Controller and Evaluator Handbook

Operation Shut the Front Door

Clarke County Healthcare Coalition
1. The title of this document is the Clarke County Healthcare Coalition Controller and Evaluator (C/E) Handbook.

2. This document should be safeguarded, handled, transmitted, and stored in accordance with appropriate Clarke County and the State of Mississippi security directives. Reproduction of this document, in whole or in part, without prior approval from the Clarke County Healthcare Coalition, the Clarke County EMA and the State of Mississippi is prohibited.

3. Clarke County Exercise Point of Contact (POC):
   Eddie Ivy
   Director
   Clarke County Emergency Management Agency
   642 South Archusa Avenue
   Quitman, MS 39355
   (601) 776-2256 Work
   (601)-776-1089 Fax
   ema@clarkecountyms.gov

4. Mississippi State Department of Health
   Ben Barham
   District VI Emergency Planner
   MS State Department of Health
   Office of Emergency Planning and Response
   601-482-3171 Work
   601-484-5051 Fax
   Benjamin.barham@msdh.ms.gov
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADMINISTRATIVE HANDLING INSTRUCTIONS</td>
<td>ii</td>
</tr>
<tr>
<td>GENERAL INFORMATION</td>
<td>1</td>
</tr>
<tr>
<td>Purpose</td>
<td>1</td>
</tr>
<tr>
<td>Security</td>
<td>1</td>
</tr>
<tr>
<td>Exercise Overview</td>
<td>1</td>
</tr>
<tr>
<td>Control Concept</td>
<td>2</td>
</tr>
<tr>
<td>Evaluation Concept</td>
<td>2</td>
</tr>
<tr>
<td>Exercise Participants</td>
<td>2</td>
</tr>
<tr>
<td>EXERCISE STAFF ORGANIZATION AND RESPONSIBILITIES</td>
<td>5</td>
</tr>
<tr>
<td>Simulation Cell (SIMCELL) and Controller Responsibilities</td>
<td>5</td>
</tr>
<tr>
<td>EXERCISE CONSTRUCTS</td>
<td>7</td>
</tr>
<tr>
<td>Exercise Simulations</td>
<td>7</td>
</tr>
<tr>
<td>Scenario and Supporting Data</td>
<td>7</td>
</tr>
<tr>
<td>Starting Positions</td>
<td>7</td>
</tr>
<tr>
<td>Assumptions and Constraints</td>
<td>7</td>
</tr>
<tr>
<td>EXERCISE CONTROL</td>
<td>8</td>
</tr>
<tr>
<td>Exercise Control Group Establishment</td>
<td>8</td>
</tr>
<tr>
<td>Controller, Evaluator, and Simulation Cell (SIMCELL) Communications</td>
<td>8</td>
</tr>
<tr>
<td>Controller and Evaluator (C/E) Orientation and Training</td>
<td>9</td>
</tr>
<tr>
<td>Master Scenario Events List (MSEL)</td>
<td>9</td>
</tr>
<tr>
<td>Emergency Exercise Halts or Termination</td>
<td>9</td>
</tr>
<tr>
<td>Problem Resolution</td>
<td>10</td>
</tr>
<tr>
<td>EXERCISE EVALUATION</td>
<td>11</td>
</tr>
<tr>
<td>General</td>
<td>11</td>
</tr>
<tr>
<td>Evaluator Responsibilities</td>
<td>11</td>
</tr>
<tr>
<td>Documenting the Exercise</td>
<td>12</td>
</tr>
<tr>
<td>Evaluator Package</td>
<td>12</td>
</tr>
<tr>
<td>Evaluation Basics</td>
<td>12</td>
</tr>
<tr>
<td>Recording Important Events</td>
<td>13</td>
</tr>
<tr>
<td>Placement and Monitoring</td>
<td>13</td>
</tr>
<tr>
<td>What to Look For</td>
<td>13</td>
</tr>
<tr>
<td>POST-EXERCISE BRIEFINGS AND AFTER-ACTION REPORT (AAR)</td>
<td>15</td>
</tr>
<tr>
<td>General</td>
<td>15</td>
</tr>
<tr>
<td>Informal Debriefing (Hot Wash)</td>
<td>15</td>
</tr>
<tr>
<td>Controller and Evaluator (C/E) Debriefing</td>
<td>15</td>
</tr>
<tr>
<td>After-Action Report (AAR)</td>
<td>15</td>
</tr>
<tr>
<td>APPENDICES</td>
<td></td>
</tr>
</tbody>
</table>

EXERCISE SENSITIVE – EXERCISE STAFF USE ONLY
FOR OFFICIAL USE ONLY
LIST OF TABLES
Table 1. Clarke County Participating Organizations ......................................................... 2
Table 2. Clarke County Simulated Organizations ................................................................. 3
GENERAL INFORMATION

PURPOSE

The Controller and Evaluator (C/E) Handbook provides final control instructions and evaluation materials required for the successful control, conduct, and evaluation of an exercise. Although the C/E Handbook is a stand-alone document, all controllers and evaluators must also be familiar with the information published in the Exercise Plan (EXPLAN).

The C/E Handbook provides details on overall control and evaluation of the exercise and general controller and evaluator roles and responsibilities. This volume contains the fundamental information generally applicable to all venues and sets the framework for supplemental volumes. Among its significant appendices are the Planning and Exercise Timeline (Appendix A), Exercise Design Objectives (Appendix B), Evaluation Materials (Appendix F), and the Master Scenario Events List (MSEL) (Appendix G).

SECURITY

Although designated “For Official Use Only,” the overall content, objectives, and participant list contained in the C/E Handbook are unclassified. However, information is restricted to use by exercise controllers, evaluators, trusted agents, and other individuals who have a need to know.

All exercise participants are expected to be sensitive to security concerns. If, during the exercise, any participant becomes aware of a possible security problem (e.g., damage and loss of control over sensitive equipment, mishandling of classified materials, violations of laws), he or she is to notify a controller immediately. Controllers will raise all potential security problems immediately to the Exercise Director, the County Exercise Point of Contact (POC), or the Senior Controller for resolution.

EXERCISE OVERVIEW

The Clarke County Healthcare Coalition Functional Exercise (FE) will focus on facility lock down procedures in the event of an unspecified threat to healthcare facilities. The exercise will be conducted on October 25, 2017 from 9:00 a.m. until 2:00 p.m. Exercise play is scheduled for 1 hour or until the Exercise Director, County Exercise Point of Contact (POC), and the Senior Controller determines the exercise objectives have been fully addressed. Each facility will participate as if the events were real and respond according to their respective plans.

CONTROL CONCEPT

The exercise will require participants to respond to a simulated incident involving a simulated scenario and response. As such, management control and coordination of the exercise will be a
complex process. Controllers, including controllers in the Simulation Cell (SIMCELL), hereafter referred to as simulators, will be used to drive exercise play and ensure it is coordinated and managed as efficiently as possible. Controllers will be assigned to each functional area within the EOC (and to other venues as applicable) and simulators will work from a Simulation Cell (SIMCELL).

The SIMCELL will simulate activity of agencies or individuals who are not participating in the exercise but who would respond to the incident.

**EVALUATION CONCEPT**

Exercise evaluators will evaluate participant play. During the exercise, some controllers may also be evaluators. Evaluators will be provided with evaluation forms from the State Clarke County Healthcare Coalition Exercise and Evaluation Guide (EEG) that will assist them in identifying the strengths, weaknesses, and improvements relevant to the objectives they evaluate.

**EXERCISE PARTICIPANTS**

**Players.** Players respond to the simulated emergency in the exercise by performing their regular roles and responsibilities. Players may also include personnel who may be offsite but have an integral role in directing agency responses and actions.

Clarke County participating organizations are listed in Table 1.

**Table 1. Clarke County Healthcare Coalition Exercise Participating Organizations**

<table>
<thead>
<tr>
<th>County and City Agencies</th>
<th>Healthcare Facilities</th>
<th>State and Federal Agencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clarke County Emergency Management Agency (EMA)</td>
<td>H.C. Watkins Memorial Hospital</td>
<td>Mississippi State Department of Health</td>
</tr>
<tr>
<td>Clarke County Sheriff’s Office</td>
<td>The Medical Group of Quitman</td>
<td></td>
</tr>
<tr>
<td>Paratech EMS</td>
<td>Outreach Health Services Shubuta Clinic</td>
<td></td>
</tr>
<tr>
<td>Quitman Police Department</td>
<td>Pachuta Dialysis Clinic</td>
<td></td>
</tr>
<tr>
<td>Clarke County Central Dispatch</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lakeside Health and Rehabilitation Center</td>
<td>Enterprise Family Medical Clinic</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hospice Care Group</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bay Springs Dialysis Clinic</td>
<td></td>
</tr>
</tbody>
</table>
Controllers provide information or direction to participants and work with the SIMCELL to control the flow of the exercise and explain or clarify issues arising during the exercise. Controllers have limited decision-making authority in their respective areas. Any changes that impact the scenario or affect other areas of play must be coordinated through the Senior Controller. Controllers record events and ensure documentation is submitted for review and inclusion in the After-Action Report (AAR). All controllers are accountable to the Senior Controller.

**Simulators.** Simulators work as a team with the controllers and control the flow of the exercise from the SIMCELL. Simulators portray the organizations that would normally interact with the players in the EOC. Controllers may be used to fill these roles as well as some jurisdictions refer to controllers and simulators synonymously. Clarke County EOC FE simulated organizations are listed in Table 2.

**Table 2. Clarke County Healthcare Coalition Exercise**

<table>
<thead>
<tr>
<th>Simulated Organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>County/City Agencies</td>
</tr>
<tr>
<td>Clarke County Board of Supervisors</td>
</tr>
<tr>
<td>Enterprise School District</td>
</tr>
<tr>
<td>Quitman School District</td>
</tr>
<tr>
<td>State Agencies</td>
</tr>
<tr>
<td>Federal Agencies</td>
</tr>
</tbody>
</table>

**Evaluators.** Evaluators also work as a team with controllers. Evaluators document their observations and complete an evaluation form(s) for their assigned objective(s). Evaluators should be subject matter experts (SMEs) relating to or at least have a working knowledge of the objective they are evaluating.
Observers. Observers view all or selected portions of the exercise play. Observers do not participate in exercise play or in exercise control functions and should be restricted to a designated observer area.
Overall control of the exercise is the responsibility of Clarke County Emergency Management Agency (EMA), and the Clarke County Healthcare Coalition Operation Shut the Front Door Exercise Team. Their responsibilities include the following:

- Development of exercise control documents (e.g., EXPLAN, C/E Handbook, MSEL, Exercise Messages).
- Establishing and managing the SIMCELL. This includes the selection, assignment, and training of exercise simulators.
- Selecting and managing exercise evaluators and controllers.

**SIMULATION CELL (SIMCELL) AND CONTROLLER RESPONSIBILITIES**

**CLARKE COUNTY EXERCISE POC**

- Provide SIMCELL facilities, equipping, and staffing.
- Ensure all local controllers, simulators, and evaluators are present.
- Monitor exercise play and work with the Senior Controller to ensure the exercise progresses as smooth as possible and that objectives are met.

**Senior Controller**

- Ensure all controllers are present.
- Track and monitor the MSEL and take appropriate action to maintain exercise flow to reach exercise objectives. Approve all ad hoc or unscripted messages or activities.
- Collect all evaluation forms, evaluator and controller notes, and other applicable documentation for use in the informal and C/E debriefings and the AAR following the exercise.
- Manage all exercise controllers and simulators.
- Ensure controllers and simulators have all necessary materials and equipment to perform their functions (e.g., communications and exercise documents).
- Maintain close dialogue with the Exercise Director and County Exercise POC regarding attainment of exercise objectives.

**All Controllers**

- Assist with pre-exercise setup and post-exercise activities as necessary.
• Review this C/E Handbook and other exercise documents (e.g., EXPLAN, MSEL, communications directories).

• Review the exercise objectives and controller package for individual area of responsibility.

• Monitor and record all exercise activities and annotate the time of all observations.

• Track the MSEL and exercise events and coordinate the resolution of any exercise control problems.

• Notify the Senior Controller of all ad hoc or unscripted messages or injects and the time delivered.

• Ensure all verbal and written communications during the exercise begin and end with the phrase, “This is an exercise.”

• Ensure play is not disrupted when communicating with players.

• Ensure player questions are answered in such a manner that players are not coached or prompted to perform an action.
EXERCISE SENSITIVE – EXERCISE STAFF USE ONLY
FOR OFFICIAL USE ONLY

EXERCISE CONSTRUCTS

EXERCISE SIMULATIONS

In general, exercise simulations provide required interaction between participating and nonparticipating organizations. In addition to the usual roles of the SIMCELL, simulators may be required to script simulated materials as the exercise progresses to maintain continuity and reality. The SIMCELL Controller, with approval of the Senior Controller, will review, approve, and document use of all unscripted simulated material.

SCENARIO AND SUPPORTING DATA

A. General.

Clarke County is home to H.C. Watkins Memorial Hospital, Lakeside Health and Rehabilitation Center, Enterprise Family Medical Clinic, Outreach Health Services Shubuta Clinic, The Medical Group of Quitman, Hospice Care Group, the Pachuta Dialysis Clinic and Wisteria Manor Personal Care Home. All of these facilities are served by the Clarke County Sheriff’s Department, Paratech EMS and the Clarke County Emergency Management Agency. The Quitman Police Department and the Enterprise Police Department respond to facilities within their jurisdictions also.

The scenario for this exercise is based on an unspecified threat to healthcare facilities and workers from a disgruntled and disturbed family member who recently lost a family member. He presents to the Enterprise Family Medical Clinic stating that he is having trouble dealing with the recent death of his mother and that he needs help. He provides information to the staff at the Enterprise Family Medical Clinic revealing that his mother was under the care of the Hospice Care Group of Quitman when she fell out of bed at Lakeside Health and Rehabilitation Center. He went on to tell that she was taken by ambulance to H.C. Watkins Hospital where her broken hip was confirmed by X-ray but that she didn’t receive the appropriate level of care because she was a hospice patient. He feels that she should have been transferred to another hospital but she was taken back to Lakeside where she died 2 days later. The Coroner ruled that her death was due to a pulmonary embolism that he felt was caused from a blood clot in her leg.

The subject left the Enterprise Family Medical Clinic in an uproar stating to the staff there “I came here for help and all y’all want to do is talk --- I need help”. He told them that he felt that the healthcare system was failing him just as it had failed his mother and he was going to get even. His last words as he left the clinic were “I’m going to settle the score and I will get y’all”.

The Clinic staff contact Clarke County Central Dispatch via 911 and advised them of the events that had taken place.
B. **Major Events**

- A disturbed individual makes a threat to healthcare workers due to the recent death of his family member.
- The facility contacts 911 and requests assistance.
- Additional investigation reveals an intent to unknown facilities/personnel.
- 911 notifies law enforcement and healthcare facilities of the threat.
- Healthcare facilities lock down their facilities.

**STARTING POSITIONS**

All personnel will begin exercise play from their respective positions and will respond to the scenario in a realistic manner.

**ASSUMPTIONS AND CONSTRAINTS**

- Players will operate in accordance with existing plans, procedures, and practices during the exercise.
- Subordinates may be playing in place of some key decision makers. The subordinates may be junior to the principals they represent. Thus, the subordinates’ actions during the exercise may not accurately depict the actions that would be taken by their respective principals.
- The SIMCELL will simulate agencies or individuals who will not take part in the exercise.
- The exercise involves a realistic scenario; however, some elements may be idealized or enhanced to meet the exercise objectives.
- The exercise will be played in real time. Some events, however, may require time jumps or may be accelerated to meet exercise objectives.
EXERCISE CONTROL

EXERCISE CONTROL GROUP ESTABLISHMENT

The County Exercise POC is responsible for providing and coordinating all controller, evaluator, and SIMCELL administrative and logistical support requirements as follows:

- The provision of office supplies and document reproduction
- Personnel support to assist in exercise registration, orientation and training briefings, and escorting visitors, observers, and media
- Arranging for refreshments, food, and restroom facilities
- Establishing parking areas for exercise personnel and coordinating facility access and security
- Arranging for cleanup and restoration of the site after the exercise

CONTROLLER, EVALUATOR, AND SIMULATION CELL (SIMCELL) COMMUNICATIONS

A controller network will be established and used to assist with the management of the exercise. The principal means of communication among controllers, evaluators, and the SIMCELL during the exercise will be telephone, fax, word of mouth, and e-mail. The agency/county will supply additional controllers if necessary, all evaluators, and SIMCELL communications equipment for use during the exercise.

The primary means of communication between the SIMCELL and the EOC will be telephone, radio, handwritten, and fax. Appendix D contains a list of key telephone numbers and fax numbers.

Before the exercise, the Senior Controller will conduct a communications check of the controller communications network with all interfacing communications nodes to ensure redundancy and uninterrupted flow of control information.
CONTROLLER AND EVALUATOR ORIENTATION AND TRAINING

A comprehensive C/E Orientation and Training will be conducted the day before the exercise. Each controller and evaluator is required to attend this session. The orientation briefing will discuss the following:

- Exercise schedule, scope, objectives, and limitations
- Safety, security, and public affairs plans
- Control organization communications and chain of command
- Responsibilities
- Scenario narrative, timeline, and MSEL
- Exercise messages/injects
- Controller-player interface
- Exercise evaluation forms and structure

Emphasis will also be placed on safety, security, and controller/evaluator-player interface, including criteria for controllers to intercede in player actions.

MASTER SCENARIO EVENTS LIST (MSEL)

The MSEL is the primary exercise control document. It is a chronological listing of exercise injects/messages and expected actions. Each MSEL entry specifies when, by whom, to whom, and what is to be injected and the expected actions. The MSEL:

- Helps controllers track the flow of the exercise and accomplish exercise objectives.
- Helps simulators perform their roles (e.g., at the right time, using the appropriate manner).

The MSEL can be found in Appendix G.

EMERGENCY EXERCISE HALTS OR TERMINATION

The following procedures will be used in case of an actual emergency or unsafe act:

- Any participant witnessing an unsafe act or emergency should immediately notify a controller.
- The controller(s) will suspend exercise play and notify the Exercise Director, the County Exercise POC, or the Senior Controller, who will evaluate the situation and decide if the exercise can be safely resumed.
PROBLEM RESOLUTION

Controllers have to walk a narrow line in their interactions with players. They must focus on the flow of the exercise, create an environment in which exercise objectives can be examined, and avoid getting involved in such issues as evaluating player performance and/or discussing players’ reactions with them. Controllers should immediately refer problems or significant issues to the Exercise Director, County Exercise POC, or Senior Controller for resolution.
GENERAL

Evaluators should be trained and thoroughly prepared for their assigned duties. Understanding the scope, exercise objectives, and evaluation criteria and being familiar with emergency plans and implementation procedures will help ensure the evaluators observe and accurately document player actions.

EVALUATOR RESPONSIBILITIES

Player performance must be observed and analyzed against plans, policies, procedures, and practices using criteria established before the exercise. Evaluators document the player performance using Exercise Evaluation Forms as well as information obtained during the informal debriefing (Hot Wash). The evaluations, documentation, Hot Wash, and debriefing discussion(s) provide important information that documents exercise conduct and performance. An AAR and a Corrective Action Plan/Improvement Plan (CAP/IP) will be written that summarizes the overall results of the exercise and provides a comprehensive assessment of the emergency response activities. Specific evaluator activities include the following:

- Review the appropriate emergency plans and procedures, the EXPLAN, and the C/E Handbook, including objectives and all appendices before the exercise.
- Attend required briefings.
- Review the Exercise Evaluation Forms and other supporting material for your area of responsibility.
- Report to the exercise location at the time designated in the Planning and Exercise Timeline. Upon arrival, report to check-in and meet with exercise staff.
- Be in the appropriate location at least 30 minutes before the start of the exercise. If you are not assigned to a specific site, be in place to meet the players at least 15 minutes before the start of the exercise.
- The evaluators’ primary duty during the exercise is to document player performance. After the exercise, that data will be used to determine whether the exercise objectives were demonstrated and to identify strengths, opportunities, and areas for improvement.

DOCUMENTING THE EXERCISE

It is essential that evaluators keep accurate records and notes because these will form the basis for the evaluation of the exercise. The value of exercise evaluation is the ability to provide constructive feedback (positive and/or negative) to improve the effectiveness of an organiza-
tion’s response to emergencies. Accurate and detailed documentation is critical to facilitate a full record of all the events in an exercise and to understand player actions.

Evaluators will document the exercise by using the appropriate Exercise Evaluation Forms for actions in their area or function. The Exercise Evaluation Forms are provided in Appendix F. Evaluators should document important activities and note which require further evaluation.

Evaluators will review their forms and notes immediately following the exercise to ensure an accurate reconstruction of events and activities for discussion at the C/E Debriefing. Evaluation materials, including notes and forms, become part of the exercise documentation. Checklists and evaluation forms must be completed thoroughly and accurately.

During the exercise, evaluators will address any player questions or clarification requests to the controllers. Evaluators should not interact with players in a way that results in prompting of and/or interfering with player performance.

EVALUATOR PACKAGE

Evaluators will receive their materials for review at the C/E Orientation and Training. The evaluator package contains the Exercise Evaluation Forms, evaluator instructions, and other items. Evaluators should bring the package to the exercise. Evaluators may reorganize the material so the information critical to their specific assignment is readily accessible. Evaluators may also bring additional professional materials specific to their assigned activities.

EVALUATION BASICS

Remember, your experience and expertise are your most important tools. Experienced evaluators use the following techniques for effective evaluation:

- Use the Exercise Evaluation Forms to confirm that exercise objectives are met.
- Take detailed notes concerning significant activities observed, including the time.
- When more than one evaluator is assigned to an area, divide responsibilities to ensure detailed evaluation of player activities.
- Stay in proximity to player decision makers.
- Focus on critical activities (e.g., hazard assessment decisions, Protective Action Decisions [PADs], command and control issues, other similar activities).

RECORDING IMPORTANT EVENTS

Although numerous events may occur simultaneously, evaluators do not need to record all the action. Knowing which events are important eliminates superfluous information and provides
the kind of data most useful for exercise evaluation. Evaluators should record at least the following important events:

- Initiating scenario events
- Actions of players in relation to the scenario
- Key decisions made and the times these decisions are made
- Deviations from plans and implementation procedures
- Times when mitigating actions are completed

**PLACEMENT AND MONITORING**

Evaluators should be located so they can observe player actions and hear conversations without interfering with those activities. Certain conditions may warrant more than one evaluator being located in a setting or area.

**WHAT TO LOOK FOR**

Individuals preparing the AAR will analyze the results provided by all evaluators to achieve an integrated evaluation of response capabilities. Their analysis will focus on the measures taken to mitigate the simulated emergency, the timing of key events, decisions made, and actions taken. Potential areas you should focus on to assist in that analysis include the following:

- Timeliness in mitigative actions
- Communication among players and organizations
- Monitoring and assessing scenario events
- Players’ creative problem solving, beyond current plans and implementation procedures
- Plans or procedures that affect player efforts
GENERAL

Following the exercise, a formal AAR will be developed to document participant actions, capture lessons learned and best practices, and identify corrective/improvement actions. Information from a number of different sources is used to compile the AAR. These sources include the evaluation forms, controller and evaluator notes, and notes taken during two post-exercise briefings.

INFORMAL DEBRIEFING (HOT WASH)

Immediately following the exercise, an informal debriefing (Hot Wash) will be conducted to gather comments and document the first impressions of the participants while the exercise activities are still fresh in their minds. Observers do not attend, unless by specific invitation of local officials. Controllers and evaluators should attend because they may find the information useful for the completion of controller notes and evaluation forms. Participant Evaluation forms should be collected and returned to the Exercise Director for inclusion in the AAR/IP.

CONTROLLER AND EVALUATOR (C/E) DEBRIEFING

A C/E Debriefing will be held on October 25, 2017 at the Clarke County EOC, starting at 1:00 pm. This is a more formal review of the exercise and the lessons learned, covering each objective and/or functional area. During the time between the exercise and the C/E Debriefing, participating organizations will have an opportunity to internally review their activities during the exercise. Evaluators are expected to complete and turn in their evaluation forms before leaving the C/E Debriefing. If an evaluator is not able to attend the debriefing, their reports should be emailed to the Exercise Director no later than October 30, 2017 for inclusion in the AAR/IP. The final outcome of the debriefing will be an AAR that reflects the input from each controller and evaluator that participated in the exercise.

AFTER-ACTION REPORT (AAR)

The notes taken from the informal and C/E debriefings coupled with information recorded on the evaluation forms and controller and evaluator notes will be used to prepare a formal AAR. The AAR will contain an executive summary, the exercise overview, the scenario, a list of participants, a detailed discussion of player activities, and other observations as they relate to the exercise objectives, and an Improvement Plan (IP).
APPENDIX A

PLANNING AND EXERCISE TIMELINE

<table>
<thead>
<tr>
<th>Year</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 25, 2017</td>
<td>Initial Planning Conference (IPC)</td>
</tr>
<tr>
<td>August 22, 2017</td>
<td>Mid-Term Planning Conference (MPC)</td>
</tr>
<tr>
<td></td>
<td>Review of Exercise Plan (EXPLAN)</td>
</tr>
<tr>
<td></td>
<td>Master Scenario Events List (MSEL) Development</td>
</tr>
<tr>
<td>October 3, 2017</td>
<td>Final Planning Conference (FPC)</td>
</tr>
<tr>
<td></td>
<td>Review of Controller and Evaluator Handbook</td>
</tr>
<tr>
<td></td>
<td>Review MSEL</td>
</tr>
<tr>
<td>October 25, 2017</td>
<td>Controller Orientation and Training</td>
</tr>
<tr>
<td></td>
<td>Evaluator Orientation and Training</td>
</tr>
<tr>
<td></td>
<td>Simulation Cell (SIMCELL) Setup</td>
</tr>
<tr>
<td>October 25, 2017</td>
<td>Clarke County Healthcare Coalition Lock Down Exercise</td>
</tr>
<tr>
<td>9:30 a.m.</td>
<td>Start of Exercise Play</td>
</tr>
<tr>
<td>11:00 am</td>
<td>End of Exercise Play/Informal Debriefing (Hot Wash)</td>
</tr>
<tr>
<td>October 25, 2017</td>
<td>C/E Debriefing</td>
</tr>
<tr>
<td></td>
<td>Debriefing/Completion of Evaluations</td>
</tr>
</tbody>
</table>
Objective #4: On Site Incident Management
Demonstrate the ability to establish and maintain effective unified incident command among all appropriate response agencies, and emergency response personnel during a response to an incident.

Objective #11: Emergency Operations Centers
Demonstrate the ability to activate, staff, and utilize an Emergency Operations Center (EOC) to coordinate and support multilevel agencies responding to an incident.

Objective #17: Population Protective Actions
Demonstrate the ability to identify and implement appropriate protective actions based upon projected risks posed to the public by an incident.

The Medical Group of Quitman Objectives
1. Demonstrate the facilities ability to receive and verify credibility of a message requiring the facility to go to a lock down mode while maintaining a calm environment for employees, patients and visitors.
2. Demonstrate the staff’s knowledge of procedures necessary to protect the employees, patients and visitors to the facility utilizing the facility’s plan for lockdown.
3. Demonstrate the ability to protect vital information and records.
4. Demonstrate the facility’s capability to effectively resume operations after an emergency situation.

Anderson Family Medical Center Enterprise
1. Demonstrate the facilities ability to receive and verify credibility of a message requiring the facility to go to a lock down mode while maintaining a calm environment for employees, patients and visitors.
2. Demonstrate the staff’s knowledge of procedures necessary to protect the employees, patients and visitors to the facility utilizing the facility’s plan for lockdown.
3. Demonstrate the ability to protect vital information and records.
4. Demonstrate the facility’s capability to effectively resume operations after an emergency situation.
Clarke County, MS
Emergency Operations Center
Operation Shut the Front Door Full Scale Exercise

Pachuta Dialysis Clinic
1. Demonstrate the facility’s ability to receive and verify credibility of a message requiring the facility to go to a lock down mode while maintaining a calm environment for employees, patients and visitors.
2. Demonstrate the staff’s knowledge of procedures necessary to protect the employees, patients and visitors to the facility utilizing the facility’s plan for lockdown.
3. Demonstrate the ability to protect vital information and records.
4. Demonstrate the facility’s capability to effectively resume operations after an emergency situation.
5. Demonstrate the facility’s ability to maintain the safety of staff and patients
6. Demonstrate a capability to return blood to patients until the threat is resolved.
7. Demonstrate the facility’s ability to contact emergency responders and transfer information about the threat to the dispatcher including: location, address, information about the threat, procedures being taken, “safe word”, and information about current actions of the aggressor.

Bay Springs Dialysis Clinic
1. Demonstrate the facility’s ability to receive and verify credibility of a message requiring the facility to go to a lock down mode while maintaining a calm environment for employees, patients and visitors.
2. Demonstrate the staff’s knowledge of procedures necessary to protect the employees, patients and visitors to the facility utilizing the facility’s plan for lockdown.
3. Demonstrate the ability to protect vital information and records.
4. Demonstrate the facility’s capability to effectively resume operations after an emergency situation.
5. Demonstrate the facility’s ability to maintain the safety of staff and patients
6. Demonstrate a capability to return blood to patients until the threat is resolved.
7. Demonstrate the facility’s ability to contact emergency responders and transfer information about the threat to the dispatcher including: location, address, information about the threat, procedures being taken, “safe word”, and information about current actions of the aggressor.

Lakeside Health and Rehabilitation
1. Demonstrate the facilities ability to receive and verify credibility of a message requiring the facility to go to a lock down mode while maintaining a calm environment for employees, patients and visitors.
2. Demonstrate the staff’s knowledge of procedures necessary to protect the employees, patients and visitors to the facility utilizing the facility’s plan for lockdown.
3. Demonstrate the ability to protect vital information and records.
4. Demonstrate the facility’s capability to effectively resume operations after an emergency situation.
Outreach Health Services Shubuta Clinic
1. Demonstrate the facility’s ability to receive and verify credibility of a message requiring the facility to go to a lock down mode while maintaining a calm environment for employees, patients and visitors.
2. Demonstrate the staff’s knowledge of procedures necessary to protect the employees, patients and visitors to the facility utilizing the facility’s plan for lockdown.
3. Demonstrate the ability to protect vital information and records.
4. Demonstrate the facility’s capability to effectively resume operations after an emergency situation.

H. C. Watkins Hospital
1. Demonstrate the facility’s ability to receive and verify credibility of a message requiring the facility to go to a lock down mode while maintaining a calm environment for employees, patients and visitors.
2. Demonstrate the staff’s knowledge of procedures necessary to protect the employees, patients and visitors to the facility utilizing the facility’s plan for lockdown.
3. Demonstrate the ability to protect vital information and records.
4. Demonstrate the facility’s capability to effectively resume operations after an emergency situation.
5. Demonstrate the ability to verify credibility of an incoming EMS unit during a lock down situation.

Hospice Care Group
1. Demonstrate the facility’s ability to receive and verify credibility of a message requiring the facility to go to a lock down mode while maintaining a calm environment for employees, patients and visitors.
2. Demonstrate the staff’s knowledge of procedures necessary to protect the employees, patients and visitors to the facility utilizing the facility’s plan for lockdown.
3. Demonstrate the ability to protect vital information and records.
4. Demonstrate the facility’s capability to effectively resume operations after an emergency situation.

Wisteria Manor
1. Demonstrate the facility’s ability to receive and verify credibility of a message requiring the facility to go to a lock down mode while maintaining a calm environment for employees, patients and visitors.
2. Demonstrate the staff’s knowledge of procedures necessary to protect the employees, patients and visitors to the facility utilizing the facility’s plan for lockdown.
3. Demonstrate the ability to protect vital information and records.
4. Demonstrate the facility’s capability to effectively resume operations after an emergency situation.
Clarke County Central Dispatch
1. Demonstrate the ability to receive and interpret a call for a hostile person making threats towards healthcare facilities/employees.
2. Demonstrate the process for alerting the appropriate agencies and facilities of the threat in a timely manner.
3. Demonstrate the ability to maintain status and accountability of all units dispatched to the incident(s).
4. Demonstrate the ability to prioritize the response to various locations simultaneously based on information gathered.

Clarke County EMA
1. Demonstrate the facilities ability to receive and verify credibility of a message requiring the EOC to go to a lock down mode while maintaining a calm environment for employees, staff and visitors.
2. Demonstrate the ability to maintain situational awareness of a county wide incident involving multiple agencies, facilities and resources.
3. Demonstrate the ability to disseminate information about facilities to responding units as requested in support of a hostile threat to healthcare facilities/employees.
4. Demonstrate the ability to verify credentials of personnel requesting access to the EOC.

Clarke County SO
1. Demonstrate the ability to secure healthcare facilities and clear the area of hostile persons while maintaining situational awareness within their jurisdiction.
2. Establish perimeter if a threat is verified at a facility.
3. Communicate and obtain necessary additional resources/information to respond appropriately to the threat.
4. Demonstrate the ability to secure EMS vehicles and staff while responding to an EMS call.

Quitman Police Department
1. Demonstrate the ability to secure healthcare facilities and clear the area of hostile persons while maintaining situational awareness within their jurisdiction.
2. Establish perimeter if a threat is verified at a facility.
3. Communicate and obtain necessary additional resources/information to respond appropriately to the threat.
4. Demonstrate the ability to secure EMS vehicles and staff while responding to an EMS call.
Enterprise Police Department
1. Demonstrate the ability to secure healthcare facilities and clear the area of hostile persons while maintaining situational awareness within their jurisdiction.
2. Establish perimeter if a threat is verified at a facility.
3. Communicate and obtain necessary additional resources/information to respond appropriately to the threat.
4. Demonstrate the ability to secure EMS vehicles and staff while responding to an EMS call.

Paratech EMS
1. Demonstrate the ability to secure EMS personnel and vehicles and provide appropriate treatment at a facility during a lock down event.
2. Demonstrate the ability to communicate needs for mutual aid.
3. Demonstrate the ability to secure the Paratech facility and relocate resources to a more secure location.
4. Demonstrate the ability to produce appropriate credentials to enter a locked down facility.
FOR OFFICIAL USE ONLY
Clarke County, MS
Emergency Operations Center
Operation Shut the Front Door Full Scale Exercise

APPENDIX C

SCENARIO AND AGENT INFORMATION

SCENARIO NARRATIVE

Situation:
Clarke County is home to H.C. Watkins Memorial Hospital, Lakeside Health and Rehabilitation Center, Enterprise Family Medical Clinic, Outreach Health Services Shubuta Clinic, The Medical Group of Quitman, Hospice Care Group, the Pachuta Dialysis Clinic and Wisteria Manor Personal Care Home. All of these facilities are served by the Clarke County Sheriff’s Department, Paratech EMS and the Clarke County Emergency Management Agency. The Quitman Police Department and the Enterprise Police Department respond to facilities within their jurisdictions also.

The scenario for this exercise is based on an unspecified threat to healthcare facilities and workers from a disgruntled and disturbed family member who recently lost a family member. He presents to the Enterprise Family Medical Clinic stating that he is having trouble dealing with the recent death of his mother and that he needs help. He provides information to the staff at the Enterprise Family Medical Clinic revealing that his mother was under the care of the Hospice Care Group of Quitman when she fell out of bed at Lakeside Health and Rehabilitation Center. He went on to tell that she was taken by ambulance to H.C. Watkins Hospital where her broken hip was confirmed by X-ray but that she didn’t receive the appropriate level of care because she was a hospice patient. He feels that she should have been transferred to another hospital but she was taken back to Lakeside where she died 2 days later. The Coroner ruled that her death was due to a pulmonary embolism that he felt was caused from a blood clot in her leg.

The subject left the Enterprise Family Medical Clinic in an uproar stating to the staff there “I came here for help and all y’all want to do is talk --- I need help”. He told them that he felt that the healthcare system was failing him just as it had failed his mother and he was going to get even. His last words as he left the clinic were “I’m going to settle the score and I will get y’all”.

The Clinic staff contact Clarke County Central Dispatch via 911 and advised them of the events that had taken place.
APPENDIX D

<table>
<thead>
<tr>
<th>CONTROL AND SUPPORT STAFF</th>
</tr>
</thead>
<tbody>
<tr>
<td>The control and support staff contact list will be published and distributed separately on the day of the exercise.</td>
</tr>
</tbody>
</table>
APPENDIX E

COUNTY EMERGENCY OPERATIONS CENTER (EOC) LAYOUT
APPENDIX F

EVALUATION MATERIALS

PARTICIPANT FEEDBACK FORM

Incident Name: _______________________________ Incident Date: __________

Name: _______________________________ Position Assignment: __________

PART I: RECOMMENDATIONS AND CORRECTIVE ACTIONS

1. Identify the top 3 strengths and top 3 areas that need improvement based on the response.

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Areas of Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>1.</td>
</tr>
<tr>
<td>2.</td>
<td>2.</td>
</tr>
<tr>
<td>3.</td>
<td>3.</td>
</tr>
</tbody>
</table>

2. Identify corrective actions that should be taken to address the issues identified above and who should be assigned responsibility.

<table>
<thead>
<tr>
<th>Corrective Action</th>
<th>Responsible Party</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. List the applicable equipment, training, policies, plans, and procedures that should be reviewed, revised, or developed.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
PART II: PARTICIPANT FEEDBACK

1. Please provide any suggestions on how this response or future responses could be improved or enhanced.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

2. Please provide any suggestions on this updated Participant Feedback Form.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

.
APPENDIX G

<table>
<thead>
<tr>
<th>MASTER SCENARIO EVENTS LIST (MSEL)</th>
</tr>
</thead>
</table>

The MSEL will be published and distributed separately on the day of the exercise.