, the State Medical Operations Center (SMOC), and/or the hospitals and HCCs)

When authorized by the state and/or federal agencies providing grant funding and/or organization providing accreditation, actual responses and incidents are to be documented to allow for fulfilling grant required exercise activities. These submissions should reflect the name/designation of the incident or event and are to be submitted to the DSHS Exercise Team via email as described in this document no later than 120 days following the conclusion of the primary response. For purposes of the reporting process, this is

defined as when the emergency operations center (EOC, MOC and/or MACC or designated coordination and control facility) is closed for the incident.

Once the review of submitted After Action Report/Improvement Plans for any exercise or drill activity is completed, the exercise team member that is the POC for the submitting organization will note the successful completion of the review by placing an exercise team tracking number on the cover. Once this approval is complete, the submitting organization will be advised to post the documentation to SharePoint where appropriate (PHEP/SNS).

After Action Report/Improvement Plan Review

The Exercise Team review all submitted exercise AAR/IPs and will coordinate with submitting agencies or organizations on any AAR/IP that is not HSEEP-compliant as described in this guidance. This coordination will be accomplished through the submitting organization's point of contact (POC) listed on the "Handling Instructions" page of the Short-Form SNS Drill AAR/IP or the full AAR/IP required for all other exercises or actual responses. Once any issues related to the submission are resolved, the reviewer will assign the submitted documentation a document-specific tracking number and return this copy to the submitter and file a copy in the exercise tracking system. If the submission is for a PHEP/SNS exercise, the Exercise Team POC will indicate that the submission should be posted to the DSHS SharePoint website. *Submitting organizations should not post to the SharePoint site until the final document has been assigned the tracking number and advised to do so by the Exercise Team*.

Where the DSHS HSR desires, the LHDs are to first submit the required documentation to the HSR. The HSR will then complete the process described above for posting to the SharePoint site upon receipt of the assigned document tracking number from the Exercise Team.

Note: All exercise notifications and AAR/IPs, unless otherwise specified in this document, are to be submitted to the Exercise Team via email at:

PreparednessExercise@dshs.state.tx.us

IV. USE OF CONTRACTORS FOR EXERCISE DESIGN, CONDUCT AND AFTER ACTION REPORTING

All DSHS programs and stakeholders utilizing CDC PHEP, APSR HPP or other state or federal grant monies to conduct exercise activities are free to contract with established professional consulting/contracting entities that have a verifiable history of conducting HSEEP compliant public health and medical exercises.

If a contractor will be used for an exercise funded with grant monies, using resources obtained with grant funds and/or involving personnel whose salaries are drawn fully or in-part from grant funds, the contractor or stakeholder organization (HCCs, HSRs and/or LHDs) sponsoring the exercise and executing the contract as well as a representative of the contractor, are to contact their regionally assigned Exercise Team member ***PRIOR*** to the start of exercise planning and include the exercise team in the initial stages* the of exercise planning process. This notification of the Exercise Team should be via email and include:

- Exercise Type (Tabletop, Functional or Full-Scale)
- Name of Contractor Organization (Business Name)
- Point of Contact for the Contractor Organization
  - Name
  - Email Address
  - Phone Number

(* - Initial stages are the Concept & Objectives (C&O) meeting & Initial Planning Conference (IPC).)

Immediately following the Concept and Objectives meeting, the contracting stakeholder is to submit the completed Notification of Exercise (NoE) to the DSHS Exercise Team fleshing out the key information required to complete the formal NoE. The intent of this coordination is to ensure training and exercises conducted within the State of Texas using state or federal funding address the goals, objective and priority actions outlined in the Governor's Homeland Security Strategic Plan, DSHS Strategic Plan and all applicable grant requirements.

All contracted exercises are to be HSEEP-compliant and follow the exercise guidance from DSHS. These exercises will be reported using the DSHS After Action Report/Improvement Plan or other HSEEP-compliant AAR/IP format as approved by the DSHS Exercise Team. The requirement for submission of the completed AAR/IP will

be the same for contracted exercises as for those exercises developed and conducted by resident personnel at no later than 60 days following the conclusion of exercise play.

The expectation of DSHS is that all exercise activities using federal grant monies will include coordination with city, county, state, federal, private and public partners involved in planning, response and recovery operations related to emergencies and disasters. Any agreement with a contractor shall incorporate the DSHS exercise program guidance and requirements into the contract. Additionally, the contractor for the exercises is to also address any and all specific exercise activity reporting requirements placed on the participating entities (e.g. CDC/SNS drill Data Collection Forms). The DSHS grant-funded partners should work closely with contractor's representatives to ensure a quality exercise that fulfills the objectives of all participating organizations, meets identified grant requirements and is HSEEP compliant as defined in this and other DSHS exercise program documents.

The following is a suggested listing of those who should be invited to participate in exercises (if represented locally) when using state or federal grant monies for the exercise activities, provided funding levels permit. Entities to be invited may be willing to fund their own participation should the primary sponsor of the activity be unable to do so.

- City & County Emergency Management
- City, county, state and private health agencies as appropriate
- Nuclear facilities (i.e. power plants)
- Private industry
- Public and private schools and universities
- State Agencies to potentially include:
  - Texas Animal Health Commission
  - Texas Military Forces (State and National Guard to include the 6th Civil Support Team)
  - Department of Criminal Justice
  - Department of Public Safety/ Texas Division of Emergency Management
    - DDC
    - District Coordinator
- State Agencies (continued)
  - Department of State Health Services
  - Department of Transportation
  - Commission on Environmental Quality
  - Others
- Volunteer organizations present locally
  - The American Red Cross
  - The Salvation Army
  - Local faith-based organizations
  - Others
- Federal Agencies
  - Border Patrol
  - Immigration & Customs Enforcement
  - Coast Guard
  - Federal military installations
  - Environmental Protection Agency
  - Others

TAB A

Systems and Capabilities to be Exercised

1. Joint HPP-PHEP Requirements
2. CDC – Public Health Emergency Preparedness
    - PHEP & SNS
3. Hospital Preparedness Program
4. Emergency Medical Task Force
5. DHS Target Capabilities

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1. JOINT HPP-PHEP REQUIREMENTS

Coordination of Exercise Planning and Implementation:

Multi-Year Training and Exercise Plan

All Health Service Regions, Regional Advisory Councils and Local Health Departments must develop Multi-Year Exercise Plans for conducting exercises to test public health and healthcare preparedness capabilities. Exercise Plans must demonstrate coordination with relevant entities and include methods to leverage resources to the maximum extent possible. Plans are to include proposed exercise schedules and describe exercise goals, capabilities to be tested, capability-based objectives, inclusion of at-risk individuals, participation of partner organizations and previously identified improvement plan items from real incidents or previous exercises. This Multi-Year Exercise Plan must be updated annually and should comply with additional HPP- and PHEP (to include SNS)-specific program requirements.

Exercise Requirements

- Conduct one (1) regional joint PHEP-HPP full-scale exercise within the five-year project period. Joint exercises should meet multiple program requirements including HPP, PHEP, SNS, CHEMPACK and other requirements as identified.

Stakeholders and contractors are reminded that these full-scale exercises, particularly those that include fulfilling the Medical Countermeasure Distribution and Dispensing exercise requirements, require close coordination with, and involvement of multiple local and state response partners such as law enforcement, emergency management, transportation providers and others. The scheduling and conduct of these joint exercises should be coordinated with all emergency response partners.

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2. PUBLIC HEALTH EMERGENCY PREPAREDNESS

Multi-Year Training and Exercise Plan

Using the DSHS Training and Exercise Plan template, all PHEP/SNS stakeholders and contractors must submit an updated five-year exercise schedule indicating when, within the project period, the required Medical Countermeasure Distribution and Dispensing full-scale exercise will be conducted. These updated five-year exercise schedules are to be submitted to the DSHS Exercise Team NO LATER THAN JANUARY 11, 2013. This same submission should also indicate the schedule for conducting the annual preparedness exercise required to fulfill the PHEP requirement for the conduct, documentation and reporting of one (1) preparedness exercise annually.

Exercise Requirements

PHEP:

- Conduct, document and report one preparedness exercise annually;
- Conduct one full-scale exercise within the five-year program period;
- Conduct, document and report three of the five available drills annually;

SNS:

- Conduct one Staff Notification, Acknowledgement, and Assembly Drill (Call Down) quarterly*
- Conduct/participate** in one regional full-scale exercise within the five-year program period focusing on Medical Countermeasure Distribution and Dispensing (MCDD). Documentation required for the MCDD full-scale exercise:
  - Mid-Term Planning Conference minutes and roster
  - Master Scenario Events List
  - HSEEP-compliant Exercise Evaluation Guides (EEGs) ***(originals completed by the evaluator(s))***
  - Properly completed HSEEP-compliant DSHS After Action Report/Improvement Plan

* - If one of these drills is to be used as one of the three of five CDC-required drills, the documentation required includes a properly completed data collection form and SNS Short-form AAR/IP submitted to the DSHS Exercise Team. Documentation for all other required Staff Call Down drills consists of the properly completed data collection form which is to be posted directly to SharePoint.

** - Participation in the regional full-scale exercise is defined as activation and staffing of the organization's operations center, active interaction in exercise play and, where appropriate, deployment of resources to include personnel as required for the response.

Requirement	C. Campus			HSR			LHD		
	A	**T**	**C**	**A**	**T**	**C**	**A**	**T**	**C**
Conduct 3 of 8 Drills Annually: 1) Staff Notification, Acknowledgement, and Assembly 2) Site Activation, Acknowledgement, and Assembly 3) Facility Setup 4) Dispensing Throughput 4a. RealOpt modeling (as a substitute for dispensing throughput	X						X	X	X
Submit accurate data metrics and the SNS After Action Report/Improvement Plans (short-form) for the 3 of 5 Drills conducted	X					X	X		X
Conduct Staff Call Down Drill Quarterly	X	X		X	X	X	X	X	
Conduct RSS Call Down Drill Quarterly	X	X		X	X				
Conduct Volunteer Call Down Drill annually	X	X		X	X		X	X	
Conduct one preparedness exercise annually.** (Tabletop, Functional or Full-Scale)	X			X			X		
Conduct (perform) one full-scale exercise during the 5-year program period focusing on distribution and dispensing. ***	X	X	X	X	X	X	X	X	X

A - Applies at that jurisdictional level.
T - Counted towards the TAR score at that jurisdictional level.
C - Counted towards the Composite score at that jurisdictional level.

**Stakeholders and contractors are encouraged to exercise all preparedness capabilities; however, annual drills conducted to meet the CDC's medical countermeasure distribution and dispensing (MCMDD) composite score can satisfy this requirement. It is recommended that tabletop and functional exercises be conducted to support the planning efforts related to the 15 identified capabilities prior to the conduct of the required full-scale exercise.

***This is the only exercise that counts toward the TAR and Composite Score. The CDC requirement is for this to be a full-scale exercise and addresses the ten (Local Health Departments or Emergency Management) or eleven (Health Service Regions) Performance Measures listed on the following pages.

CDC Medical Countermeasures Distribution & Dispensing (MCMDD)
Local Health Departments

Additionally, the PHEP and SNS CRI/MSA require at least one full-scale exercise be conducted in the five year program period of 2012 – 2016 that tests and validates medical countermeasures distribution and dispensing plans. These distribution and dispensing exercises must include jurisdictional leadership, emergency support function leads, planning and operational staff in the planning process and incorporate participation from all jurisdictional partners in some form based on current capability assessment and needs. These full-scale exercises are to be reported in accordance with Section III of this guidance.

The following ten performance measures are to be addressed by each local health department, at a minimum, in the one full-scale exercise that is to be conducted during the five-year program period. These focus on health preparedness capabilities numbers 8 and 9.

	Performance Measure	Target Metric
1	Time in which the EOC is fully staffed. ▪ Report time in hours and minutes for each EOC activated.	Within 2 hours from activation
2	Percent of public health personnel who arrive safely within the target timeframe to perform the capability.	100%
3	Percent of volunteer staff acknowledging the ability to assemble at a given response location within the target times specified in the emergency notification	Dependent on the assigned function.
4	Time in which the public is provided with accurate and consistent information messages regarding POD locations	Within 4 hours of POD opening.
5	Percent of sufficient, competent personnel available to staff dispensing centers or vaccination clinics, as set forth in SNS plans and state/local plans.	100%
6	Time for first shift staff to be at the POD site and ready.	3 hours from notification.
7	Time for all POD equipment and operational supplies to be in place.	4 hours from notification.
8	Percent of security forces designated in the POD-specific plan who report for duty.	100%
9	Time in which clinical staff a volunteers become available at triage station.	Within 4 hours from decision to activate the site.
10	Percent of PODs that are able to process patients at the rate (persons per hour) specified in SNS plans and state/local plans. ▪ Calculate the throughput for POD sites activated to meet the incident (exercise) needs.	100%

CDC Medical Countermeasures Distribution & Dispensing (MCMDD)
DSHS Health Service Regions

The following eleven performance measures are to be addressed by each Health Service Region, at a minimum, in the one full-scale exercise that is to be conducted during the five-year program period. These focus on health preparedness capabilities numbers 8 and 9.

	Performance Measure	Target Metric
1	Time in which the EOC is fully staffed. ▪ Report time in hours and minutes for each EOC activated.	Within 2 hours from activation
2	Time in which Strategic National Stockpile (SNS) / state resources is/are requested following medical surveillance indication of need for request.	Within 6 hours of indication
3	Total number of receipt, stage and store (RSS) sites, distribution and security staff activated and needed to operationalize the RSS.	Incident dependent.
4	Number of RSS sites, distribution and security staff acknowledging ability to assemble within the target timeframe specified.	Within 6-hours from approved request.
5	Time in which all RSS sites and regional distribution sites (RDS) (if applicable) are made available for use. *Identify the type and number of terminal receiving sites (RDS, PODs or hospitals, etc.) Identify the type and number of receiving sites (RDS, PODs, or hospitals, etc.) activated to meet incident needs; RDS information may be notional.*	Within 6-hours from approved request.
6	Number of RSS, RDS POD hospital, etc., locations activated to meet incident needs. *Identify the type and number of terminal receiving sites (RDS, PODs, hospitals, etc.) identified in the scope of the exercise.*	Incident dependent.
7	Time to offload countermeasure assets at the RSS site after receipt.	Not established.
8	Time to enter and update inventory files to inventory management system. *CDC test pipe-delimited file may be requested for use.*	Not established
9	Time to generate pick lists for all identified receiving locations identified in the incident. *Specify number and time to generate pick lists generated for activated receiving sites.*	Not established.
10	Number and load capacity of transportation assets mobilized to meet incident needs.	Incident dependent
11	Time in which medical resource/SNS assets arrive at identified receiving sites, RDS, PODs, hospitals, etc. *Dependent on the scope of the exercise and resource restriction, data metric can be determined from modeling studies. Distribution modeling output report should be provided.*	Within 12-hours from arrival at warehouse.

Public Health Preparedness Capabilities

The Centers for Disease Control and Prevention have identified the following fifteen public health preparedness capabilities as the basis for state and local public health preparedness:

1. **Community Preparedness**: Community preparedness is the ability of communities to prepare for, withstand and recover – in both the short and long term, from public health incidents.
2. **Community Recovery**: Community recovery is the ability to collaborate with community partners to plan and advocate for the rebuilding of public health, medical and mental/behavioral health services and systems to at least a level of functioning comparable to pre-incident levels, and improved levels where possible.
3. **Emergency Operations Coordination**: Emergency operations coordination is the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and the National Incident Management System.
4. **Emergency Public Information and Warning**: Emergency public information and warning is the ability to develop, coordinate and disseminate information, alerts, warnings, and notifications to the public and incident management responders.
5. **Fatality Management**: Fatality management is the ability to coordinate with other organizations to ensure the proper recovery, handling, identification, transportation, tracking, storage, and disposal of human remains and personal effects, certify cause of death, and facilitate access to mental/behavioral health services to the family members, responders, and survivors of an incident.
6. **Information Sharing**: Information sharing is the ability to conduct multi-jurisdictional, multi-disciplinary exchange of health related information and situational awareness data among federal, state, local, territorial and tribal level of government and the private sector.
7. **Mass Care**: Mass care is the ability to coordinate with partner agencies to address public health, medical, and mental/behavioral health needs of those impacted by an incident at a congregate location.
8. **Medical Countermeasure Dispensing**: Medical countermeasure dispensing is the ability to provide medical countermeasures in support of treatment or prophylaxis to the identified population in accordance with public health guidelines and/or recommendations.
9. **Medical Materiel Management and Distribution**: Medical materiel management and distribution is the ability to acquire, maintain, distribute, and track medical materiel during an incident and recover and account for unused medical materiel, as necessary, after an incident.

10. **Medical Surge**: Medical surge is the ability to provide adequate medical evaluation and care during events that exceed the limits of the normal medical infrastructure of an affected community.
11. **Non-Pharmaceutical Intervention**: Non-pharmaceutical interventions are the ability to recommend to the applicable lead agency and implement, if applicable, strategies for disease, injury and exposure control.
12. **Public Health Laboratory Testing**: Public health laboratory testing is the ability to conduct rapid and conventional detection, characterization, confirmatory testing, data reporting, investigative support, and laboratory networking to address actual or potential exposure to all-hazards.
13. **Public Health Surveillance & Epidemiological Investigation**: Public health surveillance and investigation is the ability to create, maintain, support and strengthen routine surveillance and detection systems and epidemiological investigation processes, as well as expand these systems and processes in response to incidents of public health significance.
14. **Responder Health & Safety**: The responder safety and health capability describes to protect public health agency staff responding to an incident and the ability to support the public health and safety needs of hospitals and medical facility personnel, if requested.
15. **Volunteer Management**: Volunteer management is the ability to coordinate the identification, recruitment, registration, credential verification, training and engagement of volunteers to support the jurisdictional public health agency's response to incidents of public health significance.

These are divided among the six corresponding domains as follows:

BioSurveillance
- Public Health Laboratory Testing
- Public Health Surveillance & Epidemiological Investigation

Community Resilience
- Community Preparedness
- Community Recovery

Countermeasures and Mitigation
- Medical Countermeasure Dispensing
- Medical Materiel Management & Distribution
- Non-Pharmaceutical Interventions
- Responder Safety & Health

Incident Management
- Emergency Operations Coordination

Information Management
- Emergency Public Information & Warning
- Information Sharing

Surge Management
- Fatality Management
- Mass Care
- Medical Surge
- Volunteer Management

3. HOSPITAL PREPAREDNESS PROGRAM

Multi-Year Training and Exercise Plan

ASPR has provided a spreadsheet template for use in developing and documenting the required Multi-Year Training and Exercise Plan. This first worksheet provides the notification information required for each coalition exercise scheduled during a given year. A separate worksheet is to be submitted for each exercise. The second worksheet is the actual exercise schedule matrix reflecting the projected exercises to be conducted during the five-year HPP project period. The third worksheet is to be used to show the training conducted by the coalition to support the development and implementation of the eight capabilities.

The development of the Multi-Year Training and Exercise Plan requires close coordination with all coalition, regional and state partners that would/should be involved in coalition and regional planning and actual response.

For the current year (2012-2013) the following applies:

- All Healthcare Coalitions (HCCs/HPP Contractors) must complete and submit the first worksheet of the ASPR-provided Hospital Preparedness Exercise and Training Plan (Notification of Exercise) for all tabletop, functional and full-scale exercises scheduled to be conducted during the current year (SFY 13/Budget Period (BP1));
- All HCCs/HPP Contractors must complete and submit the third worksheet of the Hospital Preparedness Exercise and Training Plan (Training Matrix) reflecting all training scheduled that supports the development of any of the eight healthcare preparedness capabilities;
- The above documentation is to be submitted NO LATER THAN JANUARY 11, 2013. These documents are to be submitted to the Exercise Team at PreparednessExercise@dshs.state.tx.us , and CCed to Norma Six, Ray Apodaca and your designated DSHS HPP point of contact.
- The exercise schedules submitted to DSHS in April 2012 do not need to be resubmitted using the ASPR-provided schedule matrix unless the HCC/HPP Contractor makes changes to those schedules,

Exercise Requirements:

- Conduct document and report one HSEEP-compliant functional or full-scale exercise within the five-year program period*;

- Each hospital, healthcare organization and other member organizations of the coalition must participate in at least one HSEEP-compliant regional or statewide functional or full-scale exercise within the five-year program period;
- Test and validate all eight of the Healthcare Preparedness Capabilities within the five-year program period;
- All functional and/or full-scale exercises must test/validate the capabilities Emergency Operations Coordination and Information Sharing along with, at a minimum, one additional Healthcare Preparedness capability; and
- Functional and full-scale exercises conducted by the coalition to address the grant-based requirements must include, at a minimum, public health, emergency management and EMS along with hospitals, healthcare organizations and other coalition members.

(* - It may be necessary for an individual coalition to conduct multiple functional or full-scale exercises to include all hospital, healthcare organizations and other organizational members of the coalition and test/validate all eight of the healthcare preparedness capabilities.)

ASPR/HPP Healthcare Preparedness Capabilities

1. **Healthcare System Preparedness:** Healthcare system preparedness is the ability of a community's healthcare system to prepare, respond and recover from incidents that have a public health and medical impact in the short and long term. The healthcare system's role in community preparedness involves coordination with emergency management, public health, mental/behavioral health providers, community and faith-based partners, state, local and territorial governments to:
    a. Provide and sustain a tiered, scalable, and flexible approach to attain the needed disaster response capabilities while not jeopardizing services to individuals in the community
    b. Provide timely monitoring and management of resources
    c. Coordinate the allocation of emergency medical care resources
    d. Provide timely and relevant information on the status of the incident and healthcare system to key stakeholders
2. **Healthcare System Recovery:** Healthcare system recovery involves the collaboration with emergency management and other partners (e.g. public health, business, and education) to develop efficient processes and advocate for the rebuilding of public health, medical and mental/behavioral health systems to at least a level of functioning compared to pre-incident levels and improved levels where possible. The focus is an effective and efficient return to normalcy or a new standard of normalcy for the provision of healthcare delivery to the community.
3. **Emergency Operations Coordination:** Emergency operations coordination regarding healthcare is the ability for healthcare organizations to engage with incident management at the Emergency Operations Center or with on-scene incident management during an incident to coordinate information and resource allocation for affected healthcare organizations.
5. **Fatality Management:** Fatality management is the ability to coordinate with organizations (e.g. law enforcement, healthcare, emergency management and medical examiner/coroner) to ensure the proper recovery, handling, identification, transportation, tracking, storage, and disposal of human remains and personal effects; certify the cause of death and facilitate access to mental/behavioral health services for family members, responders and survivors of an incident. Coordination also includes the proper and culturally sensitive storage of human remains during periods of increased deaths at healthcare organizations during an incident.
6. **Information Sharing:** Information sharing is the ability to conduct multijurisdictional, multidisciplinary exchange of public health and medical related information and situational awareness between the healthcare system and local, state, federal levels of government and the private sector. This includes the sharing of healthcare information through routine coordination with the Joint Information System for the dissemination to

the local, state and federal levels of government and the community in preparation for and response to events or incidents if of public health and medical significance.

10. **Medical Surge:** The medical surge capability is the ability to provide adequate medical evaluation and care during incidents that exceed the limits of the normal medical infrastructure within the community. This encompasses the ability of healthcare organizations to survive an all-hazards incident and maintain, or rapidly recover operations that were compromised.
14. **Responder Health and Safety:** This capability identifies the critical resources needed to ensure that healthcare workers are protected from all hazards. The goal is to assist healthcare organizations ensure no illness or injury to any first receiver, medical facility staff member or other skilled support personnel as a result of a preventable exposure to secondary trauma, chemical/radiological release, infectious disease or physical or emotional stress after the initial incident or during decontamination and incident follow-up.
15. **Volunteer Management:** Volunteer management is the capability to effectively coordinate the use of volunteers in support of domestic incident management. The goal is to use volunteers to augment incident operations.

4. EMERGENCY MEDICAL TASK FORCE

Multi-Year Training and Exercise Plan

- Complete and submit a completed HPP Exercise and Training Plan unless the EMTF exercises and training are included in the schedule submitted by the lead EMTF HPP Contractor and indicated as EMTF exercises and training activities. These exercise and training schedules are to be submitted NO LATER THAN JANUARY 11, 2013.

Exercise & Training Requirements

- Provide training for and exercise each of the rostered teams and assets using the developed staffing plans for each of the EMTF concepts including:
  - Ambulance Bus (AmBus) Teams
  - Ambulance Strike Teams
  - Nurse Strike Teams
  - Mobile Medical Units;
- Conduct a minimum of bi-annual (twice a year) call down drills;
- Conduct at least one (1) functional or full-scale exercise for each of the EMTF components during the term of the contract.

As with all other exercises, these exercises and drills are to be documented and reported using the DSHS After Action Report/Improvement Plan (AAR/IP) template and submitted to the DSHS Exercise Team no later than sixty-days following the conclusion of the exercise. Properly completed AAR/IPs are to be submitted via email to PreparednessExercise@DSHS.state.tx.us.

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5. DEPARTMENT of HOMELAND SECURITY – TARGET CAPABILITIES

This worksheet is intended to assist you in your exercise design efforts. Select the system(s) to be exercised by placing an X in the "Yes" column. Once identified copy and paste the information into the DSHS Notification of Exercise form.

Mission	Capability	Yes
Common	Planning	
	Communications	
	Risk Management	
	Community Preparedness and Participation	
	Intelligence and Information Sharing and Dissemination	
Prevent	Information Gathering and Recognition of Indicators and Warnings	
	Intelligence Analysis and Production	
	Counter-Terror Investigation and Law Enforcement	
	CBRNE Detection	
Protect	Critical Infrastructure Protection	
	Food and Agriculture Safety and Defense	
	Epidemiological Surveillance and Investigation	
	Laboratory Testing	
Response	On-Site Incident Management	
	Emergency Operations Centers (Any Coordination & Control facility)	
	Critical Resource Logistics and Management	
	Volunteer Management and Donations	
	Responder Health and Safety	
	Emergency Public Safety and Security Response	
	Animal Disease Emergency Support	
	Environmental Health	
	Explosive Device Response Operations	
	Fire Incident Response Support	
	WMD and Hazardous Materials Response and Decontamination	
	Citizen Evacuation and Shelter-in-Place	
	Isolation and Quarantine	
	Search and Rescue (Land-Based)	
	Emergency Public Information and Warning	
	Emergency Triage and Pre-Hospital Treatment	
	Medical Surge	
	Medical Supplies Management and Distribution	
	Mass Prophylaxis	
	Mass Care (Sheltering, Feeding and Related Services)	
	Fatality Management	
Recover	Structural Damage Assessment	
	Restoration of Lifelines	
	Economic and Community Restoration	

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TAB B

Homeland Security Exercise & Evaluation Program (HSEEP) Compliance

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The source for the following information is taken directly from the Homeland Security Program website's Press Room: https://hseep.dhs.gov/pages/PressRoom.aspx.

What is HSEEP?

The Homeland Security Exercise and Evaluation program (HSEEP) is a capabilities and performance-based exercise program that was developed to provide common exercise policy and program guidance that constitutes a national standard for exercises. HSEEP is designed to be flexible, scalable and adaptable to any exercise program, regardless of the nature and composition of its sponsoring agency or organization, and to the full spectrum of exercise scopes and scenarios. This includes consistent terminology, design process, evaluation tools and documentation standards. HSEEP reflects community best practices as well as lessons learned from previous and existing exercise programs. More information is available at http://hseep.dhs.gov.

What is HSEEP Compliance?

HSEEP compliance is defined as adherence to specific processes and practices for exercise program management and exercise design, development, conduct, evaluation and improvement planning. Four specific performance requirements are established in HSEEP Policy and Guidance documentation.

1. Conduct an annual Training and Exercise Plan Workshop (TEPW), and maintain a Multi-Year Training & Exercise Plan (TEP)

   An annual TEPW provides an opportunity to develop, review or update an entity's Multi-year TEP. The TEPW also provides a forum for determining how an entity will execute its multi-year TEP in a given year. The purpose of the TEPW and Multi-year TEP is to translate strategic goals and priorities into specific training and exercise activities and to coordinate and de-conflict all training and exercise activities on a schedule. While all exercises conducted by an entity are not required to be included in the Multi-year TEP, the entity should follow the guidance and priorities established during the TEPW.

2. Plan and conduct exercises in accordance with the guidelines set forth in HSEEP policy.

   HSEEP policy guidance includes an overview of exercise planning and conduct. Specific areas for compliance include the use of various types of planning conferences and exercise documentation. The number of conferences and types of documentation required are flexible and depend on the full scope of the exercise being completed. HSEEP also provides sample documents for all potential presentations and manuals for all types of exercises. The use of

an Exercise Plan or ExPlan provides the required structure and serves as a guide for exercise planning, conduct, evaluation and follow-up.

3. Develop and submit a properly formatted After Action Report/Improvement Plan (AAR/IP)

   An AAR/IP is used to capture events as they occurred during an exercise, provide analysis of the events relative to exercise objectives and suggest development of actions to either further enhance or improve agencies' planning and response capabilities. It also evaluates achievement of the selected exercise objectives and determination of overall capabilities being validated. The IP portion of the AAR/IP includes corrective actions for improvement, along with timelines for their implementation and assignment to responsible parties.

4. Track and implement corrective actions identified in the AAR/IP

   Once recommendations and the corrective actions to be implemented are identified in the IP, the exercising entity ensures that each corrective action is analyzed for the tasks required for full implementation and is tracked to completion through use of a Corrective Action Plan (CAP). Exercising entities review all exercise evaluation feedback and resulting IPs to assess progress on enhancing preparedness. This analysis and information are incorporated into the capabilities-based planning process because they may identify needs for additional equipment, staffing, training, exercises, coordination, plans or procedures that can be validated through future exercises. Continual IP tracking and implementation should be part of a corrective action program within each participating entity.

Texas Department of State Health Services HSEEP Compliance

To assist HSRs, LHDs, RACs and healthcare facilities in developing exercise programs and exercise activities to be HSEEP compliant the Texas Department of State Health Services Exercise Unit (E-Team) has defined the how four key HSEEP compliance elements listed in the section above should be met as required by the Public Health Emergency Preparedness and Hospital Preparedness Program grants within the State of Texas.

1. Training and Exercise Plan Workshop and Multi-Year Training and Exercise Plan

   (Note: Centers for Disease Control and Prevention (CDC), through the Public Health Emergency Preparedness (PHEP) grant requires the development of a Multi-Year Training & Exercise Plan (3-year) while the Office of the Assistant Secretary for Prevention and Response (ASPR) requires the development of a Multi-Year (5-year) Training & Exercise Plan as a part of the Hospital Preparedness Program (HPP). In the case of the multi-year TEP required by the CDC and ASPR/HPP, this is a "living" document that is anticipated to change each year based on guidance and priority changes.)

a. Each State Health Service Region (HSR), Healthcare Coalition (HCC), Local Health District/Department (LHD) and healthcare organizations and facilities receiving grant funds should conduct an annual Training & Exercise Plan Workshop (TEPW) within their internal organizations to establish their training and exercise priorities for the required timeframe.

b. HSRs and HCCs should then sponsor/host a Regional TEPW with representatives from their partners within their geographical boundaries to produce a Regional Training & Exercise Plan (TEP). These T&EPWs should review all of the individually identified training and exercise priorities and, where possible, combine training and exercise efforts to gain the most benefit to the most programs possible. This information is then consolidated to produce the overall Regional TEP for each HSR and HCC.

   In the case of the HSRs, the regional TEPWs should include all LHDs within the geographical area and, for the HCCs this would include all coalition-member healthcare facilities and organizations within the area. These efforts are to be coordinated with public health, healthcare and emergency response partners.

c. These MYTEPs are to be submitted via email to the Exercise Unit at the PreparednessExercise email box (PreparednessExercise@dshs.state.tx.us) within the timeframe required by the grants and/or established by DSHS.

2. Plan and conduct exercises in accordance with the guidelines set forth in HSEEP policy.

Design and develop operations-based exercises using the HSEEP exercise design and development process model as a base-line/framework for exercise planning and coordination activities using the DSHS Exercise Plan (ExPlan) to document each activity and track those tasks to be accomplished prior to the next planning meeting or the actual conduct of the exercise activity.

The components and concepts of the HSEEP exercise design and development process are intended to provide a framework for organizing the overall process for the design, conduct, evaluation and follow up of exercise activities. Various components of the HSEEP process may not apply with some exercise types to the same extent as with others. For example, it may not be necessary to conduct all the exercise planning meetings listed when designing a simple discussion-based exercise. However, dependent on the scope of an individual operations-based exercise activity, exercise planners may consolidate some of the listed meetings or, may find it beneficial to conduct additional meetings to ensure all participants can gain as much benefit as possible from the activity and, ensure a quality exercise.

Regardless of the number and type of planning meetings conducted, there should be a summary report produced for each to document attendees, actions taken/decisions made and

the assignment of tasks or milestones to be accomplished by each entity participating in the exercise prior to the next scheduled planning meeting. This will provide the exercise planning team with a roadmap for moving forward with the exercise planning and development within the timeframe established for a given exercise activity.

For each exercise scheduled/planned, the entity conducting (sponsoring) the exercise activity will submit the DSHS Notification of Exercise (NoE) form as required by the DSHS Exercise Program Guidance document. In cases where an entity receiving grant funds is participating in an exercise activity sponsored by another organization to fulfill grant-mandated requirements, the participating entity is responsible for submission of the NoE reflecting their participation. This will enable the exercise unit to identify those exercise activities being conducted using grant monies and post them to the National Exercise Schedule (NEXS) or Lessons Learned and Information Sharing (LLIS) websites as required.

Grant funded exercises, as well as exercise activities conducted by public health and healthcare facilities and organizations that are not expending grant monies for the conduct exercise activities will be included in the State Consolidated Exercise Schedule maintained and distributed by the Texas Division of Emergency Management (TDEM) as well as the internal DSHS Consolidated Exercise Schedule.

3. Develop and submit a properly formatted After Action Report/Improvement Plan (AAR/IP)

   The DSHS E-Team has developed an HSEEP compliant AAR/IP. Following the conduct of each exercise activity, the sponsoring and/or participating public health or healthcare entity or facility is to submit a completed DSHS AAR/IP as described in the DSHS Exercise Program Guidance (EPG) document.

   When HSRs or LHDs are submitting documentation for stand-alone drills and/or functional or full-scale exercises incorporating the individual drill requirements and using the DSNS Data Collection Forms developed by the RAND Corporation (also referred to as RAND Data Collection Forms) for specific drills, these are to be submitted, along with a completed DSHS SNS AAR/IP, as described in the DSHS Exercise Program Guidance.

4. Track and implement corrective actions identified in the AAR/IP

   Once the exercise evaluation process has progressed to the point where the areas requiring improvements and the specific corrective actions to be implemented have been identified, the lead agency and the point of contact established for oversight of the implementation, it is necessary for key officials to be confident that the desired actions are taking place. This means tracking the progress of the implementation of the corrective actions.

The DSHS Exercise Team has created a Corrective Action Plan (CAP). This format allows for the identification of the Office of Primary Responsibility (OPR). This is the entity, agency or facility that will take the lead in the implementation as well as the individual designed as the point of contact (POC) for the OPR. In addition to identification of the lead entity in the implementation, supporting entities, organizations and/or facilities that will have a role in the full implementation can be clearly identified along with the designated POCs for each.

The format also allows for the identification of the individual tasks or steps required for full implementation and allows for establishing a suspense date for each. This allows for the lead entity's representative to layout all requirements and establishes a projected completion date for implementation.

Note: Exercise reports written by contractors conducting exercises for the public health and healthcare community within the state are to follow the HSEEP formats by using the DSHS ExPlan and either the HSEEP AAR/IP template or DSHS AAR/IP template provided on the DHS and HSEEP websites respectively.

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HSEEP Compliance Job Aid

The following checklist can be used to assist entities and organizations in planning, developing and completing their exercises in line with HSEEP initiatives and processes. Use of this checklist is ***NOT*** a requirement for compliance with State and federal grant programs, nor should it be submitted to the National Exercise Division. It is provided simply as a tool to assist entities, organizations and agencies plan and conduct exercises within the intent of HSEEP policy.

Exercise Name: _____
Lead Agency: _____
Scheduled Date: _____

- Exercise is listed on the entity's current Multi-year Training & Exercise Plan.

  ☐ Yes
  ☐ No

- The exercise is aligned with the specific target capabilities (or agency mission areas) listed below.

  _____
  _____
  _____
  _____

- The exercise planning schedule is set using HSEEP suggested guidelines as listed below.

  - Concept & Objectives Meeting date: _____
  - Initial Planning Conference date: _____
  - Midterm Planning Conference date: _____
  - Master Scenario Events List (MSEL) Conference date: _____
  - Final Planning Conference date: _____
  - After Action Conference date: _____

- Exercise objectives are designed to support demonstration of selected capabilities. _____
- Exercise evaluation is designed to validate achievement of objectives. _____
- After Action Report/Improvement Plan is completed and accurately captures written analysis of exercise events as they pertain to meeting the objectives. _____
  - IP elements are assigned to knowledgeable points of contact with realistic timeframes for action and implementation. _____
- Final AAR/IP is posted to appropriate portal or provided via email as stated in the exercise guidance. _____
- IP completion is coordinated with the Multi-year T&EP revision to provide input on future exercises and capability validation. _____

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TAB C

Exercise Definitions

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Summary of the Properties of the Seven HSEEP Exercise Types.

Utility/Purpose		Type of Player Action	Duration	Real-Time Play	Scope
Discussion-Based Exercises	Familiarize players with current plans, policies, and procedures; develop new plans, policies, agreements and procedures	Notional; player actions are imaginary or hypothetical	Rarely exceeding 8 hours	No	Varies
Seminar	Provide an overview of new or current plans, resources, strategies, concepts or ideas	N/A	2 – 5 hours	No	Multi- or Single agency/ function
Workshop	Achieve specific goal or building a product (e.g. exercise objectives, SOPs, policies, plans)	N/A	3 – 8 hours	No	Multi-agency/ Single function
Tabletop Exercise (TTX)	Validate plans and procedures by utilizing a hypothetical scenario to drive participant discussion	Notional	4 – 8 hours	No	Multi-agency/ Multiple functions
Game	Explores decision-making process and examine consequences of those decisions	Notional	2- 5 hours	No (though some simulations provide real- or near real-time play)	Multi-agency/ Multi-functions
Operations-Based Exercises	Validate plans, policies, agreements, and procedures; clarify roles and responsibilities; identify resource gaps.	Actual; player action mimics reaction, response, mobilization, and commitment of personnel and resources.	May be hours, days, or weeks depending on purpose, type, and scope of the exercise.	Yes	Varies
Drill	Validates a single operation or function of an agency.	Actual	2 – 4 hours	Yes	Single agency/ Single function
Functional Exercise	Evaluate capabilities, functions, plans, facilities and staff of Incident Command, Unified Command, intelligence centers, or other multi-agency coordination centers (e.g. EOCs)	Command staff actions are actual; movement of other personnel, equipment, or adversaries is simulated	4 – 8 hours	Yes	Multiple functional areas/ Multiple functions
Full-scale Exercise	Validate plans, policies, procedures, and cooperative agreements developed in previous exercises through their	Actual	One full day or several days or weeks	Yes	Multi-agency/ Multiple functions

	actual implementation and execution during a simulated scenario; includes actual mobilization of resources, conduct of operations, and integrated elements of functional exercise play (e.g. EOCs, CPs)				

This information is contained within Homeland Security Exercise and Evaluation Program, Volume I, HSEEP Overview and Exercise Program Management.

Discussion-Based Exercises Discussion-based exercises are normally used as a starting point in the building-block approach of escalating exercise complexity. Discussion-based exercises include seminars, workshops, tabletop exercises and games. These types of exercises are valuable tools for familiarizing agencies and personnel with current or expected capabilities of a given entity. Discussion-based exercises typically focus on strategic, policy-oriented issues. Facilitators and/or presenters usually lead the discussion, keeping participants on track toward meeting exercise objectives.

Seminars: Seminars are informal discussions, unconstrained by real-time portrayal of events and led by a presenter. They are generally employed to orient participants to, or provide an overview of authorities, strategies, plans, policies, procedures, protocols, response resources and/or concepts and ideas. Seminars provide a good starting point for entities that are developing or making major changes to their plans and procedures.

Workshops: After seminars, workshops represent the second tier of exercises in the HSEEP building-block approach. They differ from seminars in two important respects: participant interaction is increased, and the focus in on achieving or building a product (such as a draft plan or policy). Workshops are often employed in conjunction with exercise development to determine objectives, develop scenarios and define evaluation criteria.

A workshop may also be used to produce new standard operating procedures (SOPs), emergency operating plans (EOPs), mutual aid agreements (MAAs), multi-year plans or improvement plans. To be effective, workshops must be highly focused on a specific issue and the desired outcome or goal must be clearly defined.

Tabletop (TTX): Exercise Tabletop exercises involve key personnel discussing hypothetical scenarios in an informal setting. This type of exercise can be used to assess plans,

policies and procedures or to assess the systems needed to guide the prevention of, response to and recovery from a defined incident. TTXs are typically aimed at facilitating understanding of concepts, identifying strengths and shortfalls and achieving changes in depth and develop decisions through slow-paced problem solving, rather than the rapid, spontaneous decision making that occurs under actual or simulated emergency conditions. The effectiveness of a TTX is derived from the energetic involvement of participants and their assessment of recommended revisions to current policies, procedures and plans.

Operations-Based Exercises Operations-based exercises represent the next level of the exercise cycle. They are used to validate plans. Policies, agreements and procedures solidified in discussion-based exercises. Operations-based exercises include drills, functional exercises and full-scale exercises. They can clarify roles and responsibilities, identify gaps in resources needed to implement plans and procedures and improve individual and team performance. Operations-based exercises are characterized by actual reaction to simulated intelligence; response to emergency conditions; mobilization of apparatus, resources and/or networks; and commitment of personnel – usually over an extended period of time.

Drills: A drill is a coordinated, supervised activity usually employed to validate a single, specific operation or function in a *single agency or organizational entity*. Drills are commonly used to provide training on new equipment, develop or validate new policies or procedures or practice and maintain current skills. Typical attributes of drills include:

- A narrow focus, measured against established standards;
- Immediate feedback;
- A realistic environment; and
- Performance is in isolation

Functional: Exercises (FE) Functional exercises (FEs) are designed to validate and evaluate capabilities, multiple functions and/or sub-functions, or interdependent groups of functions. Response and recovery-focused FEs generally concentrate on exercising plans, policies, procedures and staff members involved in management, direction, command and control functions of Incident Command (IC) and/or multi-agency coordination centers (e.g. EOCs). In FEs, events are projected through an exercise scenario with event updates that drive activity at the management level. An FE is conducted in a realistic, real-time environment; however, all movement of field response personnel and equipment is simulated.

FE controllers use a Master Scenario Events List (MSEL) to ensure participant behavior remains with the predefined boundaries defined by the capability-based objectives. Simulators in a Simulation Cell can inject scenario elements to simulate real events.

Full-Scale: Exercises (FSE)

FSEs are typically the most complex and resource-intensive type of exercise. They involve multiple agencies, organizations and jurisdictions and validate many facets of preparedness. FSEs often include many players operating under cooperative systems such as the ICS and Unified Command.

In a FSE, events are projected through an exercise scenario with event updates that drive activity at the operational as well as management level. FSEs are conducted in a realistic, real-time environment intended to mirror a real incident. Personnel and resources are mobilized and deployed to the scene where actions would be conducted as if a real incident had occurred. The FSE simulates reality by presenting complex and realistic problems that require critical thinking, rapid problem solving and effective responses by trained personnel.

The level of support needed to conduct a FSE is greater than that needed for other types of exercises. The exercise site for an FSE is usually large and site logistics require close monitoring. Safety issues, particularly regarding the use of props and special effects, must be monitored. Throughout the duration of the exercise, many activities occur simultaneously.

TAB D

Acronyms

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AAR/IP	After Action Report/Improvement Plan
ASPR	Office of the Assistant Secretary for Preparedness and Response
AOA	American Osteopathic Association
BT	Biological Terrorism
CAP	Corrective Action Plan
CBRNE	Chemical, Biological, Radiological, Nuclear and Explosive
CDC	Centers for Disease Control and Prevention
CMS	Center for Medicare and Medicaid Services
COG	Council of Government
CRI	Cities Readiness Initiative
DDC	Disaster District Committee
DHS	Department of Homeland Security
DNV	Det Norske Veritas
DPS	Texas Department of Public Safety
DSHS	Department of State Health Services
DSNS	Division of Strategic National Stockpile
EAA	Exercise Administrative Authority
EMI	Emergency Management Institute
EMPG	Emergency Management Performance Grant
EMS	Emergency Medical Service
EMTF	Emergency Medical Task Force
EOC	Emergency Operations Center Emergency Operations Coordination
EPG	Exercise Program Guidance
EPI	Epidemiological Investigation
ESAR-VHP	Emergency System for the Advanced Registration of Volunteer Health Professionals
ESF	Emergency Support Function
FBI	Federal Bureau of Investigation
FE	Functional Exercise
FEMA	Federal Emergency Management Agency
FSE	Full-Scale Exercise
HAN/PHIN	Health Alert Network/Public Health Information Network
HCC	Healthcare Coalition
HHS	U.S. Department of Health & Human Services
HHSC	Health and Human Services Commission (Texas)
HMEEP	Health and Medical Exercise & Evaluation Program
HICS	Hospital Incident Command System
HPP	Hospital Preparedness Program
HSEEP	Homeland Security Exercise and Evaluation Program

HSR	Health Services Region
HVA	Hazard Vulnerability Analysis
IAP	Incident Action Plan
ICP	Incident Command Post (Incident Command System)
	Infection Control Point (hospitals)
ICS	Incident Command Systems
IR	Incident Report
IS	Independent Study
	Information Sharing
JRA	Jurisdictional Risk Assessment
LHD	Local Health Department
LLIS	Lessons Learned & Information Sharing (DHS Website)
LRN	Laboratory Response Network
MAA	Mutual Aid Agreement
MACC	Multi-Agency Coordination Center
MACS	Multi-Agency Coordination System
MCDD	Medical Countermeasure Distribution and Dispensing
MEP	Master Exercise Practitioner
MMRS	Metropolitan Medical Response System
MOA	Memorandum of Agreement
MOC	Medical Operations Center
MOU	Memorandum of Understanding
MRC	Medical Reserve Corps
MYTEP	Multi-Year Training & Exercise Plan
NETC	National Emergency Training Center
NEXS	National Exercise Schedule
NDMS	National Disaster Medical System
NIMS	National Incident Management System
PHD	Public Health District
POC	Point of Contact
PPE	Personal Protective Equipment
PHEP	Public Health Emergency Preparedness
POD	Point of Distribution/Dispensing
RAC	Regional Advisory Council
ROC	Regional Operations Center
	Rehearsal of Concept (drill)
ROG	Response Operating Guide
RLHS	Region and Local Health Services
RMOC	Regional Medical Operations Center
RSA	Resource Staging Area

RSS	Receiving Staging & Storage
SAA	State Administrative Agency
SITREP	Situation Report
SMOC	State Medical Operations Center
SNS	Strategic National Stockpile
SOC	State Operations Center
SOG	Standard Operating Guide
SOP	Standard Operating Procedure
TDA	Texas Department of Agriculture
TDCJ	Texas Department of Criminal Justice
TDEM	Texas Division of Emergency Management
TEEX	Texas Engineering Extension Service
TEPW	Training and Exercise Plan Workshop
TSA	Trauma Service Area
TTX	Tabletop Exercise
UASI	Urban Area Security Initiative
USDA	United States Department of Agriculture
USFDA	United State Food and Drug Administration
USPHS	United States Public Health Service

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TAB E

Homeland Security Exercise and Evaluation Program and Exercise Training Opportunities

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Federal Emergency Management Agency / Texas Division of Emergency Management:

- HSEEP/Exercise training currently available through the Federal Emergency Management Agency (FEMA) Independent Study (IS) Program:
  - IS-120.A: An Introduction to Exercises
  - IS-130: Exercise Evaluation and Improvement Planning
  - IS-139: Exercise Design & Development

- HSEEP/Exercise training currently available through the Texas Division of Emergency Management*:
  - G920: Texas Exercise Design & Evaluation Course
  - L/G146: Homeland Security Exercise & Evaluation Program Course

- HSEEP/Exercise training currently available through DHS/FEMA
  - Master Exercise Practitioner Program (MEP)
    - Taught at the National Emergency Training Center (NETC) / Emergency Management Institute (EMI)
      - E/B132: Discussion-Based Exercise Design & Evaluation
      - E/B133: Operations-Based Exercise Design & Evaluation
      - E/B136: Operations-Based Exercise Development
    - Prerequisites:
      - IS-100.A: Introduction to Incident Command
      - IS-120.A An Introduction to Exercises
      - IS-130: Exercise Evaluation & Improvement Planning
      - IS-139 Exercise Design
      - IS-200: ICS for Single Resources and Initial Action Incidents
      - IS-230: Principles of Emergency Management
      - IS-235: Emergency Planning
      - IS-700.A NIMS, An Introduction
      - IS-775: EOC Management & Operations
      - IS-800.B National Response Framework, An Introduction
    - Apply using a FEMA form 75-5, Course Registration, with supervisor's signature and copies of certificates for all prerequisites, and submit through the TDEM Training & Exercise Unit, attention; State Training Officer. Fax: 512 / 424-5647

Department of State Health Services – Community Preparedness Section Exercise Team

- DSHS After Action Report/Improvement Plan Writing Course

- Additional selected and specific exercise training may be available through the DSHS Exercise Unit based on agency and stakeholder identified needs.

(* - DSHS Exercise Unit can provide this training on request.)