A Truckload of Trouble

2024 Region 5 Mass Casualty Full Scale Exercise

April 25, 2024

Exercise Plan

The Exercise Plan (ExPlan) gives elected and appointed officials, observers, media personnel, and players from participating organizations information they need to observe and/or participate in the exercise. Some exercise material is intended for the exclusive use of exercise planners, controllers, and evaluators, but players may view other materials that are necessary to their performance. All exercise participants may view the ExPlan.

EXERCISE OVERVIEW

Exercise Name	**A Truckload of Trouble**
Exercise Dates	April 25, 2024
Scope	This is a regional full scale exercise, planned for four hours (8 am to noon) at more than 60 hospitals across Central Florida.
Mission Area(s)	Protection & Response
Core Capabilities	Hospital Preparedness Program Capabilities: Capability 1. Foundation for Health Care and Medical Readiness Capability 2: Health Care and Medical Response Coordination Capability 3: Continuity of Health Care Service Delivery Capability 4: Medical Surge
Objectives	See Page 4 *Table 1. Exercise Objectives and Associated Core Capabilities*
Threat or Hazard	Complex Coordinated Terrorist Attack
Scenario	The scenario is a complex coordinated terrorist attack with truck bombs at various high traffic/high risk facilities across the region (see maps). The trucks contain hydraulic fluid, requiring decontamination. The exercise also includes a cyber attack on PACS (hospital imaging system) later in the exercise.
Sponsor	Central Florida Disaster Medical Coalition
Participating Organizations	There will be approximately 2,000 live victim volunteers across the region going into more than 50 hospitals. In addition, approximately 20 hospitals will participate with paper victims (triage tags only). There are approximately 100 agencies supporting the exercise (FBI, FDLE, local law enforcement, local fire/rescue/EMS, schools, etc.) See Appendix C – Exercise Participants

**Points
of
Contact**

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**Planning Team Members
See Appendix I**

GENERAL INFORMATION

Exercise Objectives and Core Capabilities

The following exercise objectives in Table 1 describe the expected outcomes for the exercise. The objectives are linked to core capabilities, which are distinct critical elements necessary to achieve the specific mission area(s). The objectives and aligned core capabilities are guided by ASPR HPP guidance and selected by the Exercise Planning Team.

Exercise Objective	Core Capability
Objective 1: Evaluate the hospitals' ability to demonstrate Hospital Incident Command System (HICS) in response to a major incident.	**ASPR HPP Capability #2:** Healthcare and Medical Response Coordination
Objective 2: Assess hospital facilities' ability to activate and implement infrastructure protection measures in response to a major incident in accordance with policies and procedures.	**ASPR HPP Capability #3:** Continuity of Healthcare Service Delivery
Objective 3: Evaluate hospital facilities' ability to activate and execute decontamination, triage, medical surge, and resource management in response to a major incident in accordance with policies and procedures.	**ASPR HPP Capability #4:** Medical Surge **NOTE: Hospitals must report MRSE Performance Measures**
Objective 4: Assess community partners' ability to share and receive timely communications to support security and assist with situational awareness and operational decisions during an incident in the community, utilizing the communications platforms available within the region.	**ASPR HPP Capability #2:** Healthcare and Medical Response Coordination
Objective 5: Demonstrate capability to connect county EOCs with local hospitals and EOC to EOC interconnectivity.	**ASPR HPP Capability #2:** Healthcare and Medical Response Coordination
Objective 6: Test acute care hospital and free-standing emergency departments' capability to stabilize and/or treat high number of burn patients.	**ASPR HPP Capability #4:** Medical Surge
Objective 7: Escalating Incident: Ability for healthcare organizations to identify that an incident or incidents are escalating and will need additional support from within their systems beyond normal emergency response practices to ensure continuity of operations for patients. This	**ASPR HPP Capability 3. Continuity of Health Care System Delivery**; Goal for Capability 3 (Page 32) & Objective 2: Plan for Continuity of Operations – Activity 3. Continue Administrative and Finance Functions (Page 34).

may involve response from the organization's senior most leadership and board members.	**ASPR HPP Capability 3. Continuity of Health Care System Delivery;** Objective 5: Protect Responder's Safety and Health; Activity 3. Develop Health Care Worker Resilience (Page 40). **ASPR Capability 3. Continuity of Health Care System Delivery;** Objective 7: Coordinate Health Care Delivery System Recovery (Page 42). **ASPR HPP Capability 4. Medical Surge;** Goal for Capacity 4: Medical Surge (Page 45). **ASPR HPP Capability 4. Medical Surge**; Objective 2: Respond to a Medical Surge; Activity 3. Develop an Alternate Care System (Page 50).
Objective 8: Cyber Incident: Ensure healthcare organizations can continue to operate when faced with a cyberattack that poses significant effects on patient care and organizational continuity.	**ASPR HPP Capability 3. Continuity of Health Care Service Delivery**; Objective 4: Develop Strategies to Protect Health Care Information Systems and Networks (Page 37).

Table 1

Participant Roles and Responsibilities

The term *participant* encompasses many groups of people, not just those playing in the exercise. Groups of participants involved in the exercise, and their respective roles and responsibilities, are as follows:

- **Players.** Players are personnel who have an active role in discussing or performing their regular roles and responsibilities during the exercise. Players discuss or initiate actions in response to the simulated emergency.

- **Controllers.** Controllers will plan and manage exercise play, set up and operate the exercise site, and act in the roles of organizations or individuals that are not playing in the exercise. Controllers direct the pace of the exercise, provide key data to players, and may prompt or initiate certain player actions to ensure exercise continuity. In addition, they issue exercise material to players as required, monitor the exercise timeline, and supervise the safety of all exercise participants.

- **Simulators.** Simulators are control staff personnel who role play nonparticipating organizations or individuals. They most often operate out of the Simulation Cell (SimCell), but they may occasionally have face-to-face contact with players. Simulators function semi-independently under the supervision of SimCell controllers, enacting roles (e.g., media reporters, consul staff or next of kin) in accordance with instructions provided in the Master Scenario Events List (MSEL). All simulators are ultimately accountable to the Exercise Director and Senior Controller.

- **Evaluators.** Evaluators evaluate and provide feedback on a designated functional area of the exercise. Evaluators observe and document performance against established capability targets and critical tasks, in accordance with the Exercise Evaluation Guides (EEGs). See also C/E Handbook

- **Actors.** Actors simulate specific roles during exercise play, typically victims or other bystanders. Actors will be termed victim volunteers for this exercise.

- **Observers.** Observers visit or view selected segments of the exercise. Observers do not play in the exercise, nor do they perform any control or evaluation functions. Observers view the exercise from a designated observation area and must remain within the observation area during the exercise. Very Important Persons (VIPs) are also observers, but they frequently are grouped separately.

- **Media Personnel.** Some media personnel may be present as observers, pending approval by the sponsor organization or the hospital. Media calls will be handled by the exercise PIO and referred to the media point of contact at the participating hospital.

- **Support Staff.** The exercise support staff includes individuals who perform administrative and logistical support tasks during the exercise (e.g., registration, moulage, catering).

Exercise Assumptions and Artificialities

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

Assumptions

- The exercise will be conducted in a **no-fault learning environment** wherein systems and processes, not individuals, will be evaluated
- Exercise simulation will be **realistic and plausible** and will contain sufficient detail from which players can respond
- Exercise players will **react to information and situations as they are presented**, in the same manner as if the simulated incident were real

Artificialities

During this exercise, the following artificialities apply:

- Exercise **communication and coordination will be limited to participating** exercise venues
- Only communication methods listed in the Communications Plan will be available for players to use during the exercise.
- Participating agencies may need to **balance exercise play with real-world emergencies**. Real-world emergencies will take priority.
- The exercise will be played in real time; however, some time intervals may be sped up to accommodate schedules and meet exercise objectives.

EXERCISE LOGISTICS

Safety

Exercise participant safety takes priority over exercise events. The following general requirements apply to the exercise:

- Exercise Controllers are responsible for participant safety; any safety concerns must be immediately reported to the Exercise Planning Team. The controller will determine if a real-world emergency warrants a pause in exercise play and when exercise play can be resumed.

  - Exercise Controllers/Evaluators will vocalize the term *"Freeze"* to stop any potentially unsafe exercise play.

  - Volunteers (including victims, teachers, chaperones, volunteer management staff, evaluators, observers) must follow hospital health and safety protocols.

- Hospital decontamination teams **will not** get volunteer victims wet. Hospitals are encouraged to send a mannequin through wet decontamination to test systems.

- For an emergency that requires assistance, use the phrase **"*real-world emergency*."** The following procedures should be used in case of a real emergency during the exercise:

  - Anyone who observes a participant who is seriously ill or injured will immediately notify emergency services and the closest controller, and, within reason and training, render aid.

The controller(s)/evaluator(s) aware of a real emergency will initiate the "real-world emergency" broadcast and provide the Coalition and County EOC Sim with the location of the emergency and resources needed, if any. Fire Safety

Standard fire and safety regulations relevant to each participating location will be followed during the exercise.

Emergency Medical Services

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

Electrical and Generating Device Hazards

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

Weapons Policy

All participants will follow the relevant weapons policy for the exercising organizations.

Site Access

Security

If entry control is required for the exercise venue(s), the sponsor organizations are responsible for arranging appropriate security measures. To prevent interruption of the exercise, access to exercise sites is limited to exercise participants. Players should advise their venue's controller or evaluator of any unauthorized persons.
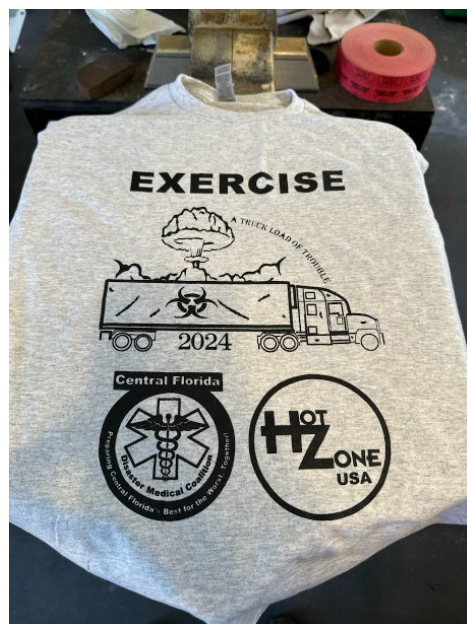
Media/Observer Coordination

Organizations with media personnel and/or observers attending the event should coordinate with the sponsor organization for access to the exercise site.
Media/Observers are escorted to designated areas and always accompanied by an exercise controller. Sponsor organization representatives and/or the observer controller may be present to explain exercise conduct and answer questions. Exercise participants should be advised of media and/or observer presence.

Exercise Identification

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

Evaluators/Controllers will have vests or badges provided by the hospital

All victim volunteers and chaperones will have an exercise t-shirt with the exercise logo:

POST-EXERCISE AND EVALUATION ACTIVITIES

Evaluation

Hot Wash

At the conclusion of exercise play, controllers at each hospital will facilitate a Hot Wash to allow players to discuss strengths and areas for improvement. Hospitals are encouraged to include evaluators to allow them to seek clarification regarding player actions and decision-making processes.

Exercise Evaluation Guides

EEGs assist evaluators in collecting relevant exercise observations. EEGs document exercise objectives and aligned core capabilities, capability targets, and critical tasks. Each EEG provides evaluators with information on what they should expect to see demonstrated in their functional area. The Coalition will provide generic EEGs for hospital use and hospitals will determine EEGs to be used in their facility. The EEGs, coupled with Participant Feedback Forms and Hot Wash notes, are used to evaluate the exercise and compile the After- Action Report (AAR). The EEGs and all notes are to be turned into the hospital controller during the facility hotwash.

Hospital MRSE Data

Each hospital will identify an individual responsible for capturing and reporting required federal MRSE (medical response surge exercise) data.   A copy of the required data and training will be provided to these individuals in advance of the exercise. The Coalition is responsible for collecting, aggregating and reporting the MRSE data to the state and federal partners.

Participant Feedback Forms

Participant Feedback Forms provide players with the opportunity to comment candidly on exercise activities and exercise design. Participant Feedback Forms will be sent out electronically to participants following the exercise and the data will be shared with the hospitals and be used to inform the regional after-action report.

After-Action Report

The AAR summarizes key information related to evaluation. The AAR primarily focuses on the analysis of core capabilities, including capability performance, strengths, and areas for improvement. AARs also include basic exercise information, including the exercise name, type of exercise, dates, location, participating organizations, mission area(s), specific threat or hazard, a brief scenario description, and the name of the exercise sponsor and Point of Contact (POC). Each hospital will complete its own after-action report and improvement plan. The Coalition is responsible for facilitating an after action meeting and providing a regional after-action report/improvement plan.

Improvement Planning

Improvement planning is the process by which the observations recorded in the AAR are resolved through development of concrete corrective actions, which are prioritized and tracked as a part of a continuous corrective action program.

After-Action Meeting

The After-Action Meeting (AAM) is a meeting held among decision- and policymakers from the exercising organizations, as well as the Exercise Planning Team, to debrief the exercise and to review and refine the draft AAR and Improvement Plan (IP). The AAM should be an interactive session, providing attendees the opportunity to discuss and validate the observations and corrective actions in the draft AAR/IP. The AAM is scheduled for Friday, May 10, 2024, at 9 am. The AAR will address regional strengths and opportunities and will not identify individual facility issues.

Improvement Plan

The IP identifies specific corrective actions, assigns them to responsible parties, and establishes target dates for their completion. It is created by officials from the organizations participating in the exercise and discussed and validated during the AAM. The Improvement Plan will address regional opportunities and will not address individual facility actions.

PARTICIPANT INFORMATION AND GUIDANCE

Exercise Rules

The following general rules govern exercise play:

- Real-world emergency actions take priority over exercise actions.

- Exercise players will comply with real-world emergency procedures, unless otherwise directed by the control staff.

- All communications (including written, radio, telephone, and e-mail) during the exercise will begin and end with the statement **"Exercise. Exercise. Exercise."**

- Exercise players who place telephone calls or initiate radio communication with the SimCell must identify the organization or individual with whom they wish to speak.

Players Instructions

Players should follow written instructions before, during, and after the exercise to ensure a safe and effective exercise.

Before the Exercise

- Review appropriate organizational plans, procedures, and exercise support documents.

- Incident Site Players - Be at the appropriate site at least 30 minutes before the exercise starts. Wear the appropriate uniform and/or identification item(s).

- Incident Site Players - Sign in when you arrive.

- If you gain knowledge of the scenario before the exercise, notify a controller so that appropriate actions can be taken to ensure a valid evaluation.

During the Exercise

- Respond to exercise events and information as if the emergency were real, unless otherwise directed by an exercise controller.

- Controllers will give you only information they are specifically directed to disseminate. You are expected to obtain other necessary information through existing emergency information channels.

- Do not engage in personal conversations with controllers, evaluators, observers, or media personnel. If you are asked an exercise-related question, give a short, concise answer. If you are busy and cannot immediately respond, indicate that, but report back with an answer as soon as possible.

- If you do not understand the scope of the exercise or if you are uncertain about an organization's participation in an exercise, ask a controller.

Parts of the scenario may seem implausible. Recognize that the exercise has objectives to satisfy and may require incorporation of unrealistic aspects. Every effort has been made by the exercise's trusted agents to balance realism with safety and to create an effective learning and evaluation environment.

- All exercise communications will begin and end with the statement **"Exercise, Exercise, Exercise".** This precaution is taken so that anyone who overhears the conversation will not mistake exercise play for a real-world emergency.

- When you communicate with the SimCell, identify the organization or individual with whom you wish to speak.

- Speak when you take an action. This procedure will ensure that evaluators are aware of critical actions as they occur.

- Maintain a log of your activities. Many times, this log may include documentation of activities that were missed by a controller or evaluator.

After the Exercise

- Participate in the Hot Wash at your venue with controllers and evaluators.

- Complete the Participant Feedback Form. This form allows you to comment candidly on emergency response activities and exercise effectiveness. Provide the completed form to a controller or evaluator.

- Provide any notes or materials generated from the exercise to your controller or evaluator for review and inclusion in the AAR.

Simulation Guidelines

Because the exercise is of limited duration and scope, certain details will be simulated. The physical description of what would fully occur at the incident sites and surrounding areas will be relayed to players by simulators or controllers. A regional and county SimCells will simulate the roles and interactions of non-participating organizations or individuals. The Coalition will send situational updates throughout the scheduled exercise time frame on April 25, 2024.

APPENDICES

Appendix A: Exercise Schedule

Appendix B: MSEL (attached)

Appendix C: Exercise Participants

Appendix D : Communications Plan

Appendix E : Volunteer Management by County (attached)

Appendix F: Exercise Evaluator Assignments by Hospital (attached)

Appendix G: Triage Tags

Appendix H: Acronyms

Appendix I: Exercise Planning Team Members

APPENDIX A: EXERCISE SCHEDULE

Time	Personnel	Activity	Location
April 25, 2024			
6:00 AM – 8:00 AM *(time varies depending on volunteer management site)*	Volunteer Management personnel and Exercise Volunteers	Registration, moulage, staging	At Designated Volunteer Management (VM) Site (see county specific VM plans)
7:30 AM	Controllers and Evaluators	Controllers and evaluators in designated exercise locations	At all sites
8:01 AM	**All**	**Exercise starts**	**At all sites**
8:02 AM – 12:00 PM	All	Exercise play at hospital	Hospital sites
12:00 PM	**All**	**Exercise ends**	**At all sites**
12:00 PM	Volunteers	Lunch for volunteers	See county specific VM plans
12:30 – 1:30 PM	Volunteers	All volunteers transported to hospitals return to school or staging area	Staging Area
Dependent on location	Hospital controllers, evaluators	Facility hotwash	Hospital sites

APPENDIX B: MSEL

Please reference the attached MSEL spreadsheet for complete exercise timeline information

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APPENDIX C: EXERCISE PARTICIPANTS

Hospitals Participating Full Scale (Live Victim Volunteers)
AdventHealth Altamonte
AdventHealth Apopka
AdventHealth Celebration
AdventHealth Daytona Beach
AdventHealth East Orlando
AdventHealth Fish Memorial
AdventHealth Kissimmee
AdventHealth New Smyrna Beach
AdventHealth Orlando
AdventHealth Orlando Children
AdventHealth Orlando Women's Hospital
AdventHealth Port Orange FSED
AdventHealth Waterman
AdventHealth Winter Garden
AdventHealth Winter Park
Cleveland Clinic Martin North Hospital
HCA Florida Lake Monroe Hospital
HCA Florida Lawnwood Hospital
HCA Florida Osceola Hospital
HCA Florida Poinciana Hospital
Nemours
Orlando Health - Advanced Rehabilitation Institute
Orlando Health - Arnold Palmer Medical Center
Orlando Health - Blue Cedar FSED
Orlando Health - Dr. P. Phillips Hospital
Orlando Health - Four Corners FSED
Orlando Health - Health Central Hospital
Orlando Health - Horizon West Hospital
Orlando Health - Jewett Orthopedic Institute
Orlando Health - Lake Mary FSED
Orlando Health - Orlando Regional Medical Center
Orlando Health - Osceola FSED
Orlando Health - Randal Park FSED
Orlando Health - Reunion Village FSED
Orlando Health - South Lake Hospital
Orlando Health - South Seminole Hospital
Orlando Health - St. Cloud Hospital
Orlando Health - Winnie Palmer Hospital

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Orlando Health Bayfront Health St. Pete
Oviedo Medical Center
Parrish Medical Center
St. Lucie Hospital
Steward - Rockledge Regional Medical Center
UCF Lake Nona Hospital
UF Health Leesburg Hospital
Other Players Participating Full Scale
Seminole County Emergency Management (Full Activation)
City of Orlando Emergency Management (Pulsara Pilot)
Orlando Fire Department (Pulsara Pilot)
ORMC – Family Reunification (Pulsara Pilot)
Hospitals Participating Functional/Tabletop (Triage Tags Only)
AdventHealth Clermont FSED
AdventHealth Deland
AdventHealth Flamingo Crossing FSED
AdventHealth Lake Mary FSED
AdventHealth Lake Nona FSED
AdventHealth Oviedo FSED
AdventHealth Palm Parkway
AdventHealth Partin Settlement
AdventHealth Waterford Lakes FSED
Cleveland Clinic Indian River Hospital
Cleveland Clinic Martin Emergency Center at St. Lucie West
Cleveland Clinic Martin South Hospital
Cleveland Clinic Tradition Hospital
HCA Florida Airport North Emergency
HCA Florida Heathrow Emergency
HCA Florida Hunter's Creek FSED
HCA Florida Lawnwood Vero Beach Emergency
HCA Florida Millenia Emergency
HCA Florida Mt. Dora FSED
Steward - Melbourne Regional Medical Center
Steward - Sebastian River Medical Center
Partner Organizations Supporting the Exercise
44th WMD-Civil Support Team
Advent Health EMS
Altamonte Springs Police Department
AMR
Apopka Fire Rescue
Apopka High School

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Apopka Police Department
ATI Ambulance
Boone High School
Brevard County Emergency Management
Brevard County EMS
Cambridge
Celebration High School
Central Florida Disaster Medical Coalition
Central Florida Intelligence Exchange (CFIX)
City College of Orlando
City of Kissimmee Fire Department
City of Orlando Emergency Management
City of Oviedo Fire Rescue
Clermont Police Department
Clermont Sea Cadets
Coastal EMS
Colonial High School
Corewell Health
Cypress Creek High School
Deland Police Department
Deltona High School Health Services Academy
District Fire Rescue (formerly Reedy Creek)
DOH-Brevard
DOH-Indian River
DOH-Lake
DOH-Martin
DOH-Orange
DOH-Osceola
DOH-Seminole
DOH-St. Lucie
DOH-Volusia
Dr. Phillips High School
East Central Florida Regional Planning Council
East Ridge High School
Eastern Florida State College Institute of Nursing-Melbourne
Federal Bureau of Investigation
Florida Department of Health
Florida Department of Law Enforcement
Florida Department of Transportation
Florida Division of Emergency Management

Fortis Institute
Health First EMS
Horizons High School
HotZone USA
Indian River County Emergency Management
Indian River State College
Keiser University-Brevard Campus
Kennedy Space Center
Kissimmee Fire Department
Kissimmee Police Department
Lake County Emergency Management
Lake County Fire Rescue
Lake County Public Schools Transportation
Lake County Sheriff's Office
Lake Mary Police Department
Lake Minneola High School
Lake Nona High School
Leesburg Police Department
Longwood Fire Rescue
Longwood Police Department
LYNX
Mainland High School
Martin County Emergency Management
Martin Fire Rescue
National Health Transport
Ocoee Police Department
Orange City Police Department
Orange County Emergency Management
Orange County EMS Office of the Medical Director
Orange County Fire Department
Orange County Fire Rescue Training Section
Orange County Public Schools Transportation
Orange County Sheriff's Office
Orange Technical College
Orlando Fire Rescue
Orlando Health Critical Transport Team
Orlando Police Department
Osceola County Emergency Management
Osceola County Public Schools Transportation
Osceola EMS

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Osceola Fire Rescue
Osceola Sheriff's Office
Osceola Tech-Kissimmee Campus
Osceola Tech-Poinciana Campus
Oviedo Police Department
Pine Ridge High School
Port St. Lucie Police Department
Rochester Regional Health
Sanford Fire Department
Sanford Police Department
Seabreeze High School
Seminole County Emergency Management
Seminole County EMS
Seminole County Sherriff's Office Explorer Program
Seminole Fire Rescue
South Lake High School
Spruce Creek High School
St. Cloud Fire Department
St. Cloud High School
St. Cloud Police Department
St. Lucie County Emergency Management
St. Lucie Fire Rescue
Stellar Transport
Sunrail
Target
Tavares High School
Taylor High School
Trident
University of Central Florida
US Office of Foreign Missions
Volusia County Emergency Management
Volusia County Public Schools Transportation
Windermere High School
Winter Garden Police Department
Winter Park Fire Rescue
Winter Park High School
Winter Park High School RNJTOC
Winter Park Police Department

APPENDIX D: COMMUNICATIONS PLAN

All communication will be through text message/email via Everbridge or EMResource, or through channels established by local emergency management

See Attached Communications List

Overview

The **communications plan** is designed to keep all participants, control cells, and sites on the same page. The communications sections in the exercise plan and controller/evaluator handbook explains how, what, and with whom controllers should communicate. Components that may be included:
- Controller communications
- Timing and content of communications
- Communications methodology

Communications Tools

- Everbridge: A unique Everbridge group, comprised of controllers, evaluators and sim cell participants has been created for the exercise.

- EMResource® is an application for resource requests and asset deployment and tracking. Bed data information also resides in this section of the program. EMResource® integrates with DEM and county EM agency use of WebEOC.

Injects will be communicated from CFDMC via the exercise Everbridge group, and EMResource as outlined in the MSEL.

Player Communications

Exercise communications do not interfere with real-world emergency communications. Players use routine organization communications systems. Additional communication assets may be made available as the exercise progresses. Each venue or organization coordinates its internal communication networks and channels.

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Hospitals will be asked to respond to specific injects using EMResource – see instructions below.

EMResource - Update Event Statuses

Overview: EMResource event statuses allow you to report on situations specific to the type of event. Mass casualty incidents may call for you to report the number of patients by triage category, each of which is represented by a status. It may also be appropriate to report on the availability of equipment or your facility's decontamination capacity. Events can also help you manage ongoing, non-emergency situations. Facilities can use a bed availability event to regularly report on the statuses of specific units or types of beds.

To Update Event Statuses:
1. Click the name of the event in the banner at the top of the page.
2. Locate the resource and do one of the following:
   a. To update a single status, click its current value.
   b. To update multiple statuses at one time, click the resource's keys icon.
3. In the Update Status page, select the check box next to the status you want to update.
4. Select or enter the status.
5. If appropriate, select the reason for the change.
6. If appropriate, in **Comment** enter a comment on the status change.
7. To update additional statuses, repeat steps 3 – 6 for each.
8. Click **Save**.

For more information, contact Juvare Support at 877-771-0911 or support@juvare.com

EMResource - Update Resource Statuses

Overview: A resource is an entity that reports a status. These can be facilities, organizations, and agencies that report information on medical capabilities, services, supplies, and much more. A sub-resource is subordinate to a resource, and it also reports a status. A sub-resource to a facility could be a generator or contact. When a change occurs at your location, you or another authorized individual should update your resource's status in EMResource. This ensures other users at your location and in your region have the most up-to-date resource information.

Updating Statuses: Updating a status involves a couple of steps, including locating the resource or sub-resource and then updating the appropriate status.

To Locate the Resource:
1. Point to **View** and select the appropriate view.
2. Locate the resource.
3. If the status is available in the **View**, do one of the following:
   a. To update a single status, click its current value.
   b. To update multiple statuses at one time, click the resource's keys icon.
4. If the status is not in the view, click the resource's name to open the *View Resource Detail* page. Locate the status you want to change and click its value.

To Locate the Sub-resource:
1. Point to View and select the appropriate view.
2. Locate the resource.
3. Click the resource's name to open the View Resource Detail page.
4. Locate the sub-resource's section and the status you want to change, and do one of the following:
   a. To update a single status, click its current value.
   b. To update multiple statuses at one time, click the sub resource's keys icon.

To Update Statuses:
Tip: *If you click a status value to update it, you can still view and update all available statuses by selecting the **Show All Statuses** link in the Update Status page.*
1. In the *Update Status* page, select the check box next to the status you want to update.
2. Select or enter the status.
3. If appropriate, select the reason for the change.
4. If appropriate, in Comment enter a comment on the status change.
5. To update additional statuses, repeat steps 1 – 4 for each.
6. If required to do so, enter your name and password.
7. Click **Save**.

APPENDIX E: VOLUNTEER MANAGEMENT PLANS BY COUNTY

See attached lists

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APPENDIX F: EXERCISE EVALUATOR ASSIGNMENTS

See attached Evaluator/Controller lists
(alpha and by hospital)

APPENDIX G: TRIAGE TAGS

Front View

Back View

Place Label Here

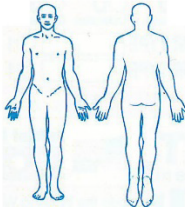**Female 23 - 8 months pregnant, penetrating chest & abdomen wounds, Sucking chest, ABD leaking amniotic fluid, B/P 160/90, P-150, R-26, A&Ox3, GCS-14**

If Contaminated

RADIOLOGICAL AGENT   BIOLOGICAL AGENT   CHEMICAL AGENT

Decontaminated

Blast Injury

- [ ] **D**eformities
- [ ] **C**ontusions
- [ ] **A**brasions
- [ ] **P**unctures/Penetrations
- [ ] **B**urns
- [ ] **T**enderness
- [ ] **L**acerations
- [ ] **S**welling
- [ ] **O**ther

Chief Complaint

Mechanism of Injury

VITALS	Time	B/P	Pulse	Respiration
	:	/		
	:	/		
	:	/		

Hospital RE-TRIAGED

IMMEDIATE	DELAYED	MINOR
●	●	●

EXPECTANT
Pulseless/
Non-Breathing

IMMEDIATE
Life Threatening
Injury

DELAYED
Serious
Non Life Threatening

MINOR
Walking Wounded

Acting Instructions:

Complain of difficulty breathing, and pain from wound in your chest. It is getting harder to breath! Worried about your baby

2023 Region 5
Mass Casualty Exercise
"Off the Rails"

Central Florida

NOTE: The triage tags serve as the victim volunteer's identification during the exercise. These may not be removed!

APPENDIX H: ACRONYMS

Acronym	Term
ASPR	Administration for Strategic Preparedness & Response
C/E	Controller and Evaluator
CFIX	Central Florida Intelligence Exchange
EEG	Exercise Evaluation Guide
EOC	Emergency Operations Center
EMS	Emergency Medical Services
ESF	Emergency Support Function
ExPlan	Exercise Plan
FBI	Federal Bureau of Investigations
FDLE	Florida Department of Law Enforcement
FSED	Freestanding Emergency Department
HCC	Hospital Command Center
HICS	Hospital Incident Command Center
HPP	Hospital Preparedness Program
HSEEP	Homeland Security Exercise and Evaluation Program
JIS	Joint Information System
MRSE	Medical Response & Surge Exercise
MSEL	Master Scenario Event List
NIMS	National Incident Management System
POC	Point of Contact
P&P	Policy & Procedure
SME	Subject Matter Expert
SimCell	Simulation Cell
SOG's	Standard Operating Guides
SOP's	Standard Operating Procedures

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4-25-2024   **FOUO, NOT FOR PUBLIC DISSEMINATION**   **CFDMC**
HOMELAND SECURITY EXERCISE AND EVALUATION PROGRAM (HSEEP)

APPENDIX I: PLANNING TEAM MEMBERS

Aaron Funk	Ian Craig	Michael Barbera
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Alan Harris	Jemima Douge	Michelle Rud
Amanda Freeman	Jenn Hulse	Michelle Thorne
Amelia Mach	Jennifer Mills	Mike Hudson
Amy Johnson	Jo Dee Alverson	Nathalie Abbey
Andrew Jenkins	John Burkholder	Natasha Roman
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Ashley Bueche	John Wilgis	Pamela Reed
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Bill Litton	Justin Leider	Rachel Wilkinson
Bill Wen	Justin Radtke	Rafael Acevedo
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Gary Hopewell	Megan Milanese	Wayne Struble
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