

**EXERCISE
POLICY AND GUIDANCE
FOR THE
CHEMICAL STOCKPILE EMERGENCY
PREPAREDNESS PROGRAM**

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**U.S. Department of the Army
Office of the Assistant Secretary of the Army
(Acquisition, Logistics and Technology)
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Emergency Preparedness and Response Directorate**



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FEMA

Department of the Army
Federal Emergency Management Agency
Department of Homeland Security
Chemical Stockpile Emergency Preparedness Program

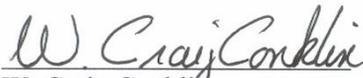
JOINT MEMORANDUM FOR THE RECORD

This memorandum revises the "**Exercise Policy and Guidance for the Chemical Stockpile Emergency Preparedness Program**" document, otherwise known as the "**Blue Book**".

This revised "**Blue Book**" establishes current CSEPP Exercise Policy. This document has undergone several iterations, reflecting the evolution of the CSEPP exercise program. On June 1, 2003, the Integrated Performance Evaluation (IPE) method of observing, analyzing, and reporting annual CSEPP exercises was implemented. This document refines the exercise process and replaces the six Response Operating Systems with eight Outcomes. While the exercise evaluation methodology remains the same, the change in terminology and the additional Outcomes are intended to establish consistency with other nationally standardized exercise programs.

We encourage the CSEPP Community to continue to improve the Exercise Program by recommending changes. The procedures for submitting recommended changes or improvements are contained in the Blue Book's Introduction.

Changes to the CSEPP policy and guidance will be added through change sheets.


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ACRONYMS AND ABBREVIATIONS

A & N	Alert and Notification
ACP	Access Control Point
ADP	Automated Data Processing
AMC	Army Materiel Command
AYE	Alternate Year Exercise
CAI	Chemical Accident or Incident
CAIRA	Chemical Accident or Incident Response and Assistance
CA	Cooperative Agreement
CAR	Capability Assessment for Readiness
CENL	Chemical Event and Notification Level
CERCLA	Comprehensive Environmental Response, Compensation, and Liability Act
CLA	Chemical Limited Area
COR	Contracting Officer's Representative
COSIN	Control Staff Instructions
CMA	Chemical Materials Agency
CRA	Contamination Reduction Area
CSEPP	Chemical Stockpile Emergency Preparedness Program
DHS	Department of Homeland Security
DA	Department of the Army
DoD	Department of Defense
EAS	Emergency Alert System
EDS	Equipment Decontamination Station
EEG	Exercise Evaluation Guide
EIPT	Exercise Integrated Process Team
EMD	Emergency Management Director
EOD	Explosive Ordnance Detachment
EOC	Emergency Operating Center/Emergency Operations Center
ENDEX	The end of the exercise
EPZ	Emergency Planning Zone
ETO	Exercise and Training Officer
EXPLAN	Exercise Plan
FAX	Facsimile
FCP	Forward Command Post
FEMA	Federal Emergency Management Agency
FOSC	Federal On-Scene Coordinator
FRC	Federal Response Center
FRCA	Finding Requiring Corrective Action
FME	Federally Managed Exercise
IAS	Indoor Alert Warning System(s)
IAW	In Accordance With
IPE	Integrated Performance Evaluation
IRF	Initial Response Force
IRFC	Initial Response Force Commander
IRFX	Initial Response Force Exercise
IRZ	Immediate Response Zone
IPT	Integrated Process Team
JFO	Joint Field Office
JIC	Joint Information Center
JIS	Joint Information System

MCE	Maximum Credible Event
MEG	Medical Evaluation Guide
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
MSEL	Master Scenario Events List
NAWAS	National Warning System
NCP	National Contingency Plan
NRC	National Response Center
OSC	On-Scene Coordinator
ORNL	Oak Ridge National Laboratory
PAD	Protective Action Decision
PAM	Pamphlet
PAO	Public Affairs Officer
PDS	Personnel Decontamination Station
PAR	Protective Action Recommendation
PAZ	Protective Action Zone
PIO	Public Information Officer
PL	Public Law
PLHCP	Physician or Other Licensed Health Care Professional
PPE	Personnel Protective Equipment
PZ	Precautionary Zone
RCRA	Resource Conservation and Recovery Act
RPG	Response Planning Group
RRT	Regional Response Team
SIP	Shelter-in-Place
SITREP	Situation Report
SRF	Service Response Force
STARTEX	The start of the exercise
SIMCELL	Simulation Cell
TAR	Tone Alert Radio
TCP	Traffic Control Point
XPA	Extent of Play Agreement

1. INTRODUCTION

1.1 PURPOSE OF DOCUMENT

This document provides program guidance and supporting information for implementation of the Chemical Stockpile Emergency Preparedness Program (CSEPP) exercise program and applies to both Federally Managed and Alternate Year Exercises. It replaces the exercise program document, *Exercise Policy and Guidance for Chemical Stockpile Emergency Preparedness Program Exercise* (May 1, 2003), known as the "Blue Book." This document includes the following information in appendices: Outline of Exercise Report (Appendix A), CSEPP Public Affairs Plan for Real World Coverage of Exercises (Appendix B), CSEPP Emergency Response Outcomes and Exercise Evaluation Guides (Appendix C), CSEPP Guide for Exercise Extent of Play Agreements (Appendix D), CSEPP Exercise Optimal Available Exercise Dates (Appendix E), CSEPP Medical Evaluation Guides (Appendix F), Background and Overview of CSEPP Remediation and Recovery Outcome Evaluation (Appendix G) and CSEPP Exercise Program Glossary (Appendix H).

This document has undergone several iterations, reflecting the evolution of the CSEPP exercise program. Planners and responders are encouraged to submit comments for consideration to any future revisions to CSEPP Exercise and Training Manager, Chemical Materials Agency (CMA), Bldg. E5141, Aberdeen Proving Ground, Maryland 21010-5424 and/or to the CSEPP Exercise Coordinator, Department of Homeland Security Emergency Preparedness and Response Directorate, Federal Emergency Management Agency (FEMA), 500 C Street SW, Washington, DC 20472.

1.2 THE CSEPP EXERCISE PROGRAM

A federally managed exercise program involving federal, state, and local agencies and Army installations has been developed as part of the increased emphasis on emergency preparedness under the CSEPP. The CSEPP will result in improved preparedness at the eight U. S. Army installations storing the unitary chemical stockpile and their surrounding civilian communities. For the exercise program, the "CSEPP Community" is defined as the geographic area made up of the installation, state, and the jurisdictions that could be affected by a chemical accident or incident (CAI) at the installation. Local jurisdictions are counties and cities within the Emergency Planning Zone (EPZ), which encompasses the Immediate Response Zone (IRZ), Protective Action Zone (PAZ), and Precautionary Zone (PZ) or are designated as "host" jurisdictions. Exercises conducted by the Army and FEMA will help program managers evaluate the emergency response plans and capabilities of the CSEPP communities. The eight stockpile locations are Aberdeen Proving Ground in Maryland, Anniston Army Depot in Alabama, Blue Grass Army Depot in Kentucky, Newport Chemical Depot in Indiana, Pine Bluff Arsenal in Arkansas, Pueblo Chemical Depot in Colorado, Deseret Chemical Depot in Utah, and Umatilla Chemical Depot in Oregon.

Under CSEPP, federally managed CSEPP exercises (FMEs) began in 1991. These exercises demonstrate the ability of the communities to respond to a CAI. Representatives from the Department of the Army (DA), FEMA, other federal agencies, state and local governments, the Army installations, and civilian volunteer agencies participate in these exercises.

The purpose of this document is to ensure consistency in planning and conducting the exercises and in evaluating the performance of the emergency responders (often referred to as "players") in exercises. A standard set of Emergency Response Outcomes and Exercise Evaluation Guides (EEG) are used as the basis for planning and evaluating each exercise. Some location-specific adaptations may be necessary to accommodate the varied response structures.

In addition to satisfying CSEPP exercise criteria, these exercises will satisfy Army regulatory requirements for exercises and the state and local governments' exercise requirements under the FEMA Cooperative Agreement (CA), which funds CSEPP and other emergency management activities. **The CSEPP exercise evaluation methodology is organized around eight performance outcomes to maintain consistency with other nationally standardized exercise programs**

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2. BACKGROUND

2.1 EXERCISE REQUIREMENT

The Army has been delegated the President's broad response authority with respect to releases or threatened releases of chemical agent from any facility under the jurisdiction or control of the Secretary of Defense under the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (CERCLA), Section 104 (42 United States Code). The Department of Defense Authorization Act for 1986 (PL 99-145) directs the chemical demilitarization program to provide maximum protection for the public, installation personnel, and the environment. To achieve this directive, funds have been allocated to improve on-post emergency preparedness and to assist state and local governments in developing their emergency response capabilities.

DA and FEMA signed a memorandum of understanding (MOU) on August 3, 1988 (DA/FEMA 1988), outlining the responsibilities of each organization. On March 23, 2004 (DA/FEMA 2004), DA and FEMA signed a new MOU establishing a framework of cooperation between the two agencies, identifying their respective roles, responsibilities, and joint efforts for emergency response preparedness involving the storage and ultimate disposal of the United States stockpile of chemical warfare weapons. In the MOU, DA and FEMA agreed to cooperate "in assessing and improving the effectiveness of federal, state, and local response systems and procedures through the design, conduct, and evaluation of exercises" (DA/FEMA 1997). Exercises are an important element in evaluating the implementation of the emergency response plans and assessing the adequacy of the plans and procedures, the capabilities of response organizations, the availability of equipment, and the coordination among the response elements. Exercises also identify needed improvements and possible new funding requirements.

The exercise program provides information for FEMA's assessment of the emergency preparedness of communities around the installations and is the basis for FEMA's recommendations to the Army about its effectiveness. The six FEMA regional offices serving the locations at which the chemical stockpile is stored will review the off-post planning as well as the capability to implement those plans. The off-post planning will be reviewed against the guidance and standards contained in *Planning Guidance for the Chemical Stockpile Emergency Preparedness Program* (FEMA 1996), as amended.

2.2 CSEPP EXERCISE PROGRAM MANAGEMENT ORGANIZATIONS

2.2.1 Department of the Army

The CMA has the Army responsibility for appointing the Army exercise Co-Director who conducts, evaluates, and reports on exercises, and tracks Army exercise Findings Requiring Corrective Action (FRCA). Each CMA installation/activity commander appoints an exercise planning coordinator who plans the exercise. The DA, jointly with FEMA headquarters representatives, has oversight of the CSEPP exercise program. The lead oversight office for the DA is the Office of the Assistant Secretary of the Army (Installations and Environment) (ASA, I&E).

2.2.2 Department of Homeland Security

Under the Department of Homeland Security, FEMA administers the CSEPP off-post, primarily through its offices in the regions containing chemical stockpile storage locations. The regional office CSEP Program Manager appoints the FEMA exercise Co-Director and takes the FEMA lead in planning, conducting, evaluating, reporting, and tracking FEMA exercise identified FRCA's in all the CSEPP exercises. FEMA headquarters, jointly with DA representatives, has oversight of the CSEPP exercise program. The lead oversight office for the Department of Homeland Security is the Emergency Preparedness and Response Directorate.

2.2.3 States

The State Emergency Management Directors exert significant influence over the implementation of the program through the CA process. Therefore, they are kept informed of exercise policy recommendations and provide input to the decision making process

2.2.4 Recommending Groups

There are several groups that develop recommendations for the CSEPP Exercise Program. They are the national Exercise Integrated Process Team (EIPT), FEMA/Army Exercise Co-Directors working group, the state Exercise and Training Officers (ETO), and the site specific Integrated Process Teams (IPT). The EIPT membership is drawn from and represents participating counties, states, Army installations, FEMA Regions, and FEMA/Army program managers. It meets on an "as needed" basis to address issues that affect national CSEPP exercise policy.

The Army/FEMA Exercise Co-Directors and ETOs may provide input to the EIPT on developing the exercise program. Site-specific IPTs can make recommendations to the EIPT on exercise program issues at their site through their representative on the EIPT or through other established channels.

The EIPT provides policy recommendations to the national leadership regarding exercise program guidance and standards. Recommendations are coordinated with the Director, CSEPP, the FEMA CSEPP Branch Chief, and the State Directors before being presented to the national oversight offices for approval.

2.3 CSEPP EXERCISE PROGRAM IMPLEMENTING ORGANIZATIONS

2.3.1 The CSEPP Community

For the exercise program, the "CSEPP Community" is defined as the geographic area made up of the installation, state and local jurisdictions, and other organizations that could be affected by a CAI. Local jurisdictions are counties and cities within the EPZ, which encompasses the IRZ, PAZ, and PZ, or are designated as "host" jurisdictions.

2.3.2 State Emergency Management

The State CSEP Program Manager and staff implement the CSEPP by coordinating multi-jurisdictional exercise program activities.

2.3.3 Installations, Local Jurisdictions and Other Response Organizations

The installations, local jurisdictions, and other response organizations implement the CSEPP. They have the responsibility for community preparedness through the development of plans and procedures, training, and the acquisition of equipment and resources required for effective emergency response. These capabilities are demonstrated through the exercise process.

2.3.4 The CSEPP Exercise Planning Team

The exercise planning team membership will include the Exercise Co-Directors (FEMA or state and Army), installation representatives, the State CSEPP ETO or other state representatives, emergency management representatives from the CSEPP communities, and representatives from other response agencies (as appropriate). This team plans the CSEPP exercise.

3. POLICY FOR THE CSEPP EXERCISE PROGRAM

This section provides a policy overview of the CSEPP exercise program. More detailed information, which can be used by the exercise planners, is given in Section 4.

3.1 PURPOSE OF CSEPP EXERCISES

The purpose of CSEPP exercises is to assess the level of preparedness of the CSEPP community to protect the general public, the workforce, and the environment from the effects of a chemical agent release at U.S. Army chemical stockpile storage sites. The exercises provide a basis upon which to build and strengthen the response capabilities both on- and off-post. Emergency response is the primary emphasis of each community during a CSEPP exercise.

3.2 TYPES OF CSEPP EXERCISES

Within the CSEPP Exercise Program, there are two types of exercises. They are the Federally Managed Exercise (FME) and the Alternate Year Exercise (AYE). They are discussed below.

In addition to FMEs and AYEs, installations and off-post responders may conduct tabletop remediation and recovery exercises (see Outcome 8, and Appendix G). Tabletop exercises do not include field play, typically do not involve use of a SIMCELL, and generally use a relatively simple scenario as compared with an FME or AYE.

Installations have an Army-mandated schedule of exercises (e.g., quarterly CAIRA exercises). Off-post jurisdictions may opt to participate in those or other exercises they consider appropriate. This document may also be useful as an outline for planning, conducting, and evaluating other exercises.

3.2.1 Federally Managed Exercise

A Federally Managed Exercise is a mandatory, federally evaluated readiness assessment of a community's full capabilities to respond to a CAI. The exercise is driven by an Extent of Play Agreement (XPA), a scenario, and related events that allow for realistic participant response. The negotiated XPA for the FME will be developed to ensure that the community, as a whole, will address all applicable CSEPP Emergency Response Outcomes (see Appendix C).

The community exercise planning team, under the lead of the Army and FEMA Co-Directors, is responsible for exercise planning. The Army and FEMA Co-Directors are responsible for exercise conduct, evaluation, and the exercise report.

For FMEs, states and counties may demonstrate emergency response functions for CSEPP exercise credit at other times (e.g., actual events, CAIRA exercises, Radiological Emergency Preparedness [REP] exercises, or other exercises) in accordance with established FEMA policy and as approved by the FEMA Exercise Co-Director. This will be documented in the annual CSEPP Exercise Report.

A FME provides a comprehensive evaluation of a community's emergency response system. The FME involves mobilization of emergency service and response agencies, activation of communications centers and emergency facilities such as Emergency Operating Center(s)/Emergency Operations Center(s) (EOC) and command posts, and field play. Each jurisdiction's XPA will reflect its involvement in the exercise scenario. Thus, each jurisdiction will demonstrate for evaluation all actions required to support the scenario in accordance with plans, procedures, and the negotiated XPA. The exercise will be conducted for a minimum of 4.5 hours and will continue until all participating organizations have had an opportunity to demonstrate appropriate actions.

3.2.2 Alternate Year Exercise

All CSEPP jurisdictions should participate in the AYE. An AYE is to be used by a community to:

- Train
- Evaluate Emergency Operation Plans (EOPs)/Standard Operating Procedures (SOPs)
- Evaluate procedures for new equipment or resources
- Validate corrections to outstanding Findings Requiring Corrective Action (FRCAs)
- Address other issues

Army installations will exercise their full emergency response capability every year. Scheduling will be conducted to accommodate the Army's Initial Response Force Exercise (IRFX) cycle. The CSEPP AYE report will satisfy IRFX reporting requirements.

A community may request varying levels of federal support and/or management for their AYE, as determined by the community exercise planning team. Depending upon the level of federal support requested, either the State or a FEMA region representative will be designated the off-post Exercise Co-Director.

The exercise support contract is a federal contract, which requires federal oversight. For both the FME and AYE, contractor support needs are determined by, and coordinated between the exercise Co-Directors. The FEMA region representative on the exercise planning team is responsible for forwarding the request for support to FEMA HQ. FEMA HQ will issue an Exercise Support Task Order. The FEMA HQ Contracting Officer's Representative (COR) has delegated oversight, tasking responsibilities, and control over contractor activities for that exercise to the federal Co-Directors, or the Army Co-Director and federal off-post manager for an AYE with a State Co-Director, within the bounds of the task order.

The level of support desired must be identified no later than March of the preceding fiscal year. The community members will prepare a budget to support the respective community's components of the AYE. As some of the funds that would have been used for a full federal exercise may be used to fund the AYE, and in order to avoid duplication of effort, the exercise planning team should consider the following:

- Who will supply Automated Data Processing (ADP) equipment, meeting rooms, copying machines, and communication equipment, including telephones, facsimile (FAX) machines, etc., at the exercise site?
- What exercise documents (e.g., Exercise Plan [EXPLAN], Control Staff Instructions [COSIN], communication directories, exercise reports, various exercise forms) are required for the exercise, and who will produce and distribute them?
- Work with the Army to determine off-post requirements in the Simulation Cell (SIMCELL), coordination requirements and to provide personnel for the SIMCELL.

Authorized AYE expenses include:

- Printing, postage, telephone calls, transportation requirements, in addition to those normally budgeted for in the exercise annual budget
- Travel funds for exercise planning and execution
- Per diem for exercise evaluators/controllers for the exercise

Expenses not authorized include:

- Separate exercise support contracts
- Expenses for visitors and observers
- Overtime for state/county personnel

Additional requirements:

- Each CSEPP state/county has authorized CSEPP personnel, and it is envisioned that they will do the bulk of the planning and execution work not tasked to the FEMA exercise support contractor. Reimbursement for volunteers is limited to meals and transportation costs and does not cover salaries and benefits.
- The State representative, if designated the off-post Co-Director, will work with the FEMA region to coordinate support such as contractor tasking, recruiting evaluators, and logistics.
- Community budget requests must be submitted no later than the deadline set for Cooperative Agreement (CA) budget submissions for the fiscal year.
- The community exercise planning team, under the lead of the Co-Directors, will plan the exercise.
- The Co-Directors are responsible for exercise conduct, evaluation, and the exercise report.
- The Army installation will integrate Army exercise requirements, as described in AR 50-6.
- The exercise will be conducted for a minimum of 4.5 hours and will continue until all participating organizations have had an opportunity to demonstrate appropriate actions.

3.3 THE EXERCISE PROCESS

3.3.1 General

The CSEPP exercises are conducted on a biennial cycle. During one year of the cycle, each CSEPP Community will participate in a FME with Army and FEMA Co-Directors. In the other year, the CSEPP exercise is designated an AYE. The AYE may be managed by the Army and State as Co-Directors, or by the Army and FEMA Co-Directors as negotiated. The provision of the AYE in alternating years is intended to give communities an opportunity to use the resources of the CSEPP exercise program to design and conduct their own exercises to meet their own special needs. Exercise planning teams should plan ahead for AYE's by determining as early as possible when they prefer a locally run exercise (state representative serving as off-post Co-Director) so that the exercise resources needed can be included in the state's CSEPP budget (see Section 3.2.2 for federal support for an AYE). For a State/Army AYE, FEMA will support the State by coordinating federal support as requested. The FMEs will not be separated by more than one AYE.

3.3.2 Planning the Exercise

The Exercise Co-Directors, with the planning team, plan the exercise. Exercise planning teams will include representatives from all participating jurisdictions and organizations for each exercise. As previously noted, the team will be co-chaired by Army and FEMA representatives for FMEs, or Army and State representatives for locally managed AYE's. The team will provide the necessary expertise on local plans and procedures to ensure the exercise is properly designed to meet the needs of the jurisdictions and the goals of the program.

An example of a planning timeline is furnished in Figure 4.1. Since AYE's are intended to allow maximum flexibility for design and control of exercises, the following requirements should be used as guides when planning an AYE.

The FME involves the entire CSEPP community. Each jurisdiction's participation is based on the premise that the CSEPP community demonstrates all applicable emergency response plans and procedures. The planning team should identify scenario parameters that will be realistic and that will cause the community to demonstrate the full range of emergency functions as reflected in the Emergency Response Outcomes specified in Appendix C. For all exercises, the Exercise Co-Directors will ensure that the initiating event is within the planning base of the Maximum Credible Events (MCEs) for the installation and that full scenario development drives off-post response.

During the planning phase, the exercise planning team will develop a significant events list outlining anticipated response actions. The significant events list will be developed in chronological order, but specific times will not be assigned to the events. Significant events include as a minimum:

- Initial Report of the CAI
- Classification of the CAI
- Hazard Analysis
- On-Post Protective Action Decision(s) (PAD)
- Communication of Off-Post Protective Action Recommendation(s) (PAR)
- Alert and Notification On-Post
 - Sirens
 - Tone Alert Radio(s) (TAR)
 - Route Alerting
 - National Warning System (NAWAS)
- Alert and Notification Off-Post
 - Sirens
 - TARs/Indoor Alert Warning Systems (IAS)
 - Route Alerting
 - Emergency Alert System (EAS) messages
 - NAWAS
- Off-Post PADs
- Notifications of CAI
- Joint Information Center (JIC) Activation/Operational
- Meet the Press
- Declarations of Emergency
- Traffic Control Point (TCP)/Access Control Point (ACP) Establishment
- Decontamination Stations
- Reception Center and Shelter Establishment

A proactive public information plan for dealing with real world media coverage of the exercise will be developed in connection with CSEPP exercises. A sample CSEPP Public Affairs Plan for Real World Media Coverage of an Exercise is included as Appendix B to this document.

3.3.3 Demonstration of Emergency Response Plans and Procedures

The CSEPP community will be required to demonstrate all applicable emergency response plans and procedures during the FME. This requirement applies to the community as a whole, not to individual jurisdictions. However, each jurisdiction will demonstrate for evaluation all actions in order to support the scenario.

The AYEs afford greater flexibility in exercising the training aspects of responders by the off-post CSEPP communities. The AYE enables the community to incorporate local innovations or exercise design features targeted to their needs.

Standard Emergency Response Outcomes are used in planning for and evaluating each CSEPP FME. A series of tasks has been prepared for each Emergency Response Outcome to aid the evaluator in preparing to collect the data needed to determine if each response function was successfully demonstrated in an exercise. The Evaluator should observe the activities and not use the evaluation guides as a checklist during the exercise. The evaluation guides are to be used before and after the exercise to assist in the evaluation and analysis of the community response. The EEGs provided in Appendix C are organized into eight performance outcomes to maintain consistency with other nationally standardized exercise programs.

3.3.4 Conducting the Exercise

The Exercise Co-Directors are responsible for the conduct of an exercise. The Exercise Co-Directors have a control organization that is responsible to them for executing the exercise. Controllers assist in executing exercise control for specific activities or at particular locations, for example, in the SIMCELL or the field. The Exercise Co-Directors are responsible for terminating the exercise. They may not end an exercise unless the community has had a reasonable opportunity to demonstrate its emergency response capabilities and after 4.5 hours of community play has elapsed. They may permit exercise play to continue beyond the planned time frame to allow participants the opportunity to gain additional experience or training. Any participant will suspend exercise play for a real world emergency, or if safety is being compromised. This action will be immediately reported to the Exercise Co-Directors through an evaluator/controller.

3.3.5 Evaluation

All CSEPP exercises will be evaluated. The Army Co-Director coordinates the evaluation of the Army response elements, and the FEMA (or off-post) Co-Director coordinates the evaluation of off-post response elements. The Army and FEMA Co-Directors will jointly manage the evaluation of the overall community response. The Army may provide evaluators for off-post activities in which they have expertise. Other federal, state, and local agencies may also provide evaluators for activities on-post or off-post where they have the needed expertise.

During exercise play, evaluators observe player actions and collect data required to conduct the analysis of the jurisdiction's/community's performance. The exercise evaluation and development of the exercise report consists of analysis from the evaluators who observed the exercise play and may include player self-assessment. Development of accurate, useful information requires cooperation and candor between the evaluators, controllers, and players. This evaluation involves comparing performance against the criteria in *Army Regulation 50-6 (Chemical Surety)*, *DA Pamphlet 50-6 (CAIRA Operations)*, applicable Code of Federal Regulations, the jurisdictions' response plans and procedures, the current *CSEPP Planning Guidance*, and good response practices, using the exercise Emergency Response Outcome EEGs as a roadmap. After the exercise, evaluation teams and controllers will meet in a series of meetings to determine what actually happened during the exercise and conduct an analysis.

As part of the evaluation process, the Exercise Co-Directors will, based on evaluator and player input, determine whether the functions included within each Emergency Response Outcome were successfully demonstrated. The Exercise Co-Directors will use the evaluators' analyses to determine strengths and those areas needing improvement (see Section 4.2.4). The following classifications are used:

- **Observation:** Emergency responses and actions, that in the judgment of the evaluator could be improved and/or actions that clearly exceed applicable written requirements, or in the judgment of the evaluator, display unusual initiative or commendable performance.
- **Finding Requiring Corrective Action:** Emergency responses and actions that deviate from applicable laws, regulations, policies, other written requirements, standards of care and practices, or that directly affect public health and safety. Deviation from applicable laws, regulations, policies, standards, plans, or other written requirements does not always mean that the emergency response or action is "inappropriate" or significant. The response or action may be appropriate and the requirement may be inconsistent, obsolete, etc. In this case, a FRCA is not written. However, a recommendation, prepared by the appropriate Co-Director, will be forwarded to the appropriate agency/organization requesting the issue be resolved. The Exercise Co-Directors determine if a deviation from requirements is significant enough to be reported as a FRCA.

3.3.6 Exercise Reports

The results of the evaluation of each CSEPP exercise will be detailed in an exercise report. The format for the exercise report is described in Appendix A.

Exercise reports provide timely feedback that enables continued improvement of emergency preparedness at the state and local levels and by the Army installation. The Exercise Co-Directors will manage the preparation of a formal report covering the entire community response. The report will be organized by the Emergency Response Outcomes. The final report will also include corrective action plans, prepared by each jurisdiction and agreed to by the Exercise Co-Directors, for the FRCAs. A jurisdiction's failure to submit a corrective action plan will be noted in the report. Observations do not require the development of corrective action plans.

For AYE, the Co-Directors are responsible for exercise evaluation and the exercise report. Reporting requirements (e.g., format, time constraints) for AYE are the same as FMEs.

A draft report documenting the response, identifying FRCAs and Observations, and providing recommendations for corrective actions should be given to the jurisdictions within 7 calendar days after the exercise. Draft reports will not be released to the general public because they may contain unresolved issues. They are considered working documents and will be held in strict confidence by participating organizations. Comments or concurrence to the draft report are due 45 calendar days after the exercise; otherwise, the jurisdiction will be assumed to have agreed with the draft report.

Corrective action plans addressing the FRCAs are due 45 calendar days after the exercise. The corrective action plans will address all FRCAs identified during exercise play and be coordinated with the appropriate exercise Co-Director. See Appendix A, Fig. A-1 for the Corrective Action Plan format. If a jurisdiction does not agree with a FRCA or recommendation for the correction of the FRCA, the Corrective Action Plan will include comments on the non-concurrence. The Exercise Co-Directors will work with the jurisdiction to resolve differences and develop acceptable corrective actions. The off-post jurisdictions should submit their corrective action plans through their state office.

The final report will be issued 60 calendar days after the exercise. The report will include the final Corrective Action Plans as an appendix to the report. The Exercise Co-Directors are responsible for the timely conduct of reviews and will track the progress of corrective actions.

3.4 EXERCISE SCHEDULE

The exercise schedule maintains the requirement that all CSEPP jurisdictions exercise annually. Under this concept, a FME, which demonstrates a community's full capability, will be scheduled every other year. During the AYE, the scope of the exercise may range from a community-managed and evaluated exercise to a federally managed and evaluated exercise, as negotiated by the community exercise planning team. Therefore, this concept allows a community to choose, during the alternate year, an exercise tailored to their needs or a negotiated FME. The required FME will be scheduled for four of the eight CSEPP communities per fiscal year, while the other communities are scheduled for AYE.

The exercise planning team will identify the desired exercise date(s) for their exercises two years in advance and submit their requested exercise date(s) to the EIPT for development of an overall exercise schedule. The availability of key players or their designated alternates, state and local activities, other exercises, audits, inspections, and reviews scheduled at the installations, and other local, state, and FEMA regional exercises must be factored into the scheduling. Some exercises or out-of-sequence activities during exercises may be held after normal working hours or on weekends to accommodate volunteer emergency response organizations.

The communities scheduled for FMEs are indicated below. A schedule of actual exercise dates for a two-year period will be published annually. The schedule will be developed using the rules described below. The schedule will be published over the signatures of the FEMA HQ and Army exercise coordinators.

This is the FME schedule:

FY 05, 07 and 09:

Blue Grass, KY; Pueblo, CO; APG, MD; and Umatilla, OR/WA

FY 04, 06, 08 and 10

Pine Bluff, AR; Anniston, AL; Newport, IN/IL; and Deseret, UT

Scheduling rules:

1. A calendar of available exercise dates for FY 04 through FY 10 is provided in Appendix E.
2. In each year, the FMEs have priority in scheduling.
3. Dates for the AYEs will be scheduled so as not to conflict with the required FMEs.
4. There will be a minimum of three weeks between exercises.
5. Avoid scheduling the exercise or on-site evaluation process the week prior to the end of or two weeks after the beginning of the fiscal year, or during the week of a federal holiday.
6. Communities will identify a primary and two alternate dates for their exercises to the EIPT. The EIPT will develop and recommend a schedule to the Army and FEMA exercise managers for approval. Dates are due by March 1, two years prior to the exercise (e.g., March 1, 2004 for fiscal year 2006).
7. If a schedule cannot be established using dates provided by the community, the EIPT will recommend a schedule to the Army (CMA) and FEMA (Headquarters) exercise managers, who are responsible for making the final decision.
8. If dates are not provided by March 1, exercise dates will be assigned by the EIPT for approval by the Army and FEMA exercise managers.
9. If an exercise schedule cannot be agreed upon, the Army and FEMA exercise managers will present options to the FEMA and Army Program Managers for resolution.
10. An exercise schedule will be developed and published each year.

3.5 PARTICIPANTS IN CSEPP EXERCISES

CSEPP exercises involve a large number of people in a variety of roles. In this document, the term “participants” is used to identify all people involved in CSEPP exercises, regardless of their roles. Specific groups and their roles and responsibilities are discussed in Sections 3.5.1 through 3.5.10.

3.5.1 Exercise Co-Directors

For the FME, the Exercise Co-Directors from the Army and the FEMA region chair the exercise planning team and have final decision making authority regarding the exercise. They are responsible for the planning, conduct, evaluation, and reporting of the exercise. Contractor support is available to assist them. For an AYE, the state/states will select an exercise Co-Director for off-post play. In the alternate year, if a FME is not requested, the state-selected Co-Director will make requests of the contractor through the FEMA region member on the exercise planning team (see Section 3.2.2).

3.5.2 Planning Team

The planning team is responsible for planning each CSEPP exercise. The members of the planning team will include, but not be limited to, the Exercise Co-Directors, an installation representative appointed by the Installation Commander, the State CSEPP ETO or other state representative, and emergency management

representatives and/or CSEPP planners from the affected jurisdictions and agencies. The participation of state, local, and installation representatives in the planning process is vital to the successful conduct and evaluation of the exercise. Planning team members should be knowledgeable about the entities they represent, their plans, procedures, etc. They should ensure that the Master Scenario Events List (MSEL) and implementers accurately reflect their jurisdiction's plans and procedures, and represent a realistic situation in a CAI. Planning team representatives should have the authority to make decisions and commit personnel and resources. Additional planners will be added as needed. Planning work groups may be appointed to work on specific aspects of the exercise. Planning team meetings, except those dealing with the exercise scenario, are open to those who wish to attend.

3.5.3 Trusted Agents

Trusted agents are representatives of federal, state, and local organizations who support exercise planning, development, and execution and are privy to the scenario. Trusted agents should be knowledgeable in the emergency response plans of their respective organizations. They provide crucial input during development of the XPA and in reviews of the EXPLAN, exercise scenario, simulations and assumptions, MSEL and implementers. If possible, trusted agents should not participate as players in the exercise, and it is strongly recommended that the trusted agent not be a key player. However, if absolutely necessary, a county coordinator or emergency manager may act as a trusted agent.

3.5.4 Players

Players respond to simulated events. They are expected to be familiar with their organizations' plans and procedures and respond in a realistic manner, as driven by the scenario. Specific exceptions to the organizations' plans and procedures are agreed to in the XPA. They must understand which organizations are participating in the exercise and how to use exercise communications directories. During the exercise, players demonstrate their proficiency in accomplishing tasks and responsibilities defined in their organization's applicable plans and procedures and CSEPP standards, using their current response capabilities.

3.5.5 Evaluators

Evaluators observe, record, and report information on the actions performed by players at the locations to which they are assigned. Evaluators will not interfere with the players or answer questions, remind or prompt players concerning actions or requirements, or criticize players either before or during the exercise. To ensure that information is collected accurately, evaluators interview participants and solicit their comments, questions, and suggestions at the conclusion of, or during lulls in, exercise activity.

A specially trained cadre of CSEPP evaluators, knowledgeable in specific response functions, will be drawn from the Army, FEMA, other federal agencies, appropriate state and local agencies, and/or contractors. Evaluators will attend pre-exercise training and orientation sessions. Prior to the exercise, evaluators should be provided and become familiar with:

- The player organization's applicable plans, procedures, and response capabilities
- The planning guidance
- The exercise scenario, EXPLAN, COSIN, and MSEL
- The exercise Emergency Response Outcomes and EEGs
- The exercise evaluation and control organization.

At the direction of the Exercise Co-Directors, an evaluator may also serve as a controller. However, Co-Directors should ensure that sufficient controllers are assigned so that evaluators are not diverted from duties due to added controller responsibilities.

As part of work plan negotiations, CSEPP-funded employees should be encouraged to be trained and participate as an evaluator in other sites' CSEPP exercises. The federal Exercise Co-Directors will coordinate travel funding for members of the evaluation team.

3.5.6 Controllers

Controllers are used by the Co-Directors to initiate and oversee exercise play. They depict the accident scenario or its simulated consequences to the players as realistically as possible. CSEPP controllers should:

- Be knowledgeable of the exercise scenario, the EXPLAN, the COSIN and the appropriate implementers
- Attend appropriate pre-exercise controller training and orientation sessions
- Be familiar with the exercise control organization; the specific procedures, functions, and responsibilities of the designated controller position; the exercise player and controller rosters; and the exercise communications directories.

Controllers have a specific responsibility for safety at their exercise locations. Players may question controllers concerning exercise management/conduct issues. This may include clarifying simulations and understanding exercise materials. Controllers may be drawn from the exercise planning team; FEMA, Army and contractor personnel; and personnel from installations, states, and communities around other installations.

A SIMCELL is part of the control organization. These controllers are knowledgeable about the response capabilities and activities of organizations or individuals (e.g., the governor of a state, businesses in the area, FEMA headquarters, or media), and respond to telephone calls from players and inject implementing messages. Members of the "Mock Media" serve as controllers acting in the role of real world media (see Section 3.5.8).

At the conclusion of the exercise, selected controllers will join the appropriate evaluation team. They will assist in the analysis process by conveying players' responses to the implementers. They may assist in the development of the written report for that jurisdiction.

As part of work plan negotiations, CSEPP-funded employees should be encouraged to be trained and participate as a controller in other sites' CSEPP exercises. The federal Exercise Co-Directors will coordinate travel funding for controllers.

3.5.7 Special Staff

Special staff personnel are those persons supporting, and under the management of, the Exercise Co-Directors. The special staff includes, but is not limited to, personnel assisting with administration, briefings, communications support, automated data processing support, logistics, audio-visual support, site set-up, public affairs/information, and protocol. Special staff personnel are essential to the success of an exercise, but they are neither controllers nor evaluators. They usually have no interaction with players.

3.5.8 Mock Media

The Mock Media work for the Exercise Co-Directors. Mock Media are controllers acting in the role of real world media. In this role, as part of the exercise control staff, the public affairs representatives role-play reporters (for simulation purposes only) from local and national television networks, radio stations, newspapers, and magazines. These simulated media representatives interact with player organizations only during the exercise itself. Mock Media will not interact with the real world media and must not "play" when in the presence of real world media. Controllers may be assigned to the SIMCELL to make exercise inputs to the participating communities and interface with the Mock Media (see Section 3.5.6 on the role of "controllers").

3.5.9 Observers

Generally, observers fall into one of two categories. First, there are those persons from other jurisdictions who observe responder actions as a means of improving their own organization's response plans and capabilities. Normally this type of observer will stay at one location to gain insight into selected aspects of emergency response. Second, there are those persons who have an interest in the overall CSEP Program. These observers will visit multiple locations with an assigned guide or escort. An itinerary will be developed and coordinated by the Co-Directors with all impacted organizations.

Exercise observers' attendance is requested through the Exercise Co-Directors, who coordinate the observer's presence with the jurisdiction(s). Observers will not play in the exercise and may pose questions only to their designated point of contact. Observers are "invisible" to players.

3.5.10 Real World Media

Real world news media may attend the exercise. Invitations to and arrangements for real world media should be made before the exercise. An appropriate itinerary with knowledgeable escorts should be planned for media representatives. The group will be considered "invisible" for exercise play purposes. The Mock Media will not interact with the real world media during the exercise. As part of the real world media plan, the media may be provided an opportunity to meet with "key" personnel at the exercise locations. This should be designed to ensure that there is minimal impact to the conduct of the exercise. See Appendix B for details pertaining to real world media coverage of exercises.

4. GUIDANCE ON PLANNING, CONDUCTING, EVALUATING, AND REPORTING EXERCISES

The following information should be considered in developing the exercises. Each exercise location is unique and requires some flexibility in the exercise process. The process and planning steps required for both the FME and AYE are very similar. A suggested schedule giving approximate times for activities in the exercise process is included to assist the planning team.

X Days Before/After Exercise	Activity
1 Mar -730	Establish exercise date.
1 May of the previous FY	Develop the contractor tasking form and submit to FEMA.
-330	Hold initial meeting of exercise planning team. Initiate logistical arrangements.
-310	Propose on-post and off-post XPAs.
-270	Finalize XPAs. Develop evaluator and controller organizations.
-210	Complete draft scenario. Initiate development of public affairs plan, MSEL and Significant Events Timeline. Recruit evaluators and controllers.
-180	In-progress review of exercise planning.
-150	Finalize MSEL and begin implementer development; sign XPAs.
-90	In-progress review of exercise planning, MSEL, and implementers.
-60	Complete implementer revisions. Train Evaluators (if needed). Finalize logistical arrangements.
-30	Complete and distribute EXPLAN. Distribute evaluator packages.
-15	Complete scenario and COSIN. Develop schedule for exercise week.
-1-5	Meet with controllers and evaluators at the exercise location to finalize assignments, provide additional training, and give instructions. Conduct pre-exercise player briefings and site visits.
Exercise Day(s)	Conduct exercise. Conduct hot washes.
+ 0-7	Exercise report preparation.
+ 7	Draft exercise report distribution and briefing.
+ 45	Comments on draft report and Corrective Action Plan sent to Exercise Co-Directors.
+ 60	Final report completed and sent to jurisdictions.

Fig. 4-1. Suggested Schedule of Exercise Activities for Chemical Stockpile Emergency Preparedness Program Exercises

4.1 PHASES OF EXERCISE DEVELOPMENT

A number of activities must take place during the planning, conduct, evaluation, and reporting of CSEPP exercises. These activities have been grouped into phases:

- **Pre-exercise phase.** Planning and preparation activities that take place before the arrival of exercise participants at the exercise location.
- **Exercise phase.** Activities at the exercise location, from arrival of the exercise participants through the conclusion of the exercise.
- **Post-exercise phase.** Activities after the conclusion of the exercise, including post-exercise meetings at the exercise location through completion and distribution of the final report.

4.2 PRE-EXERCISE PHASE ACTIVITIES

4.2.1 Initiate Planning

The exercise process for a specific CSEPP exercise begins with the first meeting of the exercise planning team. The Exercise Co-Directors convene the exercise planning team meetings. The team has preliminary discussions in which organizations will participate, possible activities to be incorporated into the exercise, and constraints to any organization's participation. Before the MSEL is developed, the Exercise Co-Directors, State CSEPP ETO, local CSEPP coordinator/trusted agent, and exercise support contractor should meet with each jurisdiction to discuss capabilities, response plans, and local considerations as related to the overall exercise scenario. This is intended to ensure that the implementers fit the scenario and reflect how the jurisdiction(s) would actually respond.

4.2.2 Determine Resources Needed to Support the Exercise

The Exercise Co-Directors are responsible for identifying the resources required for all phases of the exercise. When the date(s) of the exercise and the XPA for participating jurisdictions are established, the Exercise Co-Directors will define their requirements for personnel, equipment, and facilities. These requirements are relayed to their organizations, which will arrange for the identified resources to be provided by either the exercise support contractor or by appropriate government agencies or military commands. The Army Co-Director will coordinate with the installation and make arrangements for Army resource support. The FEMA Co-Director will coordinate with the FEMA headquarters CSEPP exercise coordinator to confirm contractor, FEMA, and other government agency resource support.

To initiate contractor support for the exercise, the Co-Directors will jointly prepare the "CSEPP Exercise Co-Director Tasking Form" and submit it by 1 May through the FEMA headquarters CSEPP exercise coordinator. See Section 3.2.2 for additional information regarding contractor support.

The essential resources required to conduct and support a CSEPP exercise include personnel (evaluators, controllers, and special staff); office equipment (computers, printers, copiers, and FAX machines); communications (telephones and radios); reference library; exercise documentation; and facilities (exercise control headquarters, meeting rooms, and administrative space).

Exercise Co-Directors should also submit their requirements for Mock Media, moulage, and medical evaluators in sufficient time so that those assets can be arranged.

The following considerations are important when arranging exercise support:

- Sufficient time must be allocated and budgeted to permit evaluators and controllers to participate in pre-exercise orientation and training sessions at the exercise location.

- It is particularly important that key evaluators such as team leaders be permitted to remain at the exercise location after the exercise in order to complete their written evaluation reports to the satisfaction of the Exercise Co-Directors. (FEMA employees should review FEMA overtime/compensatory time off policy, published separately.)
- Special staff personnel must include public affairs/information specialists to assist the Exercise Co-Directors in dealing with the real world media before, during, and after the exercise.
- Installations must be provided, at an agreed upon time before the exercise, a list of on-post participants giving name, security information, and requirements for access to limited/exclusion area.
- Computer resources must include software packages that will facilitate production of pre-exercise orientation materials during exercise scenario tracking and post-exercise report preparation.
- Telephones, radios, and other communications to be used in support of the exercise must be installed or available in sufficient time to be thoroughly tested before the exercise. Arrangements should be made to retain telephone and FAX capability at the exercise location for as long as necessary (a minimum of 2 days) after the end of the exercise.
- Exercise facilities should be conveniently located, safe, and readily accessible to all exercise participants.

4.2.3 Develop Evaluation Organization

The Exercise Co-Directors develop the evaluation organization for each exercise. The exercise response is evaluated as an integrated, cohesive effort.

The Exercise Co-Directors, using the local plans, procedures, and agreements (MOUs/Memorandum of Agreement(s) [MOAs]), XPAs, and scenario as a basis, identify the locations and functions to be evaluated. They then determine the number of evaluators and the expertise needed. Evaluators should be recruited nine (9) months prior to the exercise.

Evaluators will be assigned to jurisdictional teams and are responsible for completing all required forms and documents. Jurisdictional team leaders coordinate their evaluators' data collection and analysis. Select evaluators will join Community Emergency Response Outcomes Teams to participate in the Community analysis and report development process. Exercise Co-Directors may appoint "Co-Community Outcome Leads" to facilitate this process.

4.2.4 Develop Extent of Play Agreements

The XPA is a contract between the exercise participants and the exercise Co-Directors. The XPAs are the basis by which communities conduct meaningful exercises. An XPA provides exercise planners a basic structure from which to develop those exercises. The XPA includes elements that lead to scenario development, scope of the exercise, scheduling, impact of real world events, and simulation requirements. The XPA begins with the assumption that the community will fully respond according to their plans and will describe any deviations, such as simulations, out-of-sequence play, or non-participating organizations. Simulations should be minimal. Jurisdictions may not simulate non-existing capabilities.

Individual organizations do not sign the jurisdiction's XPA but provide essential input to it through individual agreements executed with the jurisdiction's emergency management director (or designee). Individual or group agreements identify the agency, capabilities to be demonstrated in the exercise, a point of contact, etc. to be included in the jurisdiction's XPA. The agreement development process is tasked to the Emergency Management Director, CSEPP manager, coordinator, or training officer who combines the individual or group agreements into the jurisdiction XPA. The individual accomplishing this task should be a member of the exercise planning team, but need not be a trusted agent.

The XPA will be organized by Emergency Response Outcome, indicating where and by whom activities within those outcomes will be demonstrated. For FMEs, the community will demonstrate all outcomes. The level of detail provided in the XPA should be sufficient to support exercise design and evaluation.

Since the XPA is essential to the development of the scenario, simulation requirements and the exercise evaluation plan, the agreements must be complete in the early stage of exercise planning. Specifically, a draft XPA should be completed by approximately 270 days prior to the exercise and signed no later than 150 days prior to the exercise.

The Co-Directors will assemble a comprehensive, integrated, community XPA. The purpose for developing and utilizing a comprehensive community XPA is to assist exercise designers in providing exercise play that, to the highest degree possible, allows jurisdictions to respond as they would to a real event. In doing so, opportunities may be provided to exercise both new and established capabilities. Those opportunities may also include exercising mutual aid agreements between jurisdictions and agencies that have been developed but have not been formalized and/or exercised.

Detailed instructions and templates are provided in Appendix D and should be used for preparing the XPAs.

4.2.5 Develop and Review Exercise Scenario

The exercise scenario includes the initiating event and other key events that provide the framework for the exercise response to take place. The exercise planning team has the primary responsibility for the development of the scenario. Any sensitivities that the installation or surrounding communities may have regarding the contamination of certain areas, particular initiating events, or other restrictions should be discussed before the scenario is developed.

The initiating event and meteorological conditions chosen for the scenario must be within the CSEPP planning base to allow demonstration of the emergency response by the community. The requirement for a potential off-post impact may force the choice of some low-probability, high-impact event sequences.

The scenario should include the following:

- Pre-STARTEX Scenario Description: Describes the location, operation, crew composition, equipment, Work Plan, and Work Plan MCE Plume Projection
- Meteorological Data
- Initiating Event
- Victims
- Diagram of CAI Scene
- Initial Hazard Assessment
- Ground Truth Hazard Assessment

4.2.6 Master Scenario Events List and Implementer Development

The MSEL is a detailed sequence of scenario events and expected actions, listed chronologically and identified by Emergency Response Outcome, of how the exercise designers anticipate the community will respond. A MSEL is based on the community's plans and the XPAs. Simulations are documented in the MSEL.

Implementers, based on the MSEL, are written descriptions of controller actions used to stimulate player actions or introduce simulations. Implementers describe play-acting, moulage and symptom cards, messages (verbal, written, telephonic), news reports, memoranda, letters, weather, props, etc. The information on the implementer includes the responsible controller, inject means, the actual message,

controller notes (e.g., "inject only after JIC is activated"), anticipated player response, and an area for evaluator/controller notes, including the actual inject time and the recipient's response. The implementer forms should be clearly marked "EXERCISE... EXERCISE...EXERCISE" and "EVALUATOR/CONTROLLER EYES ONLY." Each entry, at a minimum, contains the following: the event number, time, from whom (e.g., media, citizen), to whom (e.g., State EOC, installation operator), Emergency Response Outcome, and a summary (e.g., "The *New York Times* questions the JIC about the incident").

The Exercise Co-Directors, through the support contractor, are responsible for the development of the MSEL and implementer documents. The Exercise Planning Team may provide input into the development of the MSEL and the implementers.

4.2.7 Develop the Exercise Plan

The EXPLAN provides an overview and plan for the exercise. It is distributed to participants and includes the purpose of the exercise, a list of Emergency Response Outcomes and EEGs, and a list of participating jurisdictions, as well as administrative and logistical information for the exercise.

Each EXPLAN is structured to a specific exercise. It may contain descriptive sections and supporting annexes or appendices as needed. EXPLANs for AYEs may be abbreviated to reflect the needs of the exercise. The EXPLAN may contain the following information:

- **Introduction.** This section summarizes what CSEPP exercises have been held at the location, how this exercise fits into the overall exercise program, and the purpose of the EXPLAN.
- **Exercise Information.** This section gives the name, type of exercise, date, hours of play, and general information on what jurisdictions will participate and what will be exercised (e.g., EOCs, field play). It references the Emergency Response Outcome EEGs, includes the XPA and/or XPA summary, and describes any special activities in connection with the exercise (e.g., combining the exercise with an IRFX).
- **List of Participating Organizations.** This section lists the expected state, local, and private (e.g., hospitals, American Red Cross) organizations and departments within the organization (e.g., police department), as well as the installation groups and Army augmentation forces, participating in the exercise. This section may also list the locations at which the exercise activities will be conducted (e.g., EOCs, decontamination sites, reception centers, shelters).
- **Exercise Simulations.** This section describes conditions that will be simulated during the exercise. This may include aspects pertaining to weather; field operations; medical operations; evacuation and sheltering; personnel (e.g., response of recalled off-duty personnel); and security. It also describes what the SIMCELL is and how it will operate.
- **Safety.** This section describes the general safety measures to be followed by all participants in the exercise.
- **Exercise Participants' Roles and Responsibilities.** This section lists the following groups of exercise participants with their roles and responsibilities: evaluators, controllers, news media (both real world and mock media), observers, visitors, and special staff. A diagram of the exercise management structure may also be included if the planning team desires.
- **Exercise Activities.** This section briefly describes pre-exercise activities (e.g., orientation and training sessions), exercise play, and post-exercise activities (e.g., post-exercise meetings and reports).
- **Exercise Planning.** This section lists the organizations on the planning team and summarizes the team's major tasks. It may include a milestone chart for the activities.
- **Exercise Control.** This section summarizes the control mechanism that will be used for the exercise and describes the badging system that will be used to identify different groups of exercise participants.

- **Communications.** This section gives instructions for identifying exercise message traffic and distinguishing it from real emergency messages.
- **Administrative Resources.** This section describes administrative support, resources, and procedures for getting support.
- **Security.** This section discusses classification or sensitivity of exercise information and applicable procedures. An annex or separate security plan will be prepared, if needed, to deal with real world security problems.
- **Report.** This section briefly describes the post-exercise report that will be generated and describes responsibility for its preparation.
- **Public Information.** This section summarizes the public affairs protocol for the exercise.
- **References.** This section lists documents cited in the EXPLAN.

The following annexes are required to be included in CSEPP EXPLANs:

- **Community Readiness Profile and Annual Exercise Recap.** Prepared by the community to provide the evaluation team with information on the community's assessment in meeting the CSEPP benchmarks and an overview of the previous two years' exercise results.
- **CSEPP Exercise Emergency Response Outcome EEGs.** A list of the Emergency Response Outcome EEGs that will be used to evaluate the exercise.
- **Extent of Play.** This annex includes the XPA for each organization and may include a community XPA, including any artificiality, such as demonstrating an activity out of sequence, simulations, and any limitations imposed.
- **Procedures for Observers and Visitors.** This annex provides details on the procedures and arrangements for observers and visitors.
- **Public Affairs Plan.** This annex includes plans for dealing with real world media coverage before, during, and after the exercise.
- **Administration.** This annex provides specific information on the administration of the exercise, such as location of administrative functions and specific administrative support provided.
- **Acronyms.** The annex listing acronyms may list only those acronyms used in the EXPLAN, or, if the planning team prefers, be a more complete list of terms that may be encountered during the exercise process.
- **Local Maps.** This annex includes maps providing directions to the exercise locations.

4.2.8 Develop Control Organization and Control Staff Instructions

The control structure for the exercise must be developed, and plans must be made for controller training and briefings. The control structure will be similar for all exercises, with some controllers assigned to specific locations and others located in the SIMCELL. Mock Media will move from location to location as required to support the exercise goals. After the XPAs are confirmed and the scenario and COSIN developed, the Exercise Co-Directors finalize the number of controllers and types of expertise needed. To the maximum extent possible, local jurisdictions are encouraged to provide personnel to act as controllers in the SIMCELL. Due to their local knowledge and understanding of the community, local participation aids in portraying realistic simulations.

The COSIN provides instructions and information required only by the exercise control staff. To avoid an artificial exercise response, the scenario will not be divulged to players in advance, with the exception of trusted agents. Release of any portion of the COSIN to players or unauthorized persons is prohibited.

Each COSIN is structured to reflect the requirements and design of a specific exercise. The COSIN usually contains the following:

- Introduction
- Exercise Overview
- Exercise Control and Management
- Orientation Training and Meetings
- Control Communication
- Scenario
- Exercise Evaluation and Documentation
- Expected Key Events Timeline
- Controller Checklist for Key Event and Status Reports to SIMCELL
- On-Post Medical Control/Evaluation Guide

4.2.9 Develop Communication Directories

Exercise Communication Directories provide evaluators, controllers, and players the telephone number to be used to contact each other. There are two types of communication directories:

- **Player Communication Directory.** This directory supplements the playing organizations' real communication directories by providing telephone numbers for non-participating entities.
- **Evaluator/Controller Directory.** This directory provides telephone numbers and radio call signs to facilitate communication between evaluators, controllers, SIMCELL, and Co-Directors.

4.2.10 Develop Plans for Observers

The Co-Directors will develop detailed plans to accommodate observers. These plans are included in the EXPLAN and should address:

- Exercise observers' attendance is requested through the Exercise Co-Directors, who coordinate the observer's presence with the jurisdiction(s).
- Co-Directors arrange for knowledgeable escorts and transportation for observers. Observers will follow the guidance provided by their assigned escorts.
- Observers will not play in the exercise and may pose questions only to their designated point of contact. Observers are "invisible" to players.
- The Exercise Co-Directors will provide distinctive identification for all observers. Any special requirements of observers will be brought to the attention of the Exercise Co-Directors.
- Observers will be provided with travel information to include transportation, lodging, and meals. Observers will be responsible for making their own travel, lodging and meal arrangements.
- Observers may be provided briefing materials, handouts, and possible special exhibits or demonstrations as appropriate.

4.2.11 Develop CSEPP Public Affairs Plan for Real World Media Coverage of Exercises

A detailed exercise public affairs plan for real world media coverage of exercises will be developed for each exercise. The Army, FEMA, installation, state, and local public affairs representatives must take an active role in the development of this plan. Input from the planning team will be necessary when developing schedules for media briefings, tours, and other activities. The exercise public affairs plan for real world media coverage of exercises must be delivered to the Exercise Co-Directors in time for inclusion in the EXPLAN. Refer to Appendix B, the CSEPP Exercise Public Affairs

Plan for Real World Media Coverage of Exercises, which gives additional information on the development of a site-specific plan.

4.2.12 Arrange Logistics

Appropriate logistical arrangements (e.g., lodging, schedules, rooms for meetings with evaluators and controllers, installation of equipment) must be made under the direction of the Exercise Co-Directors. The timing on these will vary according to the task.

4.2.13 Prepare and Distribute Exercise Information Packages

Exercise Co-Directors will have exercise packets prepared for each non-playing participant. Information includes the individual's assignment, the exercise schedule, and logistics arrangements. Forms, guidance materials, and location-specific information (including maps, portions of the applicable emergency plans and procedures, applicable portions of previous evaluation reports, and for evaluators, appropriate Emergency Response Outcome EEGs and XPAs) may also be provided. Electronic copies of EXPLANs, COSINs, EOPs/SOPs and other materials, if available, will be provided 14 days in advance of the exercise to appropriate individuals.

4.2.14 Pre-Exercise Orientation and Training

Upon arrival, evaluators and controllers will register, receive badges and equipment (e.g., radios, cellular phones, protective masks), and be provided exercise and location-specific information. Various meetings may be held during exercise week for players, evaluators, and controllers.

4.2.15 Evaluator and Controller Meetings

Co-Directors will provide time, location, and attendance requirements for the meetings. Representatives from the installation and state and local organizations may be asked to provide some of the information. The following topics should be considered for inclusion at these meetings:

- Purpose and scope of the exercise
- Concept of operations
- XPAs
- Schedule for exercise play and other exercise week activities
- Contingency plan for real world emergencies
- Safety requirements
- MSEL
- Exercise scenario, including initiating event and expected impact
- Basic demography, geography, political boundaries, and emergency planning zones
- Location of various facilities, field activities
- Overview of emergency response plans and procedures
- Evaluation and control teams' structure
- Operation of SIMCELL
- Communications, including radio and telephone protocols, use of communications directories
- Evaluator and controller assignments, reporting requirements, instructions, including release process for controllers and evaluators
- Report writing requirements, including form and content
- Real world public affairs plan, telephone numbers for CSEPP real world public affairs contacts
- Role of the Mock Media

- Observer plans
- Protocol, including wearing of identifying badges, safety equipment, appropriate dress, media interaction, participant interactions, and pre-exercise site visits

4.2.16 Players' Briefing/Site Visit

Players should be briefed by the Exercise Co-Directors or by the evaluators and controllers who have been assigned to that location. In some cases, a member of the player's organization, who has been previously briefed, will brief members of his or her organization. A briefing guide/check list is provided to the lead evaluators to aid in briefing the players. The briefing may include the following:

- Purpose and scope of the exercise
- Confirmation of the XPAs
- Introduction of the evaluation/control team and structure
- Timeframe of exercise
- Safety requirements
- Exercise weather information
- Clarification of items in emergency operations plans which are unclear or have been modified
- Description of evaluation process
- Procedures for any variations to the XPA and simulations
- Explanation of purpose of exercise control and SIMCELL and how they work
- Distribution of player's communications directories and explanation of their use
- Description of badging system for evaluators, controllers, and observers, and their interactions, if any, with players
- Identify parking location for evaluators/controllers
- Arrival times for evaluators/controllers at all locations
- Security and/or sign-in procedures
- Status of previous FRCAs
- Current EOPs/SOPs/MOUs/MOAs
- Time clock location/synchronization (EMIS/FEMIS Clock)
- Verify phone numbers, check date/time of FAX machines
- Verify SIMCELL phone numbers and ability to contact, including FAX machine
- Location of evaluators/controllers during exercise
- Verify dedicated phone for use of controller during exercise
- Public affairs plan for real world media coverage
- Role of the Mock Media
- Schedule for and explanation of post-exercise meetings (e.g., exit interviews/briefing, players' self-assessment, other meetings)
- Arrangements for data collection for use in report writing
- Identifying point of contact and phone number for clarification/verification after departing EOC/field sites
- Follow-on field location visits
- Schedule for issuing exercise report

4.3 EXERCISE PHASE ACTIVITIES

4.3.1 Exercise Control

The Exercise Co-Directors have responsibility for the conduct of the exercise. They resolve problems that arise with controllers, players, and XPAs. The Exercise Co-Directors begin and end the exercise. Under the direction of the Exercise Co-Directors, the controllers are responsible for initiating and overseeing the exercise play and keeping exercise activities on track. Controllers implement the information (implementers, messages, accident scene, victims, etc.) developed during the pre-exercise planning phase. Controllers relay administrative information on the exercise progress to the players and inform them when play ends. Controllers also relay information on the timing of significant events demonstrated by the jurisdictions to the SIMCELL to ensure proper timing of implementers and keep the Co-Directors informed of exercise progress.

4.3.2 Evaluator Activities

During the exercise, the evaluators observe the players' activities, make appropriate notes, and record the time. During the exercise and after the exercise has ended (ENDEX), the evaluators collect copies of the records produced by players. These records include sign-in sheets, player and computer logs, Emergency Alert System (EAS) messages, incoming/outgoing faxes, press releases, etc. If the exercise requires more than one shift of evaluators, each evaluation team meets at the end of each evaluator shift to discuss exercise play. For shorter exercises, the team meets at the end of the exercise. After the exercise and with the concurrence of the participating agency, the team meets with the players to have a general debrief discussing the exercise in general, their exercise play, strengths, and any problem areas. The team leader will inform the players that these are preliminary results and that the evaluation team will make recommendations to the Exercise Co-Directors.

4.3.3 Observers and Media Activities

While the exercise is being conducted, the observer and real world media schedules will be carried out. Questions and problems involving observers and media should be referred to the Exercise Co-Directors.

4.4 POST-EXERCISE PHASE

4.4.1 Hot Wash

Following the conclusion of exercise play the exercise evaluation team should meet with the players to discuss the exercise. The meeting should be informal and open, with players encouraged to discuss their activities and ask questions. The evaluators are encouraged to clarify questions they have about the exercise play at their location. The evaluators provide the players with initial observations on their portion of the exercise and should stress that the information provided during the hot wash is preliminary. The evaluators use the information obtained from the meeting to assist in their analysis. Arrangements for this meeting should be made before the exercise.

4.4.2 Post-Exercise Evaluator Data Review

As soon as feasible after the hot wash, each evaluator and controller will collate, assemble, and review collected data. Subsequently, each team will meet to review and discuss the collected data and evaluators' notes. Data discrepancies and contradictions are identified and will be resolved as quickly as

possible. Preliminary analyses of the intra-jurisdictional impacts of player actions are discussed and issues identified.

4.4.3 Co-Directors' Team Meeting

The Exercise Co-Directors may conduct a jurisdictional team leader meeting. This forum is an opportunity to exchange and validate information and provides preliminary identification of inter-jurisdictional issues.

4.4.4 Develop Timelines

Timelines document the chronology of events demonstrated during the exercise that are required to conduct the analysis. These timelines assist in evaluating time-sensitive actions, such as alert and notification, and assessing the coordination between different locations of play.

4.4.4.1 Develop Jurisdictions' Timeline

The jurisdictional evaluation teams will develop a consolidated jurisdiction timeline from the evaluators' data, using the software template provided during exercise preparation. This timeline must accurately depict the jurisdictions' response times and actions taken. Each entry in the timeline will identify the applicable Emergency Response Outcome. Timelines will be sorted and printed by time and outcome. The jurisdictional report will be developed using the data from these emergency response timelines. The timeline must be developed and submitted according to the Co-Directors' directive.

4.4.4.2 Develop Significant Events Timeline

A jurisdictional significant events timeline will be developed by adding the times captured during the exercise by the evaluators to the significant events list defined by the exercise planning team and provided by the Exercise Co-Directors. Significant events include as a minimum:

- Initial Report of the CAI
- Classification of the CAI
- Hazard Analysis
- On-Post PADs
- Communication of Off-Post PARs
- Alert and Notification On-Post
 - Sirens
 - TARs
 - Route Alerting
 - NAWAS
- Alert and Notification Off-Post
 - Sirens
 - TARs/Indoor Alert Warning System (IAS)
 - Route Alerting
 - EAS messages
 - NAWAS
- Off-Post PADs
- Notifications of CAI
- JIC Activation/Operational
- Meet the Press

- Declarations of Emergency
- TCP/ACP Establishment
- Decontamination Stations
- Reception Center and Shelter Establishment

4.4.5 Exercise Report

The CSEPP exercise report documents the results of the exercise. The report provides a means for recommending improvements, tracking performance, and addressing FRCAs noted in prior exercises. The exercise evaluation and development of the exercise report consists of analysis from the evaluators who observed the exercise play and may include player self-assessment. Development of accurate, useful information requires cooperation and candor between the evaluators, controllers, and players. The format for and guidelines concerning content of the exercise report are found in Appendix A. For FMEs, the Army and FEMA Co-Directors are responsible for developing and publishing the exercise report. For AYEs, the Army and designated off-post Co-Directors are responsible for developing and publishing the exercise report. The Exercise Co-Directors have the flexibility to include additional information in the report that will be of use to the jurisdictions.

4.4.6 Analysis and Draft Report Development

The jurisdictional team initiates the analysis process of the jurisdictions' performance and begins the write-up. The information for this analysis will come from the evaluators' notes, collected documentation, the jurisdictional timelines, and additional information obtained in post-exercise meetings. Evaluators should identify potential FRCAs and observations (see Section 3.3.5). Potential FRCAs and observations should be described, documented, and related to a specific reference (as applicable). Recommendations for correcting identified problems will be included in the draft jurisdictional write-ups. The draft jurisdictional write-ups are then completed. Evaluators must ensure that the information is accurate prior to submission to the jurisdictional team leaders.

At the discretion of the exercise Co-Directors, a Report Coordinator(s) will be recruited to assist the Co-Directors in collecting, reviewing, and editing jurisdictional and community narrative summaries. The Report Coordinator(s) and/or Co-Directors discuss the exercise results with the jurisdictional team leader(s) to ensure that the FRCAs and observations noted are valid and consistent with the XPAs and other factors.

Designated jurisdictional team evaluators will meet with community Emergency Response Outcome teams to discuss issues. The community outcome teams analyze the jurisdiction's input and develop the community narrative summary (by outcome).

As with the jurisdictional report, the Report Coordinator(s) and/or Co-Directors and community Outcome team leaders should discuss the potential FRCAs and Observations before they finalize their draft community outcome narrative summaries.

4.4.7 Community Briefing

The Exercise Co-Directors should hold, as requested by the community, a joint review meeting with representatives from the installation, state, and off-post jurisdictions. The Co-Directors will provide the community with their preliminary analysis of the exercise and deliver the draft report. Potential FRCAs and Observations identified during the exercise may be discussed. This meeting also provides an opportunity for group discussion of recommendations for resolving the FRCAs. If a joint review is not done, the Co-Directors will meet with the jurisdictions to provide their preliminary analysis of the exercise and deliver the draft report. Since the draft report may contain unresolved issues, it is considered a working document and must be held in confidence by participating organizations.

4.4.8 Final Exercise Report

The report review period is described in Section 3.3.6. The draft report requires review and comment by the playing organizations and the development of an action plan to correct FRCAs. Corrective action plans and comments from off-post jurisdictions shall be routed through the state before being sent to the off-post Co-Director for incorporation in the final report. The installation corrective action plan will be provided to the Army Co-Director. Corrective action plans will be incorporated into the final report. The distribution of the final report will not be delayed simply for the inclusion of the corrective action plans.

The Exercise Co-Directors sign the final report and authorize its release and distribution.

4.4.9 Track Findings Requiring Corrective Actions

All FRCAs will be assigned an identifying number (see Appendix A) and be listed in the exercise report. The CSEPP community will implement the corrective actions. The Exercise Co-Directors, in coordination with the CSEPP community, will track actions taken to resolve the FRCAs (at least on a quarterly basis).

When planning starts for the next exercise, the Exercise Planning Team should consider including opportunities to demonstrate emergency response capabilities that may clear FRCAs remaining open from previous exercises.

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5. REFERENCES

DA (U.S. Department of the Army), PAM 50-6, *Chemical Accident or Incident Response and Assistance (CAIRA) Operations*, 26 March 2003.

DA (U.S. Department of the Army), AR 15-6, *Procedure for Investigating Officers and Boards of Officers*, 30 September 1996.

DA (U.S. Department of the Army), AR 50-6, *Chemical Surety*, 26 June 2001.

DA/FEMA (U.S. Department of the Army and Federal Emergency Management Agency), *Memorandum of Understanding Between the Department of the Army and the Federal Emergency Management Agency*, 23 March 2004.

DA/FEMA (U.S. Department of the Army and Federal Emergency Management Agency), CSEPP Policy Paper No. 8, *23 "Review of CSEPP Exercise Initiating Events,"* April 1993.

DA/FEMA (U.S. Department of the Army and Federal Emergency Management Agency), CSEPP Policy Paper No. 9, *"Public Information in Connection with CSEPP Exercises,"* 23 April 1993.

DA/FEMA (U.S. Department of the Army and Federal Emergency Management Agency), CSEPP Policy Paper No. 11R, *"Compensation for Volunteer CSEPP Exercise Participants,"* 7 November 1995.

DA/FEMA (U.S. Department of the Army and Federal Emergency Management Agency), CSEPP Policy Paper No. 13, *"Elimination of Dual Exercise Types,"* 7 November 1995..

DA/FEMA (U.S. Department of the Army and Federal Emergency Management Agency), CSEPP Policy Paper No. 14, *"Designation of Public Affairs as Core Objective,"* 31 December 1997.

DA/FEMA (U.S. Department of the Army and Federal Emergency Management Agency), CSEPP Policy Paper No. 16, *"CSEPP Exercise Modified Schedule,"* 8 April 1998,

DA/FEMA (U.S. Department of the Army and Federal Emergency Management Agency), *"Addendum to Policy Paper 16,"* 25 November 1998.

FEMA (Federal Emergency Management Agency), *Planning Guidance for the Chemical Stockpile Emergency Preparedness Program*, 17 May 1996.

DA/FEMA *Chemical Stockpile Emergency Preparedness Program Exercise Program*, 1 May 2003.

PL 96-510 Comprehensive Environmental Response, Compensation, and Liability Act of 1980, as amended (CERCLA), Section 104, 42 USC 9604, Washington, D.C.

PL 99-145 Department of Defense Authorization Act for 1986, 50 USC 1521, Washington, DC.

PL 104-201 Department of Defense Authorization Act for 1997, Section 1076, requiring establishment of site-specific IPTs as a management tool for CSEPP.

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APPENDIX A
OUTLINE OF EXERCISE REPORT

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APPENDIX A

OUTLINE OF EXERCISE REPORT

This appendix is provided as guidance for preparing the final exercise reports for Federally Managed/Alternate Year CSEPP exercises. The format and guidelines for the scope and content will be used in each CSEPP exercise report. Exercise Co-Directors must include the basic contents, but they may modify the format and include additional information that will be of use to the jurisdictions involved.

A.1 REPORT CONTENTS

- Cover Sheet
- Table of Contents
- Section 1 - Introduction
 - Exercise Overview
 - Scenario Description
 - Significant Events Timeline
- Section 2 – Community Analysis
 - Narrative Summary by Emergency Response Outcome for the Community
 - Community Findings Requiring Corrective Actions (FRCAs) and Observations Identified in the Exercise
- Section 3 – Jurisdictional Analyses
 - Narrative Summary by Outcome for Each Jurisdiction
 - Jurisdictional FRCAs and Observations Identified in the Exercise
- Section 4 – FRCAs, Observations, and Action Plans
 - List of FRCAs and Observations Identified in the Exercise
 - Action Plans
- Appendices
 - Appendix 1 – Community Profile
 - Appendix 2 – Annual Exercise Recaps
 - Appendix 3 – Acronyms and Abbreviations
 - Appendix 4 – Distribution

A.2 REPORT FORMAT

The following sections describe the format for each of the above items.

A.2.1 Cover Sheet

The Cover Sheet should include:

- The title of the exercise, including type of exercise
- The date of the exercise
- The date of the report
- Indication that the report is a "draft" if applicable

A.2.2 Table of Contents

The Table of Contents should show the title and page number for each section in the body of the report and also contain a list of figures and the page number for each figure.

A.2.3 Section 1 - Introduction

The Introduction should provide:

- An exercise overview
 - A brief description of who (i.e., the major response organizations and jurisdictions participating), what, when, and where concerning the conduct of the exercise; and
 - A paragraph stating that if there are questions regarding this report, they should be addressed to the Exercise Co-Directors (include names, addresses, and phone numbers);
- A brief outline of the exercise scenario, including the time and location of the initiating event;
- The significant events timeline as defined in Chapter 4, Section 4.4.4.2.

A.2.4 Section 2 – Community Analysis

The Community Analysis is a report written and organized by Emergency Response Outcome for the entire community describing that community's response to the exercise scenario. This is where systemic community problems are identified and discussed, and those that rise to a level that impact the community as a whole are defined as FRCA's. For each FRCA and Observation cited, a short title, a discussion that substantiates what occurred, and a recommendation is to be provided. For each FRCA, a reference to a specific plan, policy or guidance item is to be provided.

A.2.5 Section 3 – Jurisdictional Analyses

The Jurisdictional Analyses are detailed reports describing the jurisdiction's response to the exercise scenario written and organized by Emergency Response Outcome. This is where jurisdictional problems are identified and discussed. Recommendations for correcting identified problems should be made in the jurisdictional write-ups. Any FRCA's and Observations should be described, documented, and related to a specific reference (as applicable). For each FRCA and Observation cited, a short title, a discussion that substantiates what occurred, and a recommendation is to be provided. For each FRCA, a reference to a specific plan, policy, or guidance item is to be provided.

The analyses should be organized in the following manner:

- Army Installation;
- Immediate Response Zone (IRZ) County/Counties where the Army Installation is located;
- Additional IRZ Counties;
- Protective Action Zone (PAZ) Counties (alphabetical order);
- State where the Army Installation is located;
- IRZ County in state where the Army Installation is not located (Benton County WA);
- PAZ Counties in state where the Army Installation is not located (Illinois or Washington) (alphabetical order);
- State where the Army Installation is not located (Illinois or Washington); and
- Any other jurisdiction.

A.2.6 Section 4 – Findings Requiring Corrective Actions, Observations, and Corrective Action Plans

The section should include:

- A brief listing, in table format, of FRCAs and Observations by jurisdiction.
- The action plans, in table format, developed by the jurisdictions. Each action plan lists all FRCAs for that jurisdiction by short title, the corrective action for each FRCA, any comments the jurisdiction wishes to make on the FRCA, the title of the person or office within the organization responsible for correction, and a projected completion date (see Fig. A-1). Each action plan should be dated. This compilation of plans will serve as the basic tracking document. The initial date is noted and remains until the FRCA is cleared. The fact that the activity was not demonstrated in the subsequent years will also be noted (i.e., 2002, 2003, 2004, etc.).
 - Note: A number will be assigned to each FRCA for identification purposes throughout the report. The FRCA will be numbered as follows: XX024.1. The "XX" is a two-letter identification of the jurisdiction to which the FRCA applies; "02" is the two-digit calendar year of the exercise. "4" is the outcome designation (1 through 8), in which the finding is reported; and ". 1" is the sequence number for FRCA under the Emergency Response Outcome.

**CORRECTIVE
ACTION PLAN FOR [jurisdiction name]
[Community and year of exercise]
[Date of action plan]**

FINDING NUMBER	SHORT TITLE	RESPONSIBLE FOR CORRECTION	COMPLETION DATE																
XX023.1	Call Down Roster	County Emergency Management Director	May 30, 2002																
<p>CORRECTIVE ACTION/COMMENT: Create a new call-down roster for alerting Emergency Operating Center workers.</p> <p>Areas needing improvement (check all that apply):</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Training</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Staffing</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Equipment</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Plan(s)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Facilities</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Procedures</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td colspan="3">Other (specify)</td> </tr> </table>				<input checked="" type="checkbox"/>	Training	<input type="checkbox"/>	Staffing	<input type="checkbox"/>	Equipment	<input type="checkbox"/>	Plan(s)	<input type="checkbox"/>	Facilities	<input checked="" type="checkbox"/>	Procedures	<input type="checkbox"/>	Other (specify)		
<input checked="" type="checkbox"/>	Training	<input type="checkbox"/>	Staffing																
<input type="checkbox"/>	Equipment	<input type="checkbox"/>	Plan(s)																
<input type="checkbox"/>	Facilities	<input checked="" type="checkbox"/>	Procedures																
<input type="checkbox"/>	Other (specify)																		

Fig. A-1. Example of a Corrective Action Plan for a Jurisdiction.

A.2.8 Appendices

A.2.8.1 Appendix 1 – Community Profile

The profile is a community assessment prepared at least 45 days before the exercise and incorporated into the EXPLAN and Final Exercise Report.

A.2.8.2 Appendix 2 – Annual Exercise Recaps

The recaps are a short review of the prior two exercises and will be prepared at least 45 days before the exercise and incorporated into the EXPLAN and Final Exercise Report.

A.2.8.3 Appendix 3 – Acronyms and Abbreviations

This list should include all acronyms and abbreviations used in the report.

A.2.8.4 Appendix 4 – Distribution

This list should include all recipients of the report, including their addresses and the number/format of reports provided. A limited number of printed final reports will be distributed. The majority of final reports will be distributed in an electronic format.

APPENDIX B
CSEPP PUBLIC AFFAIRS PLAN FOR REAL WORLD
MEDIA COVERAGE OF EXERCISES

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APPENDIX B

CSEPP PUBLIC AFFAIRS PLAN FOR REAL WORLD MEDIA COVERAGE OF EXERCISES

B.1 Purpose

The purpose of the Public Affairs Plan is to provide guidance and procedures for real world media and public information activities related to CSEPP exercises. The exercise provides the real world media an opportunity to understand the capabilities and effectiveness of emergency public information systems, plans, procedures, facilities, and personnel. An effort should be made to interest the real world media in the exercise and allow them controlled access to exercise play.

B.2 Goals

Develop a site-specific real world media plan to ensure that real world media interactions in the exercise are coordinated, integrated, and controlled to minimize their impact on exercise play.

Afford the real world media the opportunity to observe the exercise to understand that federal, state and local governments, through a comprehensive exercise program, have an organized means of responding to and recovering from a chemical accident/incident (CAI).

B.3 Objectives

Real world media coverage of CSEPP exercises provide the opportunity for the CSEPP community to:

- Demonstrate that plans and procedures exist that can be relied upon to respond to a CAI;
- Demonstrate the ability to disseminate information to the public and real world media in the event of a CAI;
- Demonstrate that a high degree of cooperation exists among all responding organizations in the dissemination of life-saving information to the public through the real world media and other channels;
- Inform the public about government and volunteer response capabilities in the event of a CAI;
- Generate interest in individual and family emergency preparedness activities as they relate to a CAI and to learn proper responses;
- Increase the awareness of the public living in the vicinity of the chemical weapons stockpiles of the risk posed by the stockpile;
- Provide participating organizations and volunteers with public recognition for their serious commitment to multi-hazard preparedness by local, state, federal and volunteer agencies.
- Sensitize the real world media, local officials, and the general public to the critical role of the real world media in a community's disaster response and recovery plan.

B.4 Guidelines for Response to Real World Media Interest

- All real world media exercise activities shall be closely coordinated with the exercise planning team and included as a part of the exercise plan. Exercise Co-Directors shall approve variations to the coordinated activities in the exercise plan.
- The exercise planning team is responsible for real world media coordination.
- Real world media exercise involvement will be encouraged through multi-media public affairs activities aimed at various target groups. These activities may include news releases, formal briefings, displays, and guided tours. Attachment B-1 lists a variety of potential activities that may be adapted to each exercise event.
- Specific strategy and timing for each activity will depend upon a variety of local conditions (e.g., number and level of real world media and public interest and number of visitors, etc.) Attachment B-2 provides suggested timelines for publicity activities.
- All contact with real world media should be through the appropriate public affairs officer(s). (PAO)/public information officer(s) (PIO) telephone numbers should be provided to all persons involved in the exercise.
- All real world media briefings and tours should include the admonition that the real world media should not question players, controllers, or evaluators, or interrupt exercise play in any way. In addition, all exercise staffs, players, controllers, and evaluators should be briefed on how contact with or queries from real world media should be handled. The Exercise Co-Directors must approve any variations in this procedure in advance.
- As with any exercise, the purpose is to test communications and response capabilities and to determine where improvements in coordination and capability are necessary. The real world media should be discouraged from viewing the exercise as an "exam" with a specific grade. In its simplest form, "If opportunities for improvement are found, the exercise will be a success."
- All organizations should be prepared to respond to real world media interest in the exercise and make provisions to meet the needs of the real world media outside of exercise play. This requires providing staff, materials, and facilities to deal with real world media interest without affecting exercise play and with only the minimal involvement of exercise participants, including public affairs exercise players (see Attachment B-3)
- In coordination with the exercise planning team, the real world media should be allowed controlled access to the exercise environment for photographic purposes and to determine for themselves the extent of realism being demonstrated. This will be accomplished through escorted tours of the exercise area or an area set aside that allows real world media to view the exercise but limits their interaction with exercise participants. Before real world media are taken to an on-post site, they must be cleared by post security prior to the day of the exercise. Areas to be considered for visits or tours could include:
 - Joint Information Center (JIC)
 - County Emergency Operating Center (EOC)
 - Installation EOC
 - Chemical Limited Area, including CAI site(s)
 - Exercise SIMCELL

- Traffic Control Point (TCP)/Access Control Point (ACP)
 - Reception Center/Shelters
 - Decontamination Site
-
- The PAOs/PIOs from other CSEPP Communities, because of their knowledge and experience, can serve as real world media escorts if sufficient local PAOs/PIOs are not available.
 - Technical experts not playing in the exercise should be available at the various exercise locations to assist the real world media escorts in addressing inquiries.
 - The real world media shall not attend the Mock Media news conferences, briefings, interviews, or other activities or interactions with the players during the CSEPP exercise.
 - Every effort should be made to gauge the potential level of real world media interest and allocate personnel and resources necessary to meet the needs of the real world media.
 - The exercise planning team should prepare real world media kits. See Attachment B-3 to this plan for suggested real world media kit materials.
 - Organizations should designate a location for real world media activities, such as briefings and interviews. This location will be separate from but in close proximity to exercise play. This will allow for briefings and interviews without interrupting exercise play but also allow for real world media to view the exercise.

B.5 Pre-Exercise Real World Media Release

A news release should be prepared by the host jurisdiction announcing the time, date, location, purpose, and general scope of the exercise. The release also should include supplementary details on the exercise, planning, exercise preparations, participants, and facilities of interest. The release will be coordinated among other participating organizations prior to being issued. Agreement should be reached on who issues the initial release. It should be distributed to the real world media at a date and time to be agreed upon prior to the exercise and be available for handout, along with other materials, during the exercise.

Attachment B-1

Recommended Public Affairs Activities

PRE-EXERCISE

Real World Media Advisory: An advisory with background materials designed to heighten the interest of the real world media should be sent to local real world media. Invite real world media to cover the exercise, and set briefing and tour times specifically tailored for the real world media.

News Release: Develop and send out a news release that announces the CSEPP exercise detailing the expected activities and the times and dates they will occur. Follow up with phone calls two days later to encourage support and coverage.

Pre-Exercise Briefings: Provide a detailed briefing the day before or the morning of the exercise for the real world media. The briefing will provide guidelines for interaction with the players, scenario overview, tour details, and media kits, as well as answer their specific questions.

DURING EXERCISE

Tours, Briefings: Have a well-organized tour and briefing program with skilled and informed briefers and tour guides. Tours should include critical areas (as identified in section B.4) such as EOCs and the JIC, etc. Consider any "site" which is visually interesting. These activities should be coordinated with the exercise planning team.

POST-EXERCISE

Post-Exercise News Release: Consider this as an opportunity to acknowledge the support, hard work, and dedication of responders, volunteers, and public officials.

Attachment B-2

Suggested Timelines for Public Affairs Support to CSEPP Exercise

Recommend X
Days before/after
Exercise

- ED -270 Review finalized XPAs.
- ED -180 Develop site-specific CSEPP public affairs plan for real world media participation in exercises.
- ED -90 CSEPP Community PAOs/PIOs meet to finalize preparations and planning for real world media. Determine need and order materials for real world media kits and briefings. Meet with exercise planners and arrange interviews, identify technical experts, spokespersons, and tour guides.
- ED -30 Finalize and send real world media advisory. Real world media advisory should explain the purpose of the exercise and encourage real world media assistance in heightening public awareness.
- Finalize arrangements for briefers, spokespersons, tour guides, etc.
- ED -7 Finalize real world media kits and briefings.
- Send news release and follow up.
- ED -2 Contact local real world media points of contacts, such as assignment or managing editors and beat reporters and provide information for real world media use in scheduling.
- Confirm arrangements for public affairs management and tour escorts.
- ED -1 As appropriate, contact real world media, encourage their coverage of the exercise, and schedule real world media briefings
- ED Distribute real world media kits, coordinate interviews, and escort real world media through tour sites.
- ED +1 Develop and send post-exercise news release.

Attachment B-3

Real World Media Kits

A real world media kit should include the following material packaged appropriately:

- A copy of the news release that explains the exercise, date, schedule of events, and extent of exercise play. This news release should have been previously coordinated with the exercise planning team.
- Background materials on the organizations involved in the exercise.
- Charts, graphs, and visual displays, as appropriate, showing lines of communication, maps of exercise area, real world media starting point, etc.
- Background materials on the stored chemical agents.
- Layout plan for tour sites.
- Appropriate fact sheets/brochures, etc.
- Expected timeline for the exercise.
- Badges.

APPENDIX C
CSEPP EMERGENCY RESPONSE OUTCOMES
AND
EXERCISE EVALUATION GUIDES

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APPENDIX C
CSEPP EMERGENCY RESPONSE OUTCOMES
AND
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C.1 BACKGROUND

This appendix describes the Integrated Performance Evaluation (IPE) method of observing, analyzing, and reporting annual CSEPP exercises. The IPE's goal is to provide a more comprehensive summary of a community's exercise response through the observation and evaluation of Emergency Response Outcomes. The main purpose of this guide is to provide evaluators with a reference document on IPE methodology and its use during CSEPP exercises.

C.2 ORGANIZATION OF APPENDIX C

This appendix provides a guide to using the evaluation materials (paragraph C.4) and a list of the eight CSEPP Emergency Response Outcomes with the corresponding tasks for each outcome (paragraph C.5). The detailed Exercise Evaluation Guides (EEGs) for each task are provided behind this descriptive material (paragraph C.6). These Evaluation Guides can be reproduced and distributed to evaluators in preparing for an exercise.

C.3 DOCUMENTS USED AND CITED

References for the outcomes are located at the bottom of the detailed Evaluation Guides for each outcome task.

C.4 GUIDE TO USING THE EXERCISE EVALUATION MATERIALS

The materials provided in this appendix include Outcome Evaluation Maps and the detailed Exercise Evaluation Guides that identify steps leading to the expected outcomes for each task.

C.4.1 Emergency Response Outcomes and Exercise Evaluation Guides

Emergency Response Outcomes and the component Exercise Evaluation Guides are used in planning and evaluating all CSEPP exercises. The Evaluation Guides will aid evaluators in preparing to collect the data needed to determine whether the various outcomes have been successfully demonstrated. The Evaluation Guides are to be used by the evaluators before, during, and after the exercise to assist in the analysis of the community response. However, evaluators should observe the activities and not use the Evaluation Guides as checklists during the exercise.

C.4.2 Jurisdictions' Timeline Form

The jurisdictional evaluation team will develop a consolidated jurisdiction timeline from the evaluators' data, using the software template provided during exercise preparation. This timeline must accurately depict the jurisdictions' response times and actions taken. Each entry in the timeline will identify the applicable Emergency Response Outcome. The jurisdictional team leader will sort and print the timeline by Emergency Response Outcome. The jurisdictional report will be developed using the data from these emergency response timelines and the

evaluators' notes. The timeline must be developed and submitted according to the Co-Directors' directive.

C.4.3 Narrative Summary Worksheets

Narrative Summary worksheets are prepared by the jurisdictional evaluation team to document the analysis of the jurisdiction's response performance. Specifically, the Narrative Summary worksheets are used to:

- Summarize the jurisdictional performance;
- Identify noteworthy performance;
- Identify problems in performance of the responding organizations, including those that have a potential impact on the protection of public health and safety (i.e., "Findings Requiring Corrective Action" [FRCA]);
- Identify specific measures that could improve an organization's level of preparedness; and
- Indicate whether previous FRCAs at the evaluator's location have been corrected.

For a FRCA, the evaluator also must provide a reference to the applicable regulation or guidance document. The worksheet also provides space for the evaluator to make a recommendation for resolving FRCAs. The evaluator should describe and document each FRCA and indicate his/her opinion as to the severity of the FRCA. However, the final recommendation for classification of FRCAs is the responsibility of the Exercise Co-Directors, who also will consider information received from other evaluators.

C.4.4 Submission of Completed Evaluation Forms

Jurisdictional Team Leaders will submit their completed Jurisdictional Timeline and Narrative Worksheets to a designated person, usually a report coordinator. The designated person will review the completed forms to make sure that the evaluation team has provided all appropriate data and information.

C.5 LIST OF EMERGENCY RESPONSE OUTCOMES AND EXERCISE EVALUATION GUIDES

This section lists the eight Emergency Response outcomes and their associated tasks. The detailed Evaluation Guides for each outcome are provided in Section C.6 with an Evaluation Map that shows the flow of and relationship between the tasks. The tasks are arranged in approximate chronological order by location where they are performed. Each Evaluation Guide identifies the task to be evaluated, the individual or team designated to perform that task, expected outcomes, steps leading to the accomplishment of the task, and applicable references.

The eight Emergency Response Outcomes and associated tasks to be evaluated in CSEPP exercises are listed below. Each EEG has a unique identifier where:

- A = Army, and C = Community (or off-post jurisdiction).
- The first number refers to one of the outcomes, 1-8.

- The second number is a chronological listing of the EEG within the outcome.
- Finally, E = EOC, F = Field, and J = Joint Information Center (JIC).

C.5.1 Prevention and Preparedness

A.1.1.E	Review protocols for daily information exchange
C.1.1.E	Develop MCE PAD from PAR
A/C.1.1.E	Verify Updated Emergency Plans Are in Place
A/C.1.2.E	Assure that an Active Exercise Program Has Been Implemented
A/C.1.3.E	Assure that a Continuing Education Program Is in Place
A/C.1.4.E	Assure that a Joint Public Outreach and Education Program Is in Place
A/C.1.5.E.	Verify EOC Equipment Operational Status

C.5.2 Emergency Assessment

A.2.1.E	Collect Input for Hazard Analysis
A.2.2.E	Make Hazard Assessments and Predictions
A.2.3.E	Determine CENL and Off-Post PAR
A.2.4.E	Notify Off-Post 24-Hour Warning Points or EOCs
A.2.5.E	Notify Government Agencies and Officials
A.2.6.E	Report Events and Decisions to Headquarters
A.2.7.F	Set Up Monitoring and Sampling Equipment
A.2.8.E	Coordinate Monitoring and Sampling Operations (On- and Off-Post)
A.2.9.F	Conduct Monitoring and Sampling Operations
C.2.1.E	Receive CENL and PAR from Installation EOC
C.2.2.F	Coordinate Response Phase Monitoring and Sampling

C.5.3 Emergency Management

A.3.1.E	Activate, Expand, and Operate the EOC
A.3.2.E	Direct and Control Response Operations
A.3.3.E	Stand Up and Command the Initial Response Force (IRF)
A.3.4.E	Perform Duties as the Federal On-Scene Coordinator (FOSC)
A.3.5.E	Direct and Control Protection of the On-Post At-Risk Population
A.3.6.E	Direct and Control Protection of the On-Post General Population
A.3.7.E	Direct and Control Protection of Special Populations
A.3.8.F	Direct and Control Distribution of Supplies and Equipment
A.3.9.E	Request and Coordinate Additional Response Support
A.3.10.E	Make On-Post Reentry Decisions
A.3.11.E	Notify the Next-of-Kin
C.3.1.E	Alert and Mobilize EOC Staff
C.3.2.E	Activate and Operate the EOC
C.3.3.E	Support Protective Action Decision Making
C.3.4.E	Direct and Control Activation of Traffic and Access Control Points
C.3.5.E	Direct and Control Protective Actions for Schools and Day Care
C.3.6.E	Direct and Control the Protection of Special Populations

- C.3.7.E Provide Support to the Storage Installation
- C.3.8.E Request Supplementary Assistance
- C.3.9.E/F Track the Location and Status of Patients

C.5.4 CAI Hazard Mitigation

- A.4.1.F Make Immediate Informal Accident Reports
- A.4.2.F Secure the Accident Scene
- A.4.3.F Account for Personnel at and around the Accident Site
- A.4.4.E Direct and Coordinate Accident Scene Preservation
- A.4.5.F Preserve the Accident Scene
- A.4.6.F Establish and Provide Direction and Control at the Accident Scene
- A.4.7.F Stage Response Teams
- A.4.8.F Conduct Firefighting Operation at the Accident Scene
- A.4.9.F Conduct Release Control Operations
- A.4.10.F Mitigate the Effects of the Agent Release

C.5.5 Protection

- A.5.1.E Recommend CENLs, PARs, and PADs
- A.5.2.E Determine On-Post PAD
- A.5.3.E Activate On-Post Indoor and Outdoor Warning Systems
- A.5.4.E/F Control On-Post Population Movement, Exit, and Entry
- A.5.5.F Assemble, Screen, and Account for the On-Post Population
- A.5.6.E/F Provide Transportation to Evacuate the Post Population
- A.5.7.F Set Up and Operate the Personnel Decontamination Station
- A.5.8.F Set Up and Operate the Equipment Decontamination Station
- A.5.9.E Arrange for and Provide Counseling and Religious Support
- A.5.10.E Arrange for and Provide Army Claims Services
- A.5.11.E Arrange for and Provide Veterinary Services
- C.5.1.E Make Protective Action Decisions
- C.5.2.E Activate Primary Indoor and Outdoor Warning Systems
- C.5.3.E Activate Alternative or Supplementary Warning Methods
- C.5.4.E Select or Prepare Protective Action Messages
- C.5.5.F Conduct Route Alerting
- C.5.6.E/F Disseminate Protective Action Messages
- C.5.7.F Activate Traffic and Access Control Points
- C.5.8.F Implement Protective Actions for Schools and Day Care
- C.5.9.F Implement Protection of Special Populations
- C.5.10.E Direct and Control Reception Center Operations
- C.5.11.F Operate Reception Centers
- C.5.12.E Direct and Control Shelter Operations
- C.5.13.F Operate Shelters

C.5.6 Victim Care

- A.6.1.F Provide Immediate Emergency Aid at the CAI Site
- A.6.2.F Provide Emergency Triage, Treatment, and Stabilization at CAI Site
- A.6.3.F Make Victim Status Reports
- A.6.4.E Track the Location and Status of Patients
- A.6.5.F Decontaminate Patients at the CAI Site
- A.6.6.F Prepare Medical Facility to Receive Patients
- A.6.7.F Transport Patients to a Medical Facility
- A.6.8.F Treat Patients at a Medical Facility
- A.6.9.F Collect and Decontaminate Human Remains
- A.6.10.E Coordinate the Disposition of Human Remains
- C.6.1.F Prepare Medical Treatment Facility to Receive Patients
- C.6.2.F Screen Evacuees for Agent Contamination
- C.6.3.F Treat Patients at the Screening Site
- C.6.4.F Decontaminate Potentially Exposed Evacuees
- C.6.5.F Decontaminate Patients at the Screening Location or Medical Treatment Facility
- C.6.6.F Transport Patients to a Medical Treatment Facility
- C.6.7.F Treat Patients at a Medical Treatment Facility
- C.6.8.F Collect and Decontaminate Human Remains
- C.6.9.E Coordinate the Disposition of Human Remains

C.5.7 Emergency Public Information

- A.7.1.E Disseminate Public Health and Safety Information to the Media
- C.7.1.E Disseminate Public Health and Safety Information to the Media
- A.7.2.E Inform Headquarters Public Affairs Offices
- A/C.7.3.J Activate and Operate a Joint Information Center
- A/C.7.4.J Disseminate Public Health and Safety Information to the Media
- A/C.7.5.E/J Operate a Joint Information System
- A/C.7.6.J Disseminate Health and Safety Information Directly to the Public

C.5.8 Remediation and Recovery

- A/C.8.1.E Manage Limited Access to Restricted Areas
- A/C.8.2.E Initiate Environmental Remediation
- A/C.8.3.E Coordinate Recovery-Phase Monitoring and Sampling
- A/C.8.4.E Make Recovery-Phase Protective Action Decisions
- A/C.8.5.E Implement Unrestricted Reentry
- A/C.8.6.E/J Provide Recovery Information to the Media and the Public
- A.8.1.E Initiate Accident Investigation
- C.8.1.E Make and Implement Ingestion Pathway Protective Action Decisions
- C.8.2.E Perform Post-Emergency Medical Screening
- C.8.3.E Secure Disaster Assistance for Affected Communities
- C.8.4.E Provide Temporary Shelter for Evacuees

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C.6
EMERGENCY RESPONSE OUTCOMES
AND
EXERCISE EVALUATION GUIDES

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Outcome 1: Prevention and Preparedness

This outcome encompasses all tasks associated with actions taken to prevent, prepare for, or reduce the impact or consequences of a chemical accident or incident, including but not limited to assuring daily information exchange; maintaining coordinated emergency plans; participating in a continuous exercise program; conducting ongoing training; maintaining an active public outreach and education program; and verifying EOC equipment operational status

OUTCOME EVALUATION MAP

INSTALLATION		STATE/COUNTY	
Field	EOC	Field	EOC
	A.1.1.E Review protocols for daily information exchange		C.1.1.E Develop MCE PAD from PAR
	A/C.1.1.E Verify Updated Emergency Plans Are in Place		A/C.1.1.E Verify Updated Emergency Plans Are in Place
	A/C.1.2.E Assure that an Active Exercise Program Has Been Implemented		A/C.1.2.E Assure that an Active Exercise Program Has Been Implemented
	A/C.1.3.E Assure that a Continuing Education Program Is in Place		A/C.1.3.E Assure that a Continuing Education Program Is in Place
	A/C.1.4.E Assure that a Joint Public Outreach and Education Program Is in Place		A/C.1.4.E Assure that a Joint Public Outreach and Education Program Is in Place
	A/C.1.5.E. Verify EOC Equipment Operational Status		A/C.1.5.E. Verify EOC Equipment Operational Status

Task: Review protocols for daily information exchange

Evaluated Components: Emergency Operations Center Staff

Expected Outcomes: Sufficient baseline information is available and actions are promptly taken to prevent maximum credible events.

Steps:

1. Identify operations to be conducted and determine MCE.
2. Forward MCE and PAR to off-post jurisdictions.

References:

1. DA PAM 50-6, paragraphs 3-4 and 3-5.
2. CSEPP Planning Guidance, Sections 6.1, 7.1 and 8.3 and Appendix D.

Task: Develop MCE PAD from PAR

Evaluated Components: Emergency Operations Center Staff

Expected Outcomes: Sufficient information and expertise is available to make protective action decisions.

Steps:

1. MCE and PAR received from the Depot are readily available.
2. Using MCE and PAR, develop PAD.

References:

1. CSEPP Planning Guidance, Sections 7.1 and 8.5 and Appendixes D and E.

Task: Verify Updated Emergency Plans Are in Place

Evaluated Components: Emergency Operations Center Staffs

Expected Outcomes: Evidence that coordinated on- and off-post emergency plans are in place and synchronized.

Steps:

1. Verify that plans are up to date and implemented with approval signatures.
2. Verify that plans have been synchronized.

References:

1. DA PAM 50-6, paragraphs 2-15, 3-4, 3-5 and J-2.
2. CSEPP Planning Guidance, Section 8.1 et al.

Task: Assure that an Active Exercise Program Has Been Implemented

Evaluated Components: Emergency Operations Center Staffs

Expected Outcomes: An active joint on-post / off-post exercise program is in place that meets CSEPP guidance.

Steps:

1. Verify that the post and off-post jurisdictions have CAIRA scheduled in addition to the annual CSEPP exercise.
2. Verify that the IPT is in place to plan the annual CSEPP exercise.

References:

1. DA PAM 50-6, paragraphs 2-15 and 3-4.
2. CSEPP Planning Guidance, Sections 2-15 and 8.20.

Task: Assure that a Continuing Education Program Is in Place

Evaluated Components: Emergency Operations Center Staffs

Expected Outcomes: Certification of personnel and knowledge of position-specific requirements is up to date.

Steps:

1. Verify that the post and off-post jurisdictions have ongoing CSEPP training programs.
2. Verify that certifications of personnel and training records are up to date.

References:

1. DA PAM 50-6, paragraphs 3-4, 3-5, and Chapter 17.
2. CSEPP Planning Guidance, Sections 8-10 and 8.19.

Task: Assure that a Joint Public Outreach and Education Program Is in Place

Evaluated Components: Emergency Operations Center Staffs

Expected Outcomes: Materials are distributed and programs in place to ensure that the public has opportunities to learn about CSEPP emergency preparedness.

Steps:

1. Verify that the annual public information calendar has been distributed to the public.
2. Verify that there is an ongoing public awareness program such as information forums for public events, gatherings, and, meetings, etc.).
3. Verify that there are handout materials and informational displays for use in the ongoing public awareness program.

References:

1. DA PAM 50-6, Chapter 8 and Appendix E.
2. AR 360-E.
3. CSEPP Planning Guidance, Section 8.14.
4. CSEPP Policy Paper #9.

Task: Verify EOC Equipment Operational Status

Evaluated Components: Emergency Operations Center Staffs

Expected Outcomes: Evidence that EOC equipment is checked on a routine basis.

Steps:

1. Verify that procedures are in place to periodically check radios, sirens, fax machines, TARS/Indoor Alerting Systems (IAS), and electronic warning boards for operability, functionality and time synchronization.
2. Verify daily testing of primary and back-up communication links between designated on-post and off-post notification points.
3. Verify that communication between primary alerting and notification points are tested monthly, including at least twice a year during nonworking hours.
4. Verify that there is an awareness program to inform the public about the testing program for sirens, TARS/IAS, and other A&N systems.

References:

1. **CSEPP Planning Guidance, Section 8.3 and Appendix F.**

Steps: Outcome 2: Emergency Assessment

This outcome includes all tasks associated with identifying the hazard, classifying and providing notifications of the hazard and appropriate PARs to offsite agencies, and coordinating and conducting monitoring and sampling operations to further specify the hazard.

OUTCOME EVALUATION MAP

INSTALLATION		STATE/COUNTY	
Field	EOC	Field	EOC
	A.2.1.E Collect Input for Hazard Analysis		
	A.2.2.E Make Hazard Assessments and Predictions		
	A.2.3.E Determine CENL and Off-Post PAR		
	A.2.4.E Notify Off-Post 24-Hour Warning Points or EOCs		C.2.1.E Receive CENL and PAR from Installation EOC
	A.2.5.E Notify Government Agencies and Officials		
	A.2.6.E Report Events and Decisions to Headquarters		
A.2.7.F Set Up Monitoring and Sampling Equipment	A.2.8.E Coordinate Monitoring and Sampling Operations (On and Off-Post)	C.2.2.F Coordinate Response Phase Monitoring and Sampling	
A.2.9.F Conduct Monitoring and Sampling Operations			

Task: Collect Input for Hazard Analysis

Evaluated Component: Emergency Operations Center Staff

Expected Outcomes: Hazard analysts are able to assess the seriousness of the CAI, make an initial estimate of the CAI's impact, and produce initial and subsequent hazard assessments and predictions.

Steps:

1. Receive and confirm initial reports about the CAI.
2. Request additional information from the CAI site to make an accurate initial hazard prediction.
3. Collect other information to characterize the CAI (e.g., off-site meteorological information and readings from air-monitoring devices).
4. Collect information about other hazards of concern (e.g., fire, explosives, other hazardous materials).
5. Continuously review collected data to support the hazard analysis. Request the additional information as required.
6. Continuously monitor reports and other data to change or refine the hazard analysis.
7. Archive all data in formats that allow for quick retrieval and subsequent analysis, investigation, and official reports.

References:

1. DA PAM 50-6, paragraphs 3-5, 11-2, 11-3, and 11-4.

Task: Make Hazard Assessments and Predictions

Evaluated Component: Emergency Operations Center Staff

Expected Outcomes: Hazard area plots showing risk areas and a predicted hazard wedge; identification of populations at risk; protective action options; monitoring guidance; information on projected plume behavior.

Steps:

1. Determine the initial predicted hazard area (wedge). Daily work plan can be used if parameters match CAI.
2. Determine plume direction and length, populations at risk by emergency planning zones, and appropriate protective action options so that the correct CENL is selected and initial protective action recommendations and decisions can be made.
3. Support field operations by identifying areas to monitor at the CAI site.
4. Predict plume behavior (tail/tip times) to aid in protective action decision-making.
5. Conduct new analyses in near real time to reflect changing conditions and site mitigation efforts.
6. Conduct consequence management analyses to determine if other populations might become at risk, appropriate protection options, and areas to conduct monitoring operations to validate the hypothetical situation.
7. Confirm the validity and reliability of model outputs.
8. Provide model and analysis results to surrounding communities.

References:

1. DA PAM 50-6, paragraphs 3-5, 11-2, 11-3, 11-4 and 13-6.

Task: Determine CENL and Off-Post PAR

Evaluated Component: Emergency Operations Center Staff/IRFC

Expected Outcomes: The IRFC or designated representative decides the optimum PAR for off-post, and announces the recommendation for implementation.

Steps:

1. IRFC or designated representative reviews the hazard analysis, CENL, and off-post PAR and confirms that they are consistent with the information about the CAI and current meteorology.
2. IRFC or designated representative considers consequence management scenarios to determine their influence on the PAR for the off-post population.
3. The IRFC or designated representative decides the PAR for the off-post area.
4. The IRFC declares the CENL and off-post PAR.
5. The IRFC or designated representative adjusts or cancels the CENL and PAR as appropriate after considering new hazard analyses.

References:

1. DA PAM 50-6, paragraphs 3-4 and 3-5.

Task: Notify Off-Post 24-Hour Warning Points or EOCs

Evaluated Component: Emergency Operations Center Staff

Expected Outcomes: The off-post 24-hour warning points or EOCs are notified of the CENL and PAR within prescribed time limits.

Steps:

1. Make a “heads up” call to the off-post 24-hour warning points or EOCs to alert them to the possibility that a CAI might have occurred. (NOTE: Unless this call includes a CENL and PAR, it does *NOT* satisfy CAI notification requirements. Also, it does *NOT* start the notification time clock.)
2. Contact the off-post 24-hour warning points or EOCs and notify them that a CAI has actually or possibly occurred; provide the CENL and the PAR for affected jurisdictions. Provide any other descriptive information required by local agreements.
3. Answer appropriate questions with the best available information.
4. Confirm telephonic or radio notifications by faxing a copy of the notification information to the off-post 24-hour warning points and EOCs.
5. Send a system wide CAI warning.
6. Repeat these steps for each change or cancellation of a CENL or PAR.

References:

1. DA PAM 50-6, paragraph 3-5.

Task: Notify Government Agencies and Officials

Evaluated Component: Emergency Operations Center Staff

Expected Outcomes: Federal, state, and local notification requirements are fulfilled; the Governor, local government officials, and local Congressional offices are informed about the CAI and significant changes to the situation before the media and the public.

Steps:

1. Make initial and follow-up notifications to local, state, and federal government agencies.
2. Contact the Governor's office and local Congressional offices and inform them of the situation.
3. Notify local government officials of significant changes to the situation and prior to press releases concerning the CAI.
4. Notify the Governor's office and local Congressional offices of significant changes to the situation and prior to press releases concerning the CAI.

References:

1. DA PAM 50-6, paragraphs 3-4 and 3-5.
2. AR 50-6, paragraph 11-5.

Task: Report Events and Decisions to Headquarters

Evaluated Component: Emergency Operations Center Staff

Expected Outcomes: Reports submitted to headquarters are complete, comprehensive, and on time.

Steps:

1. EOC staff prepares reports for submission to headquarters.
2. The IRFC or designated representative reviews and approves reports before they are submitted.
3. Reports are sent by the prescribed mode (e.g., telephonically, electronically, e-mail, or FAX) in time to meet established deadlines.
4. Repeat steps as necessary to satisfy requirements for periodic SITREPs.

References:

1. DA PAM 50-6, paragraph 3-5 and Appendix B.
2. AR 506-6, paragraph 11-3.

Task: Set Up Monitoring and Sampling Equipment

Evaluated Component: Monitoring and Sampling Team

Expected Outcomes: Monitoring and sampling equipment is operational and ready for deployment when needed. Reliable communication is established between field teams and hazard analysts.

Steps:

1. Perform pre-operation checks of vehicles, equipment, and systems.
2. Inventory materials, supplies, and consumables to ensure that everything needed to support operations is available.
3. Bring all vehicles and equipment needed for field operations to operating status; calibrate the monitoring equipment.
4. Establish reliable communication with hazard analysts coordinating the monitoring and sampling operations.

References:

1. DA PAM 50-6, paragraphs 3-5, 11-2 and 11-3.
2. CSEPP Policy Paper #2.
3. MOAs/MOUs regarding off-post response phase monitoring and sampling.

Task: Coordinate Monitoring and Sampling Operations (On- and Off-Post)

Evaluated Component: Emergency Operations Center Staff

Expected Outcomes: Monitoring and sampling teams are deployed to the correct locations to collect information that accurately characterizes the hazard area.

Steps:

1. Develop a wide area monitoring and sampling plan that provides for sample chain-of-custody and independent confirmation of sample results and is consistent with hazard analysis results.
2. Coordinate with field locations and off-post jurisdictions to determine safe routes to monitoring and sampling locations.
3. Coordinate third-party observation of off-post monitoring and sampling teams.
4. Dispatch monitoring and sampling teams in support of field operations.
5. Dispatch monitoring and sampling teams. Provide dispatch instructions that include safe routes to each monitoring and sampling location and access to public and private property off-post.
6. Track the deployment of all monitoring and sampling teams.
7. Arrange for laboratory testing of samples.
8. Obtain hard copy sampling assay results from laboratories.
9. Redeploy monitoring and sampling teams based on results of monitoring, sampling, and laboratory analysis or changes in priorities made by the IRFC.
10. Coordinate with off-post jurisdictions for the return of deployed monitoring assets.
11. Store monitoring and sampling results in a hazard assessment and prediction database.

References:

1. DA PAM 50-6, paragraphs 3-5, 11-2, 11-3 and 13-6.
2. CSEPP Policy Paper #2.
3. MOAs/MOUs regarding off-post response phase monitoring and sampling.

Task: Conduct Monitoring and Sampling Operations

Evaluated Component: Monitoring and Sampling Teams

Expected Outcomes: Monitoring and sampling teams collect authentic, credible information about chemical agent hazards.

Steps:

1. Proceed to designated monitoring or sampling locations by the designated safe route.
2. Ensure the team is at the correct monitoring or sampling point prior to starting operations.
3. Conduct monitoring and sampling operations.
4. Maintain sample chain-of-custody and avoid cross-contamination. Allow for verification of sample by independent third-party observers during the collection process.
5. Validate monitoring results in the field IAW monitoring protocols.
6. Assay samples in the field IAW sample collection protocols.
7. Deliver samples for assay to approved laboratories IAW sample collection and analysis protocols.

References:

1. DA PAM 50-6, paragraphs 3-5, 11-2, 11-3 and 13-6.
2. CSEPP Policy Paper #2.
3. MOAs/MOUs regarding off-post response phase monitoring and sampling.

Task: Receive CENL and PAR from Installation EOC

Evaluated Component: Emergency Operations Center

Expected Outcomes: Installation notification is received and verified; jurisdiction responses are actions initiated.

Steps:

1. Receive official notification information, CENL, and PAR from appropriate installation authority.
2. Verify the information following established procedures.
3. Assess the notification and inform the emergency management director (EMD) or designee and other specified staff following established procedures.
4. EMD or designee determines what, if any, response actions need to be initiated.

References:

1. CSEPP Planning Guidance, Sections 5.1, 5.2, 5.3, 8.7, 8.7.1 (7-6), A-4-a, B.6.a, C-20, C-23, Appendix F, N.2.2.2, N.3.3, N.6.1.1.1.
2. SLG 101 Guide for All-Hazard Emergency Operations Plan (9/96), Attachment E, p. 6-E-1, 7, 8.

Task: Coordinate Response Phase Monitoring and Sampling

Evaluated Component: Field Activities

Expected Outcomes: Monitoring and sampling teams are deployed to locations to collect information that supports population protection within the jurisdiction.

Steps:

1. Review hazard analysis information provided by the storage installation and expected future response activities to determine if response phase monitoring will be required in the jurisdiction.
2. According to established procedures and local agreements, coordinate with the installation EOC and make monitoring and sampling requests. At a minimum, identify locations where monitoring and sampling is desired and determine the rationale for the monitoring.
3. With the installation, plan safe routes to and from the monitoring and sampling locations.
4. Arrange access to both public and private property for Army monitoring and sampling teams.
5. Determine if the jurisdiction will send qualified observers to accompany Army monitoring and sampling teams. Inform the installation of the decision and coordinate observer and monitoring and sampling team-meeting points as appropriate.
6. Assemble observer teams and equipment. Prior to their departure, brief observer teams on their roles and responsibilities according to plans, procedures, and local agreements.
7. Observer teams make periodic reports according to established plans and procedures.

References:

1. CSEPP Policy Paper Number 2, October 5, 1993.
2. MOAs/MOUs regarding off-post response phase and monitoring sampling.

Outcome 3: Emergency Management

This outcome includes all top-level decision making, coordination, and direction and control of the response, including mobilization and operation of the EOC, and coordination at the management level of any activities involving logistical support.

OUTCOME EVALUATION MAP

INSTALLATION		STATE/COUNTY	
Field	EOC	Field	EOC
	A.3.1.E Activate, Expand, and Operate the EOC		C.3.1.E Alert and Mobilize EOC Staff
	A.3.2.E Direct and Control Response Operations		C.3.2.E Activate and Operate the EOC
	A.3.3.E Stand Up and Command the Initial Response Force (IRF)		C.3.3.E Support Protective Action Decision Making
	A.3.4.E Perform Duties as the Federal On-Scene Coordinator (FOSC)		C.3.4.E Direct and Control Activation of Traffic and Access Control Points
	A.3.5.E Direct and Control Protection of the On-Post At-Risk Population		C.3.5.E Direct and Control Protective Actions for Schools and Day Care
	A.3.6.E Direct and Control Protection of the On-Post General Population		
	A.3.7.E Direct and Control Protection of Special Populations		C.3.6.E Direct and Control the Protection of Special Populations
A.3.8.F Direct and Control Distribution of Supplies and Equipment	A.3.9.E Request and Coordinate Additional Response Support		C.3.7.E Provide Support to the Storage Installation
	A.3.10.E Make On-Post Reentry Decisions		C.3.8.E Request Supplementary Assistance
	A.3.11.E Notify the Next-of-Kin	C.3.9.E/F Track the Location and Status of Patients	

Task: Activate, Expand, and Operate the EOC

Evaluated Component: Emergency Operations Center Staff

Expected Outcomes: The EOC achieves a full operational status quickly and maintains this level of effort for the duration of the response.

Steps:

1. Commander or designated official activates or expands the installation EOC.
2. Notify the EOC staff of EOC activation or expansion and provide special instructions.
3. EOC staff promptly reports to the EOC.
4. Brief the EOC staff on the status of CAIRA operations at regular intervals thereafter.
5. Post and distribute information about events and decisions within the EOC. Archive the information for subsequent analysis, investigation, or preparation of official reports.
6. Establish and maintain uninterrupted EOC facility safety and security, considering threats from the CAI.
7. Confirm that primary and alternate EOC communications systems are operational. Maintain an uninterrupted communications capability for the duration of the CAI. Immediately correct communication system malfunctions.
8. Plan for 24-hour operations and publish appropriate schedules.
9. Maintain continuous EOC operations during rest, meal breaks, and shift changes. Conduct shift transition briefings.

References:

1. DA PAM 50-6, paragraph 3-5.

Task: E Direct and Control Response Operations

Evaluated Component: Emergency Operations Center Staff

Expected Outcomes: Direction and control of response activities is established; activities of responders are properly coordinated to ensure maximum efficiency of response operations.

Steps:

1. Assist the FCPO and FCP staff in developing/implementing action plans and alternate plans to confine, collect, and contain the release.
2. Monitor communication between responders and the FCP; receive reports regarding the status of confinement, collection, and containment operations. Make recommendations to the FCPO, the FCP staff, and the IRFC regarding adjustments to these operations based on the situation presented.
3. Direct the dispatch of available additional responders if confinement, collection, and the containment of the release are beyond the capabilities of responders at the accident site.
4. Direct the dispatch of specialized responders (e.g., firefighters, EOD) if such assets are required to support confinement, collection, and the containment operations at the accident site.
5. Assist the FCPO and FCP staff in developing and implementing mitigation plans.
6. Monitor communication between responders and the FCP; receive reports regarding the status of mitigation operations. Make recommendations to the FCPO, the FCP staff, and the IRFC regarding adjustments to these operations based on the situation presented.

References:

1. DA PAM 50-6, paragraph 3-3 and 3-5.
2. Installation CAIRA Plan.
3. Installation SOPs for field operations.
4. 29 CFR 1910.120.

Task: Stand Up and Command the Initial Response Force (IRF)

Evaluated Component: Emergency Operations Center Staff

Expected Outcomes: Command and control for the response is established; appropriate response assets are mobilized; the Army chain-of-command knows that the IRF is activated.

Steps:

1. Installation commander or designated representative stands up the IRF and assumes the role of the IRFC/Federal On-Scene Coordinator (FOSC).
2. IRF provides first response to the CAI until all Army obligations are met, or the IRF is integrated into a Service Response Force (SRF).
3. The IRFC/FOSC takes operational control of resources (e.g., personnel, facilities, equipment) that are not essential for installation operations.
4. IRF activation is reported to all commands and agencies.

References:

1. DA PAM 50-6, paragraphs 2-7, 2-8, 3-4 and 3-5.

Task: Perform Duties as the Federal On-Scene Coordinator (FOSC)

Evaluated Component: Installation Commander

Expected Outcomes: The Installation Commander, as the FOSC, discharges all DoD obligations under the National Contingency Plan.

Steps:

1. Determine that response to the agent release requires a DoD FOSC and assume those responsibilities.
2. Make notifications of the assumption of FOSC duties to state and local governments, the Army chain-of-command, other federal agencies, and the National Response Center (NRC).
3. Appoint a deputy FOSC.
4. Ensure that emergency worker health is protected in compliance with 29 CFR 1910.120.
5. Coordinate assistance provided by federal agencies to state and local governments.
6. Notify and regularly consult with the EPA Regional Response Team.
7. Satisfy all requirements in the NCP for collecting and reporting on events, decisions, responses, and costs pertaining to the chemical accident.
8. Assure that public and private interests are kept informed and that their concerns are considered throughout the response.
9. Arrange for all federal news releases or statements to be cleared through the FOSC.
10. Fulfill duties of the FOSC until all DoD obligations are met or until the IRF is integrated into a SRF. The SRF Commander assumes the role and responsibilities of the FOSC.

References:

1. DA PAM 50-6, paragraphs 2-10, 2-11, 2-13, 3-4 and 3-5.
2. Installation CAIRA Plan.
3. 40 CFR 300 - National Contingency Plan.
4. 29 CFR 1910.120.
5. U.S. Army Materiel Command Chemical Service Response Force Plan.

Task: Direct and Control Protection of the On-Post At-Risk Population

Evaluated Component: Emergency Operations Center Staff

Expected Outcomes: Appropriate installation support is provided for protecting the on-post population inside the predicted hazard area (wedge) until all personnel are safe and accounted for; no persons remain inside the predicted hazard area (wedge) except for authorized emergency responders.

Steps:

1. Security forces and field supervisors tell the EOC staff who was inside the predicted hazard area (wedge) when the event occurred. EOC staff solicits this information if it is not provided.
2. EOC staff confirms that the post population inside the predicted hazard area (wedge) was alerted and given correct, specific sheltering and evacuation instructions. Backup systems are activated in the event of primary alert and warning system failures.
3. EOC staff coordinates post evacuation routes with off-post authorities.
4. EOC staff receives accountability and protection status reports for the population inside the security cordon and predicted hazard area (wedge) from security forces, field supervisors, and the FCPO.
5. EOC staff directs and coordinates additional assistance as required.
6. EOC staff provides the IRFC SITREPs, paying particular attention to reports of exposures or unaccounted persons.
7. EOC determines when it is appropriate for the sheltered population to evacuate their shelters and begin subsequent evacuation.
8. EOC staff adjusts the assembly points, evacuation routes, TCPs, and ACPs to accommodate unforeseen events and to facilitate reentry when this is authorized.

References:

1. DA PAM 50-6, paragraphs 3-4 and 3-5.
2. MOAs/MOUs with off-post jurisdictions regarding evacuation of post population.

Task: Direct and Control Protection of the On-Post General Population

Evaluated Component: Emergency Operations Center Staff

Expected Outcomes: Appropriate installation support is provided for protecting the general on-post population until all personnel are safe and accounted for.

Steps:

1. EOC staff informs security forces and field supervisors of areas and facilities to be sheltered in place or evacuated, the priorities for evacuation, location of assembly points, and the time available.
2. EOC staff confirms that the post population was alerted and given correct, specific sheltering and evacuation instructions. Backup systems are activated in the event of primary alert and warning system failures.
3. EOC staff coordinates post evacuation routes with off-post authorities.
4. EOC staff receives accountability and protection status reports from security forces, field supervisors, and the FCP.
5. EOC staff directs and coordinates additional assistance as required.
6. EOC staff provides the IRFC SITREPs, paying particular attention to reports of exposures or unaccounted persons.
7. EOC determines when it is appropriate for the sheltered population to evacuate their shelters and begin subsequent evacuation.
8. EOC staff adjusts the assembly points, evacuation routes, TCPs, and ACPs to accommodate unforeseen events and facilitate reentry when this is authorized.

References:

1. DA PAM 50-6, paragraphs 3-4 and 3-5.
2. MOAs/MOUs with off-post jurisdictions regarding evacuation of post population.

Task: Direct and Control Protection of Special Populations

Evaluated Component: Emergency Operations Center Staff

Expected Outcomes: Appropriate installation support is provided for protecting on-post special populations until all persons are safe and accounted for.

Steps:

1. Inform POCs at on-post special facilities (e.g., schools, day care centers, clinics, hospitals) whether they are to shelter in place or evacuate, the priorities for evacuation, the location of assembly points, and the time available.
2. Coordinate installation evacuation routes with off-post authorities.
3. Receive accountability and protection status reports from special facility POCs.
4. Direct and coordinate additional assistance.
5. Provide the IRFC SITREPs, paying particular attention to reports of exposures or unaccounted persons.
6. Determine when it is appropriate for the sheltered population to evacuate their shelters and begin subsequent evacuation.
7. Adjust the assembly points, evacuation routes, TCPs, and ACPs to accommodate unforeseen events and facilitate reentry when authorized.

References:

1. DA PAM 50-6, paragraphs 3-4 and 3-5.
2. MOAs/MOUs with off-post jurisdictions regarding evacuation of post population.

Task: Direct and Control Distribution of Supplies and Equipment

Evaluated Component: Forward Command Post Staff, Staging Area, and Installation Facilities

Expected Outcomes: Sufficient equipment, vehicles, and supplies are available to control and mitigate the release and to perform related support tasks.

Steps:

1. Dedicate available supplies, equipment, and vehicles to support release control and mitigation operations at the accident site.
2. Test, inspect, and repackage supplies and equipment for issue to response teams.
3. Issue supplies to responders on demand.
4. Track supply and equipment usage rates to forecast rates of issue and accurately account for costs associated with the response. Factor contamination losses for durable and nonexpendable supplies and equipment used at the accident site when compiling usage rates. Report high supply and equipment issue rates to the EOC logistical staff.
5. Have equipment and vehicles identified for release control and mitigation operations prepared for use by motor pool or facility engineer personnel.

References:

1. DA PAM 50-6, paragraphs 3-5, 9-2, 9-3 and 9-4.

Task: Request and Coordinate Additional Response Support

Evaluated Component: Emergency Operations Center Staff

Expected Outcomes: Sufficient personnel, equipment, and supplies are available to contain and mitigate the hazard and to perform related support tasks.

Steps:

1. Solicit information about usage rates for supplies and equipment from the FCP and EOC.
2. Compare inventory of available supplies and equipment with known and projected requirements to support containment and mitigation operations. Identify shortfalls and priorities. Determine the most expedient sources for obtaining needed supplies and equipment.
3. Request all or part of the CAIRA Push Package or other DoD support packages as a primary source for supplies and equipment.
4. Solicit information about the need for additional trained responders (augmentees to the IRF) above those available from installation resources. Determine shortfalls and priorities. Determine the most expedient sources for obtaining IRF augmentees.
5. Obtain IRF augmentees and emergency supplies and equipment from support installations, by direct coordination with other military installations, or through requests to the higher headquarters Operations Center.
6. Arrange for the receipt and internal distribution of supplies and equipment to sustain response operations.
7. Arrange for the arrival, transportation, messing, and lodging of IRF augmentees. Assign augmentees to tasks and shifts.

References:

1. DA PAM 50-6, paragraphs 3-5, 9-2, 9-3 and 9-4.
2. U.S. Army Materiel Command Chemical Service Response Force Plan.

Task: Make On-Post Reentry Decisions

Evaluated Component: Emergency Operations Center Staff

Expected Outcomes: Evacuated or relocated workers are permitted to reenter on-post areas that do not present a chemical agent hazard in order to support mitigation activities with all available installation capabilities.

Steps:

1. Hazard analysts determine which on-post areas and facilities are actually at risk from the effects of the chemical accident (the “ground truth” hazard area).
2. Hazard analysts make recommendations to the IRFC or designated representative to allow reentry into on-post areas and facilities that were evacuated using earlier, more conservative assessments of the hazard.
3. IRFC or designated official decides when and how to permit reentry into these safe areas and facilities.
4. EOC staff issue directions to allow prompt reentry into these safe areas and facilities.

References:

1. DA PAM 50-6, paragraphs 3-4, 3-5, 11-2, 11-3, and 11-4.

Task: Notify the Next-of-Kin

Evaluated Component: Emergency Operations Center Staff

Expected Outcomes: The next-of-kin of fatalities or ill, injured, and exposed persons are promptly notified and their immediate needs are supported. Information about the victims or their next-of-kin are not reported or released unless authorized.

Steps:

1. EOC staff determines if the victims are installation employees or residents, contractors, or visitors.
2. If the victims are installation employees or residents, EOC staff determines the identities of the next-of-kin from official personnel or housing records.
3. EOC staff collects all information needed to contact the next-of-kin.
4. IRF Commander's representative (senior supervisor or human resource specialist who is trained in next-of kin notification) contacts the next-of-kin and provides them with essential information about the victims, following established Army protocols.
5. For military personnel, follow established DA protocols for next-of-kin notifications.
6. The victim's employer or sponsor in accordance with their established procedures or protocols makes notifications of the next-of-kin of contractors or visitors. The EOC staff tracks contractor and visitor next-of-kin notifications to ensure the notification has been accomplished and to ascertain any special circumstances to which the installation needs to respond.
7. Limitations on releasing the identity of the victims and/or the next-of-kin both prior to and following the notification are followed.

References:

1. DA PAM 50-6, paragraphs 3-5, 6-4 and 9-3.

Task: Alert and Mobilize EOC Staff

Evaluated Component: Emergency Operations Center Staff

Expected Outcomes: The EOC is staffed with personnel to manage the jurisdiction's response.

Steps:

1. Based on CENL and PAD, the EMD or designee determines whether partial or full EOC staffing is necessary.
2. Determine if plume direction restricts EOC staff routes to the EOC.
3. Recall required EOC staff using appropriate procedures and advise of route restrictions, if any.
4. EOC staff safely proceeds to the EOC.

References:

1. CSEPP Planning Guidance, Appendix A, A-5; Appendix C-20, 23; Appendix F.
2. SLG 101, Section 6-E.6, 8.2.

Task: Activate and Operate the EOC

Evaluated Component: Emergency Operations Center Staff

Expected Outcomes: The EOC achieves its full operational status quickly and maintains this level of effort for the duration of the response.

Steps:

1. Upgrade facility from current to emergency status.
2. Follow procedures for removing equipment from storage locations; assure equipment, is operating properly; prepare facility for emergency use; review plans and procedures appropriate for the accident.
3. Concurrently with EOC activation or expansion, confirm that EOC communications systems (primary, backup, and alternate) are operational. Maintain an uninterrupted capability for the duration of the response. Immediately correct communication system malfunctions.
4. Brief EOC staff on the status of the accident and current response activities upon their arrival and at regular intervals thereafter.
5. Provide command, control, coordination, and leadership of emergency response activities.
6. Establish and maintain EOC security throughout the response.
7. Promptly post information about events and decisions in the EOC. The information is archived for subsequent analysis, investigation, and preparation of official reports.
8. Plan for uninterrupted 24-hour operations to include publication of schedules that cover all shifts with adequate staff.
9. Maintain continuous EOC operations during rest, meal breaks, and shift changes. Conduct shift transition briefings in accordance with plans and procedures.

References:

1. CSEPP Planning Guidance, Appendix A, A-5, Sec. 8.2.
2. SLG 101, Sections. 6-E.6, 8.2, 8.2.1 (2-6, 2-7.2-12), A.10.a, A.10.b, A-10.j (1), N.2.2.3.

Task: Support Protective Action Decision Making

Evaluated Component: Emergency Operations Center Staff

Expected Outcomes: Protective action decisions appropriate for the risk presented to the jurisdiction's population.

Steps:

1. Staff analysts review initial and subsequent hazard analysis information and PAR(s) received from the installation.
2. Staff considers installation PAD and significant factors that would cause the jurisdiction to take protective actions other than those recommended by the installation.
3. Staff recommends to the senior elected official (or designated representative) protective actions for the general and special populations-at-risk. If criteria are matched, the PAD is made using the predetermined PAR/PAD agreement, according to local plans and procedures. If factors do not match, the senior elected official or designated representative makes the PAD.
4. PAD is announced to the EOC for implementation.
5. If sheltering in place was selected as a PAD, staff consults with installation hazard analysts to determine the appropriate time for the population to vacate shelters.
6. Using updated hazard analysis information and PARs received from the installation and following the steps above, the staff makes subsequent protective action recommendations to the senior elected official or designated representative. If the previous PAD included shelter-in-place for all or selected emergency planning zones or sub-zones, the revised PAR includes the ventilation or exit from shelters promptly following passage of vapor plumes.
7. Subsequent PADs are made by the senior elected official (or designated representative) and announced to the EOC for implementation. Updated PADs from shelter-in-place to evacuation includes information about safe evacuation routes.
8. The EMD or designee adjusts or cancels the PAD, as appropriate, after being presented with and considering new hazard analyses.

References:

- A. CSEPP Planning Guidance, Sections 7.0, 8.5, 8.6, and 8.7.
- B. DA Pam 50-6.
- C. MOAs/MOUs regarding Protective Action Decision Making.

Task: Direct and Control Activation of Traffic and Access Control Points

Evaluated Component: Emergency Operations Center Staff

Expected Outcomes: Traffic control points are in place in time to support the evacuation order and facilitate an orderly evacuation; access to the predicted hazard area is prevented.

Steps:

1. Review selected evacuation routes. Identify situations (e.g., toll booths, railroad crossings), traffic lane reductions, and barriers (e.g., vehicle accidents, fog, heavy rain, highway maintenance) that could cause traffic queues to form. Modify the evacuation routes to mitigate the effects of these conditions.
2. Select predetermined or identify *ad hoc* traffic control points that support the selected evacuation routes. Identify locations for access control points that will prevent unauthorized people from entering the predicted hazard area. Determine which locations are to be staffed or barricaded (not staffed).
3. Dispatch traffic and access control crews (e.g., police, fire, public works) with appropriate vehicles, equipment, and materials to specified control points.
4. Change traffic lights at locations to facilitate traffic movement.
5. Dispatch highway department crews to clear evacuation routes of snow or debris as required.
6. Dispatch tow trucks to locations for handling disabled vehicles and dispensing emergency gasoline supplies.
7. Brief TCP crews on modifications to evacuation routes. Provide all evacuation support crews with appropriate maps, diagrams, and implementing instructions.
8. Contact appropriate government organizations or businesses to block access to the predicted hazard area by rail, water, and air traffic.
9. Coordinate traffic and access control activities with the installation and adjacent jurisdictions. Notify the installation EOC and adjacent jurisdictions when TCPs/ACPs have been established or moved.
10. Direct the repositioning of traffic or access control points and/or mobilizing additional resources as changes in conditions occur.
11. Review rosters to assure continuous, 24-hour operations, and assign traffic and access control personnel to tasks and shifts where they are most needed. Provide a transition or situation briefing to later shift personnel before they begin work.

References:

1. CSEPP Planning Guidance, Sections 8.8, 8.8.1, Appendix G.
2. CSEPP Capability Assessment for Readiness (CAR) 5.9.9, 5.9.10.

Task: Direct and Control Protective Actions for Schools and Day Care

Evaluated Component: Emergency Operations Center Staff

Expected Outcomes: All school and day care students and staff are sheltered in place or are promptly and safely evacuated to host schools, day care facilities, or reception centers; parents are notified when and where to reunite with their children.

Steps:

1. Identify at-risk schools and day care centers.
2. Contact at-risk schools and day care centers and inform them of the protective action to be implemented for their specific situation. Obtain information about any assistance they may need.
3. Compile resource requests and contact resource providers to obtain needed support.
4. Stage transportation assets. Brief drivers on the hazard area, routes to follow, emergency procedures, pick-up points, and final destinations.
5. Coordinate with traffic control personnel to expedite movement of transportation assets to and from schools and day care centers.
6. EOC and/or school staffs notify host schools, day care facilities, or reception centers to prepare to receive school and day care center evacuees.
7. If schools and day care centers were directed to shelter in place, provide appropriate assistance for implementing sheltering measures.
8. Promptly communicate changes in directed protective actions (e.g., from shelter in place to evacuation) to the affected schools. Repeat previous steps, as appropriate, to support the change in protective action.
9. Provide parents and guardians with information regarding protective actions taken at individual schools and day care centers, the location of host schools and day care facilities, and procedures for reuniting with their children.

References:

1. CSEPP Planning Guidance (CPG), Sections 8.9, 8.9.1, Appendix J.12-J.14.
2. SLG 101-Guide for All-Hazard Emergency Operations Plan (9/96), Attachment E, p. 5-E-1.
3. CSEPP Capability Assessment for Readiness (CAR) 5.10.4, 539.1-2.

Task: Direct and Control the Protection of Special Populations

Evaluated Component: Emergency Operations Center Staff

Expected Outcomes: All special populations are sheltered in place or are promptly and safely evacuated to host facilities or reception centers.

Steps:

1. Identify at-risk special populations and facilities.
2. Contact at-risk special populations and facilities and inform them of the protective action to be implemented for their specific situation. Obtain information about any assistance they may need.
3. Compile resource requests and contact resource providers to obtain needed support.
4. Stage transportation assets. Brief drivers on the hazard area, routes to follow, emergency procedures, pick-up points, and final destinations.
5. Coordinate with traffic control personnel to expedite movement of transportation assets to and from special population pick-up routes and special facilities.
6. Inform transportation-dependent populations how to obtain transportation out of the hazard area.
7. EOC notifies host facilities or reception centers to prepare to receive special population evacuees.
8. If special populations or facilities were directed to shelter in place, provide appropriate assistance for implementing sheltering measures.
9. Promptly communicate changes in directed protective actions (e.g., from shelter in place to evacuation) to the affected special populations and facilities. Repeat previous steps, as appropriate, to support the change in protective action.
10. Provide the public-at-large with information regarding protective actions taken by special populations and facilities, the location of host facilities or reception centers where the special populations have been evacuated, and procedures for reuniting with their family members who may be part of an affected special population.

References:

1. CSEPP Planning Guidance (CPG), Sections 8.9. 8.9.1, Appendix J.12-J.14.
2. SLG, Attachment E, p. 5-E-1.
3. CSEPP Capability Assessment for Readiness (CAR) 5.10.4.

Task: Provide Support to the Storage Installation

Evaluated Component: Emergency Operations Center Staff

Expected Outcomes: Installation populations are safely evacuated to reception centers and shelters; additional Army response resources are routed to the installation without delay.

Steps:

1. In response to installation requests and coordination, establish or modify traffic control points to facilitate transport of patients and installation evacuees.
2. Provide evacuee information to reception center and shelter locations.
3. In response to requests, provide support (security, traffic control) to facilitate expeditious movement of emergency supplies and equipment to the installation.
4. In response to requests, facilitate movement of Army response augmentees from arrival sites to the installation.

References:

1. Local EOP.
2. CAIRA Plan.
3. Local MOA/MOU(s).

Task: Request Supplementary Assistance

Evaluated Component: Emergency Operations Center Staff

Expected Outcomes: Local and state declarations of emergency are prepared, signed, and transmitted to higher authorities.

Steps:

1. EOC staff identifies any shortfalls in personnel, emergency supplies, equipment, or other resources that affects its ability to respond to the emergency.
2. Appropriate emergency management officials determine that effective response is beyond local capability and additional assistance is necessary.
3. Prepare and sign local declaration of emergency.
4. The Declaration is forwarded to the Governor's office or other appropriate agency.
5. At the state level, the Governor makes a determination that the emergency situation is of such severity and magnitude that federal assistance is necessary.
6. Prepare the state declaration of emergency describing the state and local efforts and resources that have been or will be used to alleviate the emergency and defining the type and extent of federal aid required.
7. The Governor signs the Declaration and forwards it to appropriate federal authorities.

References:

1. State Comprehensive Emergency Management Plan (CEMP).
2. CSEPP Capability Assessment for Readiness (CAR) 5.8, 6.2,6.3.
3. Local EOP.
4. MOA/MOU(s).

Task: Track the Location and Status of Patients

Evaluated Component: Emergency Operations Center Staff, Medical Treatment Facility

Expected Outcomes: The emergency services coordinator or senior elected official is satisfied that patients' medical needs are addressed.

Steps:

1. EOC staff receives initial and follow-up reports from the field or medical treatment facility about ill, injured, or exposed persons.
2. Patient information is posted to status boards and the emergency services coordinator or senior elected official is briefed.
3. EOC staff identifies delays in patient care and passes this information immediately to the emergency services coordinator or senior elected official for consideration and possible action.
4. EOC staff coordinates with the installation EOC staff and exchanges information regarding the status and location of both installation and community patients.

References:

1. CSEPP Planning Guidance 8.11, 8.11.1.
2. CSEPP Planning Guidance Appendix I (1-8).
3. SLG 101 Chapter 5, Attachment G (5-G-1 – 5-G-15).
4. SLG 101 Chapter 6, Attachment C (6-C-12).

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Outcome 4: CAI Hazard Mitigation

This outcome, conducted exclusively on post, includes all response tasks at the accident scene to contain the source and limit the magnitude of the hazard's impact. It includes all tasks at the accident scene except for those specifically associated with the *Victim Care* outcome.

OUTCOME EVALUATION MAP

INSTALLATION		STATE/COUNTY	
Field	EOC	Field	EOC
A.4.1.F Make Immediate Informal Accident Reports			
A.4.2.F Secure the Accident Scene			
A.4.3.F Account for Personnel at and around the Accident Site			
A.4.5.F Preserve the Accident Scene	A.4.4.E Direct and Coordinate Accident Scene Preservation		
A.4.6.F Establish and Provide Direction and Control at the Accident Scene			
A.4.7.F Stage Response Teams			
A.4.8.F Conduct Firefighting Operations at the Accident Scene			
A.4.9.F Conduct Release Control Operations			
A.4.10.F Mitigate the Effects of the Agent Release			

Task: Make Immediate Informal Accident Reports

Evaluated Component: Work Teams, Security Forces, or Facility Personnel

Expected Outcomes: Prompt and accurate (as possible) immediate informal report(s) from the accident scene.

Steps:

1. Witnesses quickly obtain information that describes the accident:
 - a. Accident location
 - b. Time of the accident
 - c. Number of injuries
 - d. Description and nature of the accident scene (type of release)
 - e. Agent and/or munitions involvement
 - f. Name of person reporting the accident
2. Witnesses communicate the information available to them to the appropriate operations center.

References:

1. DA PAM 50-6, paragraph 3-4, and 3-5.
2. Installation reporting procedures (SOPs or administrative procedures).

Task: Secure the Accident Scene

Evaluated Component: Security Forces

Expected Outcomes: The security cordon is established and enforced.

Steps:

1. Security guards don respiratory protection and acknowledge alarm.
2. Security guards survey area of responsibility, then identify personnel other than first responders and direct them to assembly points outside the chemical limited area.
3. Security guards assist the relocation of workers, contractors, and visitors to ensure the security of the area.
4. FCPO or senior responder identifies the boundaries of the predicted hazard area (wedge).
5. Security guards set up a security cordon around the predicted hazard area (wedge).
6. Supervisors ensure no guards are positioned inside the predicted hazard area (wedge) unless they are dressed in appropriate PPE.
7. Security guards set up and operate an emergency access control point (ACP) for all responders entering the security cordon.
8. Security guards maintain accountability of all responders within the security cordon.
9. Security supervisor reports the status of security operations at regular intervals to the FCP and EOC staff.
10. Security guards relocate promptly if circumstances warrant change of the size or shape of the security cordon.

References:

1. DA PAM 50-6, paragraphs 3-5, 5-2, 5-3, 5-4, and 13-2.
2. Installation Physical Security Plan.
3. Installation Guard Orders.

Task: Account for Personnel at and around the Accident Site

Evaluated Component: Security Forces, Work Crew

Expected Outcomes: The post population working in and around the CLA is accounted for and evacuated safely.

Steps:

1. Security supervisor instructs security forces at the CLA to don respiratory protection and relocate to positions outside of the predicted hazard area (wedge).
2. Security supervisor activates backup alert and notification systems at the CLA.
3. Security guards establish an access control point for all personnel working under emergency security procedures within the CLA. Other persons working outside of the CLA proceed directly to evacuation assembly points or routes.
4. Security guards direct non-essential persons out of the security cordon and predicted hazard area (wedge) and account for their departure.
5. Security guards take immediate action to treat and arrange transport for known or potential agent exposure victims.
6. Security supervisor reports the status of accountability operations at regular intervals to the FCP and EOC staff.

References:

1. DA PAM 50-6, paragraphs 2-10, 3-5, and 5-4.

Task: Direct and Coordinate Accident Scene Preservation

Evaluated Component: Emergency Operations Center Staff

Expected Outcomes: Conditions at the accident scene are recorded; records that document the decisions and operations associated with the response are secured and preserved.

Steps:

1. Security officer, legal officer, safety officer, and environmental officer provide advice and recommendations to the IRFC and FCPO regarding what physical conditions to document and preserve at the accident scene.
2. EOC staff, FCPO, and FCP staff consider accident scene preservation recommendations directing and controlling containment and mitigation operations at the accident site.
3. EOC and FCP staffs arrange for conditions at the accident site to be documented as thoroughly as the situation allows throughout the response. Options include, but are not limited to, eyewitness statements or sketches, photographs, audio recordings, and video recordings.
4. EOC and FCP staff ensure all handwritten notes, duty logs, other documents, electronic records, records of decisions, and the like are collected and archived for a permanent record of the response for subsequent analysis, investigation, and official reports.

References:

1. DA PAM 50-6, paragraph 3-5 and Appendix B.

Task: Preserve the Accident Scene

Evaluated Component: Forward Command Post Officer, Work Teams

Expected Outcomes: Records that document the decisions and operations associated with the response are secured and preserved.

Steps:

1. Responders, to the greatest extent possible, avoid disturbing equipment, materials, and conditions at the site other than what is required to rescue victims, secure chemical material, contain the release, and decontamination.
2. Responders document conditions at the accident site as thoroughly as the situation allows throughout the response (sketches, photographs, and audio or video recordings).
3. Responders document their decisions and response activities in a permanent record as soon as possible after leaving the site.
4. The FCPO documents all decisions and response operations in a permanent record for subsequent analysis, investigation, and official reports..

References:

1. DA PAM 50-6, paragraph 3-5 and Appendix B.

Task: Establish and Provide Direction and Control at the Accident Scene

Evaluated Component: Forward Command Post Officer and Staff

Expected Outcomes: Activities of responders are properly coordinated to ensure maximum efficiency of response operations.

Steps:

1. The senior responder (e.g., fire chief, senior firefighter, safety officer) first to arrive at the accident scene establishes accident site control by:
 - a. Defining the initial predicted hazard area (wedge) and contamination control areas (hot and warm zones, clean area)
 - b. Selecting the initial FCP
 - c. Selecting the staging area
 - d. Making initial assessments and response assignments
 - e. Organizing and directing response elements
 - f. Making initial SITREPs to the EOC
 - g. Providing a situation brief to the FCPO
2. Upon arrival, the FCPO assumes direction and control of response operations.
3. Set-up the FCP.
4. FCPO and staff:
 - a. Ensure safety procedures are established and followed.
 - b. Direct response operations to bring the accident scene under control.
 - c. Identify locations for personnel and equipment decontamination sites.
 - d. Develop action plans and alternate plans.
 - e. Coordinate the actions of response elements.
 - f. Obtain and direct issue of equipment, personnel, and supplies.
 - g. Adjust the initial predicted hazard area (wedge) and contamination control area.

References:

1. DA PAM 50-6, paragraphs 3-5, 5-4, 7-3, 13-2, and 13-5,

Task: Stage Response Teams

Evaluated Component: Forward Command Post Officer and Staff

Expected Outcomes: Emergency responders are properly prepared and ready for deployment.

Steps:

1. Security forces, fire and rescue teams, medical personnel, chemical workers, EOD technicians, and other emergency responders deploy promptly.
2. Perform pre-operation checks and prepare PPE, vehicles, and equipment.
3. FCP staff or immediate supervisors brief emergency responders on the status of response operations, provide safety directives, and give mission directives.
4. Adjust responder readiness postures as response operations evolve. Relocate responders to different staging areas or have them partially don PPE.

References:

1. DA PAM 50-6, paragraphs 3-5 and 5-4.
2. DA PAM 385-61, paragraph 4-2.

Task: Conduct Firefighting Operations at the Accident Scene

Evaluated Component: Installation Fire Department

Expected Outcomes: Fires at the accident scene are fought safely. Additional equipment and manpower is available for response operations.

Steps:

1. Deploy firefighters and firefighting equipment to the accident scene to suppress or extinguish fires and provide support to response operations.
2. The senior firefighter present directs all firefighting activities. If the FCPO is not present, assume direction and control for all response operations.
3. Firefighters don appropriate PPE prior to entering the contamination control area.
4. Fires at the accident scene are extinguished or suppressed using good firefighting practice. Care is taken to avoid causing unnecessary migration of released agent. Fires involving explosives are not fought.
5. If there is no fire, direct firefighters to the designated staging area to wait for response support assignments.
6. Begin vapor suppression activities when directed by the FCPO or the senior firefighter present.
7. Inform the FCP and/or EOC of the status of firefighting operations.
8. Process firefighters and firefighting equipment through the contamination reduction area (CRA) and personnel decontamination station (PDS) after completing operations in the hot zone.

References:

1. DA PAM 50-6, paragraph 3-5.

Task: Conduct Release Control Operations

Evaluated Component: Response Work Teams

Expected Outcomes: The migration of the agent release is limited to the smallest possible area. The release is terminated at its source.

Steps:

1. FCP staff and work party leaders assess the situation and develop a plan and alternate plans for confining, collecting, and containing the release.
2. FCPO and/or IRFC approve work plans prior to beginning release control operations.
3. Work parties don appropriate PPE before proceeding to the release location to begin release control operations.
4. Work parties confine agent spills by building a dike, diversion, and/or inlet blocking.
5. Work parties suppress vapor releases by using firefighting foam, hazardous materials foam, or other vapor barrier materials. Reapply foam as appropriate until the release stops vaporizing or the source is contained.
6. Apply absorbents and/or decontaminants to absorb and neutralize agent spills.
7. If the leak or spill is in a storage structure, close the door and install a filter unit on the rear vent.
8. Terminate the release by plugging, patching, sealing, or covering the container/munitions.
9. If munitions are damaged or exposed to impact or fire, EOD technicians render the munitions safe before they are handled or packaged. The IRFC approves alternate techniques if EOD technicians cannot safely move or render the munitions safe using standard procedures.
10. Over-pack the container/munitions.
11. Report release control operations to the FCP and/or EOC. Request additional personnel or equipment from the FCP and/or EOC, as needed.
12. Process personnel and equipment through the CRA and PDS.

References:

1. DA PAM 50-6, paragraphs 3-5, 13-2, and 13-3.

Task: Mitigate the Effects of the Agent Release

Evaluated Component: Forward Command Post Officer and staff, Response Work Teams

Expected Outcomes: Contaminated materials are safely contained and disposed of in a safe and legal manner.

Steps:

1. Work party leaders and FCP staff assess the situation and develop plans for mitigating the effects of the release.
2. FCPO and/or IRFC approve work plans prior to beginning mitigation operations.
3. Work parties don appropriate PPE before proceeding to the release location to begin release control operations.
4. Work parties absorb, neutralize, or collect residual liquid agent and aerosol deposition.
5. Chemical workers collect and package contaminated equipment, decontamination byproducts, materials, and soil. Items are processed through the CRA for appropriate disposal.
6. If the release occurred in a storage structure, the structure is thoroughly decontaminated.
7. Monitor clean areas within the contamination control line and sample for agent residue and hazardous decontamination by-products. Continue mitigation efforts until cleanliness standards have been met.
8. Record and archive monitoring and sampling results for response records.
9. Report mitigation operations to the FCP and/or EOC. Request additional personnel or equipment from the FCP and/or EOC, as needed.
10. Personnel and equipment process through the CRA and appropriate decontamination stations (PDS or EDS).

References:

1. DA PAM 50-6, paragraphs 3-5, 5-1, 5-2, 5-3, 5-4, 7-3, 9-2, 9-3, 9-4, 13-5, and Appendix G.

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Outcome 5: Protection

This outcome includes all activities related to assuring protection of on- and off-post general and special populations through making appropriate PADs, using sirens and other warning methods, disseminating warning messages, providing access control and security, and providing screening and decontamination.

OUTCOME EVALUATION MAP

INSTALLATION		STATE/COUNTY	
Field	EOC	Field	EOC
	A.5.1.E Recommend CENLs, PARs, and PADs		C.5.1.E Make Protective Action Decisions
	A.5.2.E Determine On-Post PAD		C.5.2.E Activate Primary Indoor and Outdoor Warning Systems
	A.5.3.E Activate On-Post Indoor and Outdoor Warning Systems		C.5.3.E Activate Alternative or Supplementary Warning Methods
A.5.4.E/F Control On-Post Population Movement, Exit, and Entry		C.5.5.F Conduct Route Alerting	C.5.4.E Select or Prepare Protective Action Messages
A.5.5.F Assemble, Screen, and Account for the On-Post Population		C.5.6.E/F Disseminate Protective Action Messages	
A.5.6.E/F Provide Transportation to Evacuate the Post Population		C.5.7.F Activate Traffic and Access Control Points	
A.5.7.F Set Up and Operate the Personnel Decontamination Station		C.5.8.F Implement Protective Actions for Schools and Day Care	
A.5.8.F Set Up and Operate the Equipment Decontamination Station		C.5.9.F Implement Protection of Special Populations	
		C.5.11.F Operate Reception Centers	C.5.10.E Direct and Control Reception Center Operations
	A.5.9.E Arrange for and Provide Counseling and Religious Support		
	A.5.10.E Arrange for and Provide Army Claims Services	C.5.13.F Operate Shelters	C.5.12.E Direct and Control Shelter Operations
	A.5.11.E Arrange for and Provide Veterinary Services		

Task: Recommend CENLs, PARs, and PADs

Evaluated Component: Emergency Operations Center Staff

Expected Outcomes: Accurate recommendations for the CENL and optimum PARs and PADs are provided to the IRFC or designated representative. Recommendations to adjust or cancel CENLs, PARs, and PADs are made as conditions warrant.

Steps:

1. Hazard analysts review the hazard prediction system outputs and select the appropriate CENL.
2. Hazard analysts recommend the PAR for off-post and present that to the IRFC or designated representative.
3. Hazard analysts recommend the PAD for on-post and present that to the IRFC or designated representative.
4. Hazard analysts repeat the above steps when new information is modeled, thus proposing the adjustment or cancellation of CENLs, PARs, and PADs when appropriate. Use currently available models and other tools to analyze shelter-in-place exit strategies. This includes the ventilation or exit from shelters during or promptly following passage of vapor plumes.

References:

1. DA PAM 50-6, paragraphs 3-4, 3-5, 11-2, 11-3, and 11-4.

Task: Determine On-Post PAD

Evaluated Component: Emergency Operations Center Staff, IRFC

Expected Outcomes: The IRF Commander (IRFC) or designated representative decides the optimum PAD for on-post and announces the decision for implementation.

Steps:

1. IRFC or designated representative reviews the hazard analysis results and PARs and confirms that they are consistent with the information about the event and current meteorology.
2. IRFC or designated representative considers consequence management scenarios to determine their influence on the PAD for the post population.
3. The IRFC or designated representative decides the on-post PAD.
4. The IRFC declares the on-post PAD.
5. The IRFC or designated representative confirms that orders implementing the PAD are consistent with the decision.
6. The IRFC or designated representative adjusts or cancels the PAD as appropriate after considering new hazard analyses.

References:

1. DA PAM 50-6, paragraphs 3-4 and 3-5.

Task: Activate On-Post Indoor and Outdoor Warning Systems

Evaluated Component: Emergency Operations Center Staff

Expected Outcomes: All persons initially in the predicted hazard area (wedge) are instructed on protective actions appropriate for their specific location within eight minutes of the PAD.

Steps:

1. Prepare warning message to be broadcast over indoor or outdoor warning systems. If a location other than the EOC activates the warning systems, ensure that the staff knows the correct warning messages to be broadcast.
2. Activate indoor and outdoor systems with sufficient lead time so that initial warning is completed within eight minutes of the PAD being determined.
3. Activate auxiliary warning systems and devices. If a location other than the EOC activates auxiliary warning systems and devices, ensure that they know the correct warning messages to be broadcast.
4. Confirm that the warning systems have functioned and have broadcast the correct warning messages in all affected sectors or zones. Immediately notify the IRF Commander of any failure of primary warning systems or devices.
5. Immediately activate backup warning systems to cover any zone or sector where warning system or devices failed. Backup systems include route alerting by security forces and radio and telephonic notification to selected facilities. Notification messages on backup systems and devices will be specific to the sectors or zones affected.
6. EOC staff reactivates primary on-post indoor and outdoor warning systems with appropriate notification messages at least every 12 minutes for the first hour and every 20 minutes thereafter, as long as there is danger in the affected areas, unless directed otherwise by the IRFC. (NOTE: Indoor timing is conducted in accordance with the installation CAIRA Plan or SOP.)

References:

1. DA PAM 50-6, paragraphs 3-4 and 3-5.
2. CAIRA Plan and SOPs.
3. Installation MOAs/MOUs.

Task: Control On-Post Population Movement, Exit, and Entry

Evaluated Component: Emergency Operations Center Staff, Security Forces

Expected Outcomes: Staffed TCPs and unstaffed barricades are in place in time to expedite prompt and orderly evacuation. Access to hazardous areas is prevented. At-risk post population is evacuated safely.

Steps:

1. Identify proper TCPs based on plume and evacuation routes.
2. Deploy to TCPs as instructed.
3. Don PPE, if needed. Set up TCPs or barricades promptly at the proper locations and with the proper configurations.
4. Make communications checks and report operational status to the EOC.
5. Instruct evacuees and expedite their movement to safe locations. Give priority to emergency vehicles.
6. Report, treat, and arrange transport for known or potential agent exposure victims.
7. Prohibit unauthorized entry into safety zones and expedite authorized responder access to the accident site.
8. Relocate the TCPs as directed by supervisors.
9. Control reentry into evacuated areas.

References:

1. DA PAM 50-6, paragraphs 3-5 and 5-4.
2. Installation Guard Orders.

Task: Assemble, Screen, and Account for the On-Post Population

Evaluated Component: On-Post Office, Work Area, and Facility Supervisors

Expected Outcomes: The on-post population is accounted for and screened for agent exposure; the on-post population is ready to evacuate when directed.

Steps:

1. Activate local area alarms to complement the A&N systems.
2. Open assembly points in their facility or area of responsibility.
3. Account for all personnel by name and category (i.e., employee, visitor, contractor, or resident).
4. Identify and attempt to locate and warn unaccounted-for persons.
5. Report the status of personnel in their facility or area to the EOC.
6. Screen personnel for potential for agent exposure, based on their location when the release occurred, their travel route to the assembly point, and presenting symptoms of exposure.
7. Treat and arrange transport for known or potential agent exposure victims.
8. Oversee SIP procedures.
9. Direct unaffected personnel to appropriate safe locations via approved evacuation routes.

References:

1. DA PAM 50-6, paragraph 3-5.
2. MOAs/MOUs with off-post jurisdictions regarding evacuation of post population.

Task: Provide Transportation to Evacuate the Post Population

Evaluated Component: Emergency Operations Center Staff, Transportation Staff

Expected Outcomes: Sufficient transport vehicles and drivers are available where and when needed to evacuate all or part of the post population to a safe location.

Steps:

1. Activate the evacuation transportation plan.
2. Determine the number of transportation-dependent people.
3. Determine availability of transportation/motor pool assets (vehicles and drivers) for evacuation support. If additional support is required, obtain contract or other support.
4. Coordinate with local jurisdictions for safe evacuation routes and reception center or shelter locations.
5. Direct supplemental transportation assets to pre-designated or *ad hoc* assembly points, identifying safe travel routes.
6. Drivers ensure that vehicles are in serviceable condition and have adequate fuel to support the mission prior to leaving for assembly points. Configure vehicles to accommodate special populations.
7. Form evacuation convoys at the assembly points. Brief drivers and provide maps and communications equipment. Conduct a communications check.
8. Load vehicles, accounting for all passengers by a vehicle manifest or some other positive means.
9. Inform local jurisdictions when the evacuation has started.
10. Receive reports when evacuees have arrived at designated reception centers or shelters.

References:

1. DA PAM 50-6, paragraphs 3-4 and 3-5.
2. MOAs/MOUs or contracts to provide evacuation transport vehicles and drivers.

Task: Set Up and Operate the Personnel Decontamination Station

Evaluated Component: Decontamination Team

Expected Outcomes: Contaminated protective clothing is prevented from leaving the accident scene. Personnel in the clean area are protected from contamination.

Steps:

1. Select a location for the PDS within the contamination reduction area (CRA) that is large enough for efficient operations, is separate from equipment decontamination operations, has direct approaches from both the accident site and the staging area, and is between the hot line and contamination control line.
2. Set up the PDS IAW guidance from the FCP.
3. Confirm that sufficient personnel, materials, and supplies are available to assist responders exiting from the accident site and to sustain personnel decontamination operations for the duration of the response.
4. Operate the PDS IAW SOPs.
5. Record the name, time, and method of decontamination, post-decontamination monitoring results, and monitoring instrument used for all persons processed through the PDS.
6. Once through the PDS, exiting responders report to the staging area for rest, re-equipping, and subsequent assignment to duty.
7. Report PDS operations to the FCP and/or EOC. Request additional personnel or equipment from the FCP and/or EOC as needed.

References:

1. DA PAM 50-6, paragraphs 3-5, 13-2 and 13-3.

Task: Set Up and Operate the Equipment Decontamination Station

Evaluated Component: Decontamination Team

Expected Outcomes: Tools and equipment used inside the contamination control line are prevented from leaving the accident site until decontamination is assured.

Steps:

1. Select a location for the EDS within the contamination reduction area (CRA) that is large enough for efficient operations, is separate from personnel decontamination operations, has direct approaches from both the accident site and the staging area, and is between the hot line and contamination control line.
2. Set up the EDS IAW guidance from the FCP.
3. Confirm that sufficient personnel, materials, and supplies are available to process equipment and materials from the accident site and to sustain equipment decontamination operations for the duration of the response.
4. Operate the EDS IAW SOPs.
5. Record a unique identifier for each item of equipment or container of material, the time and method of decontamination, post-decontamination monitoring results, and monitoring instrument used for all items processed through the EDS. Permanently mark these items with their decontamination status.
6. Report EDS operations to the FCP and/or EOC. Request additional personnel or equipment from the FCP and/or EOC as needed.

References:

1. DA PAM 50-6, paragraphs 3-5, 5-1, 5-2, 5-3, 5-4, 7-3, 9-2, 9-3, 9-4, and 13-5.

Task: Arrange for and Provide Counseling and Religious Support

Evaluated Component: Emergency Operations Center Staff

Expected Outcomes: Army employees and post residents are provided with support, advice, assistance, consolation, encouragement, and spiritual support as needed for the duration of the response to the chemical event.

Steps:

1. Determine the need for clergy or counselor support from local community-based programs, the support installation(s), or AMC.
2. Provide counseling and religious support to the on-post population. Integrate this support with that provided by state and local governments for the off-post population.
3. Request counseling and religious support staff augmentation from the support installation(s) or the AMC Chaplain Crisis Response Team.
4. Provide the support installation(s) and the AMC Chaplain Crisis Response Team with information about the affected population.
5. Coordinate the arrival of and arrange logistic support for counseling and religious support staff augmenters.
6. Assign counseling and religious support staff augmentees to tasks and shifts where they are most needed, consistent with their capabilities.
7. Provide a transition or situation brief to the augmenters.
8. Provide counseling and religious support to Army employees and post residents.
9. Keep the IRFC informed of counseling and religious support activities and any problems that require extraordinary action or intervention.

References:

1. DA PAM 50-6, paragraph 3-5.

Task: Arrange for and Provide Army Claims Services

Evaluated Component: Emergency Operations Center Staff

Expected Outcomes: Army claims services personnel operate from a location that is suitable for their activities and treat claimants with empathetic consideration for their circumstances, regardless of the apparent legitimacy of their claims.

Steps:

1. Determine the CAI's potential to cause claims to be generated against the Army.
2. Request the deployment of Army claims service support from the supporting installation(s) or from the Army claims service according to established regulations, procedures, or MOAs. Provide sufficient information about the CAI to ensure an appropriate response. This request might be incorporated in a request for the SRF.
3. Coordinate the arrival of and logistical support for Army claims services augmentees with higher headquarters and off-post authorities.
4. Assign Army claims services augmenters to tasks and shifts.
5. Provide a transition or situation brief to augmentees.
6. Army claims services personnel set up and operate one or more claims offices in locations that are secure, that are convenient for the affected population, and that do not interfere with other response operations. Co-locate with other civil emergency relief and assistance offices as appropriate. Operate claims offices on a schedule that accommodates claimants.
7. Army claims services personnel take claims from persons who allege that they have suffered losses as a result of the chemical accident.
8. Keep the IRFC informed about claims service activities and any problems that require extraordinary action or intervention.

References:

1. DA PAM 50-6, paragraph 3-5.

Task: Arrange for and Provide Veterinary Services

Evaluated Component: Emergency Operations Center Staff

Expected Outcomes: On-post livestock, companion animals, and wildlife that are injured or exposed to chemical agent, or are at risk of injury or exposure, are identified and treated humanely.

Steps:

1. Determine the need for veterinary support from the support installation(s) or AMC.
2. Request veterinarian assets from the support installation(s) or the CMA Operations Center. Include information on the composition and circumstances of the livestock, companion animals, and fauna on-post to ensure an appropriate response.
3. Coordinate the arrival of and arrange logistic support for veterinary services augmentees.
4. Assign veterinary services augmentees to tasks and shifts.
5. Provide a transition or situation brief to the augmentees.
6. Army veterinarian services personnel provide medical treatment or euthanasia for on-post livestock, companion animals, and wildlife using good veterinary practice. Coordinate with the U.S. Fish and Wildlife Service and other federal agencies if endangered species are involved.
7. Provide veterinary advice to state and local agriculture or veterinary officials.
8. Keep the IRFC informed about veterinary services activities and any problems that require extraordinary action or intervention. Give special attention to the legal and economic considerations of providing Army veterinarian services for privately owned livestock and companion animals.

References:

1. DA PAM 50-6, paragraph 3-5.

Task: Make Protective Action Decisions

Evaluated Component: Emergency Operations Center Staff

Expected Outcomes: Protective action decisions appropriate for the risk presented to the jurisdiction's population.

Steps:

1. The off-post PAR is received from the installation.
2. The EMD or designee evaluates the PAR using such factors as projected exposure from computer models, exposure from field measurements, protective action guides in the jurisdiction plan, shelter availability, evacuation time estimates, and relative exposure savings between evacuation and sheltering.
3. If analysis factors match predetermined criteria, preexisting protective action decisions are used. Otherwise, the EMD or designee makes the PAD based on judgment and experience.
4. The EMD or designee announces the decision to EOC staff.
5. The EMD or other decision making authority adjusts or cancels the PAD as appropriate after analyzing new data or receipt of a new PAR from the installation.
6. The PAD is communicated to the installation EOC and other individuals or agencies needing to be informed
7. The PAD is communicated to the medical support entities, such as hospitals, clinics, and Health Departments as soon as practicable.

References:

1. CSEPP Planning Guidance, Section 7, 8.8, 8.5.1, Appendix D, N.2.1.1, N.3.3.
2. SLG 101, Guide for All-Hazard Emergency Operations Plan (9/96), Attachment E, Pg. 6-E-9 Evacuation & In-Place Sheltering.

Task: Activate Primary Indoor and Outdoor Warning Systems

Evaluated Component: Emergency Operations Center Staff

Expected Outcomes: The jurisdiction's population-at-risk is alerted and warned to take appropriate protective actions within established time limitations.

Steps:

1. Select a pre-scripted message or prepare an *alternate* message for broadcast over indoor (typically tone alert radios) and outdoor (typically sirens) warning systems.
2. Select individual sirens/radios or groups of sirens/radios for activation as appropriate for the area at risk (including the installation, if required by MOA/MOU).
3. Activate outdoor system and/or indoor systems.
4. Place backup warning systems on standby in case a primary system fails.
5. Confirm that the warning systems have functioned and have broadcast the appropriate warning messages in all affected sectors or zones. Agency takes immediate action if there is any failure of primary warning systems or devices.
6. Reactivate primary off-post systems with appropriate warning messages every 12 minutes for the first hour and every 20 minutes thereafter, as long as there is danger in the affected areas, unless directed by the EMD.
7. Notify directly specified facilities such as large businesses, highway administrators, major recreational facilities, airports, railroads, or institutions to initiate response actions and IAW established procedures.

References:

1. CSEPP Planning Guidance, Appendix C, C-2, Section 8.7, Appendix F, F.17.
2. SLG 101. Attachment E. 6-E-8.

Task: Activate Alternative or Supplementary Warning Methods

Evaluated Component: Emergency Operations Center Staff

Expected Outcomes: All persons in the predicted hazard area receive the appropriate protective action warning.

Steps:

1. Identify failures in primary warning systems and their locations.
2. Identify alternate or supplementary methods (e.g., route alerting, pagers, signs, visual signals, etc.) of alert and warning that can be used in areas where primary systems have failed.
3. Determine the feasibility of route alerting by assessing the following factors:
 - a. The plume arrival time for the area requiring route alerting
 - b. The time required for resources to arrive at the designated routes
 - c. The availability of safe routes to, from, and within the alert area
 - d. The amount of time required to complete the route
4. Activate or implement appropriate alternate or supplementary alert and warning systems.
5. If route alerting is selected, provide the route alerting resources information regarding safe routes to and from the alert location and any required hazard information (e.g., time to abandon the route).
6. Determine the impact of a delayed protective action warning on the affected population-at-risk and inform the EMD or designee. The EMD or designee adjusts the jurisdiction's response activities accordingly.

References:

1. CSEPP Planning Guidance, Appendix F.
2. SLG 101, Attachment E, 6-E-7, 8.

Task: Select or Prepare Protective Action Messages

Evaluated Component: Emergency Operations Center Staff

Expected Outcomes: Appropriate protective action messages are able to be disseminated to the affected population.

Steps:

1. Identify and select pre-scripted protective action message(s) appropriate for the PAD to broadcast through the EAS and/or other broadcast media.
2. Fill in the blanks of the pre-scripted messages or modify selected messages with information specific to the accident.
3. Prepare alternate message if there are no pre-scripted messages appropriate for the PAD.
4. Ensure that the needs of mobility, hearing, or visually impaired citizens, non-English speaking citizens, and institutions are addressed in the protective action messages.
5. Provide copies of EAS message(s) to the installation, JIS/JIC, and other adjacent jurisdiction EOCs.

References:

1. CSEPP Planning Guidance, Appendix F, F-4; Appendix J, J-13; Section 8.7.
2. SLG 101, Sections 2.2, 2.2.2, 2.3, 7.1, 8.2, 8.7 (7-6, 7-9, 7-12, 7-13, 7-14), 8.9, 8.14.2, C.6.d, Appendix J, J.7, J.16 through J.25; Appendix K.12.

Task: Conduct Route Alerting

Evaluated Component: Fire Department, Law Enforcement Agency, and Public Works Department Personnel

Expected Outcomes: All persons in the predicted hazard area receive the appropriate protective action warning.

Steps:

1. Receive the instruction to conduct route alerting from the EOC.
2. Identify route alerting teams and vehicles. Perform communications checks.
3. Supervisors provide teams with maps and directions for the area where they are to conduct route alerting; brief teams on safe routes to and from the area, expected stay times, and other hazard protection information; and provide teams with a copy of the message to be broadcast over the vehicle public address system.
4. Route alert teams conduct population warning, traveling at a speed that ensures the entire message is heard as they pass through their designated warning areas.
5. Route alerting teams complete their mission within the designated time.
6. Route alert teams provide status reports to the EOC according to established plans and procedures.

References:

1. CSEPP Planning Guidance, Appendix F, F-3, 4, 21, 22.
2. SLG 101, Attachment E, 6-E-7, 8.

Task: Disseminate Protective Action Messages

Evaluated Component: Emergency Operations Center Staff, EAS Station(s)

Expected Outcomes: The population-at-risk is warned and provided with appropriate protective action information.

Steps:

1. Place EAS stations or other local broadcast media on standby to receive messages.
2. Identify whether the EAS stations or local broadcast media are to use pre-scripted messages or ad hoc messages.
3. Provide the EAS stations or local broadcast media with changes to the pre-scripted messages, or provide the ad hoc messages prior to broadcast, as required.
4. Inform participating EAS stations or local broadcast media of the time interval(s) when the protective action messages are to be broadcast.
5. EAS stations or other media broadcast the correct message(s) within specified time and at the specified interval.
6. If the capability exists, make direct EAS broadcasts according to established procedures.

References:

1. CSEPP Planning Guidance, Appendix C, F, and Appendix J; Sect. 8.7.
2. SLG 101, Attachment E, 6-E-7, 8.

Task: Activate Traffic and Access Control Points

Evaluated Component: Traffic and Access Control Points

Expected Outcomes: Traffic control points are in place in time to support the evacuation order, an orderly evacuation is facilitated, and access to the predicted hazard area is prevented.

Steps:

1. If sufficient time is available, executing agency inventories and stages crews, vehicles, and equipment to support establishment of the specified ACP/TCPs.
2. If not previously determined, identify locations to be staffed and those to be barricaded and not staffed.
3. Move to designated locations as requested by the EOC to the executing agency.
4. Set up equipment in the proper locations to prevent access to restricted area and to direct movement out of the area.
5. Make communications checks and report operational status to the appropriate supervisor or EOC staff. Make follow-up reports at regular intervals.
6. Provide emergency incident information and direct evacuees along evacuation routes.
7. Prevent unauthorized access into the predicted hazard area. Facilitate the movement of emergency vehicles and crews through restricted areas.
8. Promptly relocate TCPs and ACPs as directed by supervisors.

References:

1. CSEPP Planning Guidance, Sect. 8.8, 8.8.1, Appendix G.
2. CSEPP Capability Assessment for Readiness (CAR) 5.9.9, 5.9.10, 539.1-2.

Task: Implement Protective Actions for Schools and Day Care

Evaluated Component: Schools and Day Care Centers, Field Elements

Expected Outcomes: All school and day care students and personnel are sheltered in place or are promptly and safely evacuated to host schools, day care facilities, or reception centers.

Steps:

1. If directed to shelter-in-place, implement normal, expedient, or pressurized shelter-in-place procedures, following local procedures.
2. If directed to evacuate, identify transportation resources needed and request prompt deployment, including requesting additional resources.
3. Transportation providers:
 - a. Mobilize vehicles and crews.
 - b. Brief drivers on emergency procedures, location of pick-up point, location of host facility (destination), and routes to follow to the pick-up point and final destination.
 - c. Establish and maintain communication for the duration of the evacuation.
4. If privately owned vehicles are used (e.g., by a small day care facility), drivers are provided with maps and briefed on emergency procedures, the destination, and the route to follow.
5. Children and accompanying adults are assembled, boarded on buses or other transportation assets, and transported to the host facility.
6. Schools and day care centers respond promptly and correctly to changes in the protective action (e.g., from sheltering in-place to evacuation).

References:

1. CSEPP Planning Guidance (CPG), Section. 8.9, 8.9.1, Appendix J.12-J.14.
2. SLG, Attachment E, pp. 5-E-1, 8.12, 8.12.1.
3. CSEPP Capability Assessment for Readiness (CAR) 5.10.4.

Task: Implement Protection of Special Populations

Evaluated Component: Special Population Sites

Expected Outcomes: All special populations are sheltered in place or promptly and safely evacuated to host facilities or reception centers.

Steps:

1. If directed to shelter-in-place, implement normal, expedient, or pressurized shelter-in-place procedures, following local procedures.
2. If directed to evacuate, identify transportation resources needed and request prompt deployment, including requesting additional resources.
3. Transportation providers:
 - a. Mobilize vehicles and crews.
 - b. Brief drivers on emergency procedures, location of pick-up points, location of host facility (destination), and routes to follow to the pick-up points and final destination.
 - c. Establish and maintain communication for the duration of the evacuation.
4. If privately owned vehicles are used, drivers are provided with maps and briefed on emergency procedures, the destination, and the route to follow.
5. Institutional populations are assembled, boarded on buses or other transportation assets, and transported to the host facility.
6. Special populations and facilities respond promptly and correctly to changes in the protective action (e.g., from sheltering in-place to evacuation).

References:

1. CSEPP Planning Guidance (CPG), Section 8.9. 8.9.1, Appendix J.12-J.14.
2. SLG 101, Attachment E, pp. 5-E-1, 8.12, 8.12.1.
3. CSEPP Capability Assessment for Readiness (CAR) 5.10.4.

Task: Direct and Control Reception Center Operations

Evaluated Component: Emergency Operations Center Staff

Expected Outcomes: Direction and control of reception center activities is established; reception center activities are coordinated to ensure the efficiency of evacuee support.

Steps:

1. Determine number of reception centers to be activated. Select predetermined locations or identify alternate locations along evacuation routes that will not impede evacuation.
2. Notify the government or non-government agency identified in the plan or procedures to operate reception centers and direct them to mobilize staff and equipment to establish the facilities.
3. Notify agencies that provide support to the reception center (e.g., EMS, law enforcement).
4. Provide operating and supporting agencies with information identifying reception centers that will be opened, the hazard area, routes to take to the reception centers, and en-route emergency procedures.
5. Coordinate with traffic control personnel to expedite movement of reception center resources to the designated locations.
6. Notify the installation, JIC/JIS and adjacent jurisdiction EOCs of the decision to open reception centers and identify the location(s).
7. Receive reports and solicit information regarding the status of reception center operations and assess the need for additional staff or equipment.
8. Obtain and arrange for distribution of supplies and equipment needed to sustain reception center operations.
9. Coordinate and assign additional personnel to assure continuous, 24-hour operations.

References:

1. CSEPP Planning Guidance, Sections 8.2.1, 8.13.3, 8.15; Appendices K, K.2, K.11.b, L.5.
2. SLG 101 Guide for All-Hazard Emergency Operations Plan (9/96), Attachment E, p. 6-E-11.

Task: Operate Reception Centers

Evaluated Component: Reception Center Staff

Expected Outcomes: A fully staffed and functioning reception center.

Steps:

1. Notify agency staff that reception centers are being activated.
2. Stage reception center resources. Brief staff on reception center locations, the hazard area, routes to follow to the reception centers, and enroute emergency procedures.
3. Set up the reception center facility according to established plans and procedures. Provide a report to the EOC when the center is ready to process evacuees.
4. Using established protocols and procedures, register evacuees as they arrive at the reception center.
5. Assign evacuees to shelters based upon their needs and desire for shelter.
6. Make periodic reports to the EOC according to local plans and procedures.
7. Review personnel rosters to assure continuous, 24-hour operations and assign registration personnel to tasks and shifts where they are most needed. Provide a transition briefing to replacement shift personnel.

References:

1. CSEPP Planning Guidance, Sections 8.2.1, 8.13.3, 8.15, Appendices K, K.2, K.11.b, L.5.
2. SLG 101, Guide for All-Hazard Emergency Operations Plan (9/96), Attachment E, p. 6-E-11.

Task: Direct and Control Shelter Operations

Evaluated Component: Emergency Operations Center Staff

Expected Outcomes: Direction and control of shelter activities is established; shelter activities are coordinated to ensure the efficiency of evacuee support.

Steps:

1. Notify the government or non-government agency identified in the plan or procedures (e.g., the American Red Cross) to operate shelters and direct them to mobilize resources to establish the facilities.
2. Notify agencies that provide support to shelters (e.g., EMS, law enforcement).
3. In coordination with the operating agency, determine number of shelters to be opened. Select predetermined locations or identify alternate locations along evacuation routes where they will not impede evacuation.
4. Provide operating and supporting agencies with information identifying shelters that will be opened, the hazard area, routes to take to the shelters, and enroute emergency procedures.
5. Coordinate with traffic control personnel to expedite movement of shelter resources to the designated locations.
6. Notify the installation, JIC/JIS, and adjacent jurisdiction EOCs of decision to open shelters and identify the location(s).
7. Receive reports and solicit information regarding the status of shelter operations and assess the need for additional staff, equipment, or shelters.
8. Obtain and arrange for distribution of supplies and equipment needed to sustain shelter operations.
9. Coordinate and assign additional personnel to assure continuous, 24-hour operations. .

References:

1. CSEPP Planning Guidance, Sections 8.9, 8.13, 8.13.2, 8.13.3, 8.15, 8.15.1 (15-1, 15-4, 15-6); Appendices Km K.2, K.6, K.9, N.3.7.
2. SLG 101, Guide for All-Hazard Emergency Operations Plan, Section 6-E-11.

Task: Operate Shelters

Evaluated Component: Shelter Staff

Expected Outcomes: Evacuees receive essential care services until it is safe to return home.

Steps:

1. Notify agency staff that shelters are being opened.
2. Stage shelter resources. Brief staff on shelter locations, the hazard area, routes to follow to the shelter, and enroute emergency procedures.
3. Set up the shelter facility according to established plans and procedures.
4. Verify that food service, security, first aid and medical service, childcare, sanitation, social services, and disaster welfare information services are in place. Provide a report to the EOC when the shelter is ready to receive evacuees.
5. Check evacuees to ascertain if they have been through reception and registration, including screening for contamination if necessary.
6. Meet the needs of special populations, mobility impaired, or medically dependent individuals.
7. Provide evacuees with assistance in locating and uniting with separated family members. As needed, contact other shelters to locate separated family members, and handle inquiries from other shelter locations seeking information on shelter occupants.
8. Make arrangements for the care and handling of evacuees' pets.
9. Make periodic reports to the EOC according to local plans and procedures.
10. Arrange to open other facilities as capacity is neared.
11. Review personnel rosters to assure continuous, 24-hour operations and assign registration personnel to tasks and shifts where they are needed. Provide a transition briefing to replacement shift personnel.

References:

1. CSEPP Planning Guidance, Section 8, A.4.a, A.9.b (3), A.10.f, A.10.g, B.6; Appendix C; Appendices F, G, H, J, K, and N.

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Outcome 6: Victim Care

This outcome includes all activities related to treating on-post contaminated casualties at the accident site and installation; screening, treating, and decontaminating off-post victims; victim transport; treatment at off-post medical facilities; patient tracking; and handling and tracking disposition of human remains.

OUTCOME EVALUATION MAP

INSTALLATION		STATE/COUNTY	
Field	EOC	Field	EOC
A.6.1.F Provide Immediate Emergency Aid at the CAI Site		C.6.1.F Prepare Medical Treatment Facility to Receive Patients	
A.6.2.F Provide Emergency Triage, Treatment, and Stabilization at CAI Site		C.6.2.F Screen Evacuees for Agent Contamination	
A.6.3.F Make Victim Status Reports	A.6.4.E Track the Location and Status of Patients	C.6.3.F Treat Patients at the Screening Site	
A.6.5.F Decontaminate Patients at the CAI Site		C.6.4.F Decontaminate Potentially Exposed Evacuees	
A.6.6.F Prepare Medical Facility to Receive Patients		C.6.5.F Decontaminate Patients at the Screening Location or Medical Treatment Facility	
A.6.7.F Transport Patients to a Medical Facility		C.6.6.F Transport Patients to a Medical Treatment Facility	
A.6.8.F Treat Patients at a Medical Facility		C.6.7.F Treat Patients at a Medical Treatment Facility	
A.6.9.F Collect and Decontaminate Human Remains	A.6.10.E Coordinate the Disposition of Human Remains	C.6.8.F Collect and Decontaminate Human Remains	C.6.9.E Coordinate the Disposition of Human Remains

Task: Provide Immediate Emergency Aid at the CAI Site

Evaluated Component: Non-Medical First Responders, Work Teams, and Security Teams

Expected Outcomes: Victims are saved from additional trauma, injury, and agent exposure. Appropriate lifesaving self-aid and first aid is accomplished.

Steps:

1. Victims and coworkers perform immediate self-aid and buddy-aid, continuing until medical response teams assume treatment. This includes:
 - a. Donning PPE, as appropriate.
 - b. Moving victims from the immediate danger area.
 - c. Providing the airway, breathing, and circulation (ABC) of CPR, controlling blood loss, supporting fractures, and administering antidotes.
2. Removing gross contamination from the victim's exposed skin and PPE.
3. Move victims to the emergency PDS/PDS, continuing life support and first aid treatment during movement.
4. If a PDS is not established, conduct expedient decontamination.
5. Prepare victims for immediate triage by the medical response team upon completion of decontamination procedures.
6. Victims and non-medical responders contribute to patient history, with particular attention given to the agent antidote regimen and decontamination processes accomplished.

References:

1. DA PAM 50-6, paragraphs 3-5, 6-1, 6-2, 6-5, and 7-3; tables 6-1 and 6-2.

Task: Provide Emergency Triage, Treatment, and Stabilization at CAI Site

Evaluated Component: Medical Response Team

Expected Outcome: The patient is stabilized and taken to a medical facility in time to prevent death or permanent incapacitation.

Steps:

1. Medical responders don appropriate PPE.
2. Begin proper triage procedures at the emergency PDS.
3. Conduct primary patient assessment/decontamination (if needed).
4. Address life-threatening issues and establish patient history.
5. Treat signs and symptoms. Continually assess the patient.
6. Determine if patient will be transported to the on-post medical facility or an off-post medical facility.
7. Prepare the patient for transport to the medical facility. Continue treatment while preparing patient for transport.
8. Provide patient tracking information to medical services coordinator(s).

References:

1. DA PAM 50-6, paragraphs 3-5, 6-1, 6-2, 6-5, and 7-3; tables 6-1 and 6-2.

Task: Make Victim Status Reports

Evaluated Component: Work Teams, Security Teams, Field Medical Teams, Medical Facility

Expected Outcomes: The IRFC has current information about the location and status of all victims of injury or agent exposure.

Steps:

1. Workers and responders make initial reports from the field about the location and status (extent of injury and exposure and care being provided) of all injured or exposed persons.
2. Field supervisors or medical staff members make regular update reports from the incident site or the medical facility about the location and status (extent of injury and exposure and care being provided) of all injured or exposed persons.
3. Field supervisors or medical staff make regular update reports from the incident site or the post medical facility about delays in care for victims and recommend or request assistance to remedy the delay.

References:

1. DA PAM 50-6, paragraphs 3-5, 6-1, 6-2, 6-5, and 7-3; tables 6-1 and 6-2.

Task: Track the Location and Status of Patients

Evaluated Component: Emergency Operations Center, Medical Facility

Expected Outcomes: The IRFC is satisfied that patients' identities are confirmed, that their medical needs are taken care of, and that accurate information is available to notify patients' next-of-kin. No patient's identity or information is mistakenly released in reports or news releases.

Steps:

1. The medical facility and the EOC staff receives initial and follow-up reports from the field or medical facility about the location and status (extent of injury and exposure and care being provided) of persons on-post and off-post who are ill, injured, or exposed as a result of the CAI.
2. Patient information is posted to status boards in the EOC and on-post medical facility, and the IRFC is briefed in accordance with local procedures.
3. The medical facility and EOC staff periodically solicits updates on patients if they are not forthcoming from the field.
4. The medical facility and EOC staff identifies delays in patient care.
5. The medical facility and EOC staff coordinates with county and state health department/medical services coordinator and exchanges information regarding the status and location of both installation and community patients.
6. The identity of patients from the Army installation is positively confirmed by an Army medical professional or a supervisor before next-of-kin notifications are made or reports or news releases are made that identify patients by name.

References:

1. DA PAM 50-6, paragraphs 3-5, 6-1, 6-2, 6-5, and 7-3; tables 6-1 and 6-2.

Task: Decontaminate Patients at the CAI Site

Evaluated Component: Non-Medical First Responders, Medical Response Team

Expected Outcome: Effective decontamination, making the patient as clean as possible to reduce contamination to a level that is no longer a threat to the patient or the responder.

Steps:

1. Don PPE and practice decontamination control.
2. Conduct gross decontamination at the emergency PDS/PDS:
 - a. Remove all of the patient's clothing and belongings, place removed items in labeled bags, and properly secure the removed items.
 - b. Decontaminate exposed wounds and eyes before intact skin. Cover wounds with waterproof dressing after decontamination. Decontaminate patient from the head down, taking care not to introduce contaminants into open wounds.
 - c. Begin with the least aggressive decontamination methods, using warm water and appropriate decontaminating solutions. Limit mechanical and chemical irritation of the skin by washing exposed areas gently under a stream of water and scrubbing with a soft brush or surgical sponge.
3. Remove contaminants to the level that they are no threat to the patient or response personnel.
4. Isolate the patient to prevent the spread of any remaining contaminants and prepare patient for transport to a medical treatment facility.
5. Identify level of decontamination in patient history and identify (tag) the patient as decontaminated.
6. Coordinate transportation of patients to a medical facility.

References:

1. DA PAM 50-6, paragraphs 3-5, 6-1, 6-2, 6-5, and 7-3; tables 6-1 and 6-2.

Task: Prepare Medical Facility to Receive Patients

Evaluated Component: Medical Facility

Expected Outcomes: The medical facility is prepared for the arrival and treatment of patients.

Steps:

1. Review the following information prior to the commencement of the exercise:
 - a. Respirator fit testing documentation (for tight-fitting respirators)
 - b. PLHCP's recommendation from physical exam (may have local version of protocol)
 - c. Operational level training records
 - d. Number of personnel trained (Can they function in decon? How many is enough?)
 - e. Equipment used

(Note: If these documents are not available or current, contact the Exercise Co-Director and recommend that the personnel not be suited out in PPE, as they are "not in compliance with 1910.120.")
2. Receive notification that a CAI has occurred and patients are coming to the facility. If notification comes from other than the usual emergency communications channels, verify the notification.
3. Notify all services involved in the plan and mobilize the emergency department.
4. If the incoming patient was potentially contaminated or exposed to agent, implement the hazardous material plan for the facility:
 - a. Prepare the decontamination and treatment areas.
 - b. Select PPE and prepare the triage and decontamination teams to receive patients.
5. Notify patient transports of any special approach or entrance to the medical facility.
6. Receive initial and follow-up patient information from the CAI site and patient transports.
7. Make arrangements to identify and isolate potentially contaminated patients that bring themselves to the treatment facility unannounced or present themselves outside of regular EMS channels.
8. Report the status of requests to receive patients and the state of preparedness to accommodate the requests to the local medical services coordinator.

References:

1. DA PAM 50-6, paragraphs 3-5, 6-1, 6-2, 6-5, and 7-3; tables 6-1 and 6-2.

Task: Transport Patients to a Medical Facility

Evaluated Component: Medical Responders

Expected Outcomes: The patient is taken to a medical facility in time to prevent death or permanent incapacitation; vehicle, crew, and EMS personnel are returned to service.

Steps:

1. Coordinate patient transport to the on-post medical treatment facility or for direct air or surface transport to a credentialed off-post medical treatment facility.
2. If patient is to be directly transported to a credentialed off-post medical treatment facility, coordinate for patient admission in accordance with local procedures.
3. Prepare the transport vehicle. If practical, drape surfaces and remove all non-essential equipment from the transport vehicle.
4. Don PPE.
5. Ensure that the patient has been decontaminated and wrapped to prevent cross-contamination prior to being placed in the transport vehicle.
6. Coordinate with the EOC to ensure that the patient transfer will be via a safe route and will be expedited through on-post and off-post TCPs and ACPs.
7. Transport patient to the designated treatment facility. Continue appropriate treatment during transfer and transport. Provide treatment and patient status updates to the receiving medical treatment facility.
8. Upon arrival at the medical treatment facility, park the ambulance in an area away from the emergency department or at an area designated by the facility. Do not bring patients into the treatment facility until permission is received from the treatment facility staff.
9. After unloading the patient, check with the medical treatment facility to determine where the transport vehicle can be safely decontaminated so the vehicle can be returned to service.
10. Decontaminate exposed vehicle, crew, and EMS personnel.

References:

1. DA PAM 50-6, paragraphs 3-5, 6-1, 6-2, 6-5, and 7-3; tables 6-1 and 6-2.

Task: Treat Patients at a Medical Facility

Evaluated Component: Medical Facility Staff

Expected Outcomes: Patients are given appropriate medical treatment consistent with their injuries, illness, or extent of exposure. Patients are stabilized and promptly transferred to off-post medical treatment facilities.

Steps:

1. Medical staff meets the ambulance or transport vehicle upon arrival and begins triage procedures.
2. Obtain and review patient history; assess patient's condition (paying special attention to the type and quantity of antidote administered and the method and extent of decontamination).
3. If patient comes directly from the hazard area and has not previously been decontaminated, have the decontamination team perform gross and secondary decontamination in the designated area before the patient is allowed to enter the treatment facility. Bag, seal, and label patient clothing and effects. Note on the patient history locations on the body where contamination (if any) is found. Initial patient survey and stabilization should occur simultaneously for these individuals.
4. If treatment required exceeds the treatment facility's capability, refer patient to an off-post medical facility.
5. After the patient is moved into the clean area of the facility, the medical staff treats presenting signs and symptoms according to good medical practice.
6. Admit, transfer, or discharge patients.
7. Provide patient tracking information to the EOC.

References:

1. DA PAM 50-6, paragraphs 3-5, 6-1, 6-2, 6-5, and 7-3; tables 6-1 and 6-2.

Task: Collect and Decontaminate Human Remains

Evaluated Component: IRF Work Teams, Medical Response Teams

Expected Outcomes: Remains are treated with dignity and respect at all times; remains are made available to the next-of-kin.

Steps:

1. Remains are not moved until authorized by the Commander or designated representative, unless movement is required to prevent destruction of the body or to protect life, safety, or health.
2. Competent medical authority confirms that the victims are deceased, confirms their identity, and reports the information to the EOC.
3. Remains are tagged and moved to a decontamination site when movement is authorized.
4. Personal effects of the deceased are removed, monitored, decontaminated (if possible without destruction), segregated by contamination status, and secured. Special provisions are made for personal effects that cannot be decontaminated without being destroyed.
5. If the remains are identified as potentially contaminated or exposed, thoroughly decontaminate the remains using the same procedures for exposed persons who were not fatalities. A record is made of the methods used for decontamination and for confirming that decontamination is complete.
6. The remains are respectfully contained and properly stored pending arrangements for transfer to a mortuary or other appropriate facility.
7. Using patient tracking procedures, report the location and status remains to the EOC.

References:

1. DA PAM 50-6, paragraphs 3-5, 6-4, and 9-3.

Task: Coordinate the Disposition of Human Remains

Evaluated Component: Emergency Operations Center Staff

Expected Outcomes: Legal requirements for handling remains are met; the next-of-kin are helped to claim the remains of the deceased.

Steps:

1. Receive reports of fatalities from field locations, record the information, and inform the IRF Commander or designated representative. Determine if the deceased are installation employees, contractors, or visitors.
2. Contact the coroner or medical examiner to determine if an investigation as to cause of death will be required, if the coroner or medical examiner will require custody of the remains, and if the remains may be moved.
3. Coordinate Army assistance to the coroner or medical examiner.
4. Track decontamination status and location of remains and personal effects.
5. Determine next-of-kin wishes for movement of remains to a mortuary or other appropriate facility. Assist the next-of-kin in making arrangements for transfer of the remains.

References:

1. DA PAM 50-6, paragraphs 3-5, 6-4, and 9-3.

Task: Prepare Medical Treatment Facility to Receive Patients

Evaluated Component: Medical Treatment Facility

Expected Outcomes: The medical treatment facility is prepared for the arrival and treatment of patients.

Steps:

1. Review the following information prior to the commencement of the exercise:
 - a. Respirator fit testing documentation (for tight fitting respirators)
 - b. PLHCP's recommendation from physical exam (may have local version of protocol)
 - c. Operational level training records
 - d. Number of personnel trained (Can they function in decon? How many is enough?).
 - e. Equipment used
2. **(Note: If these documents are not available or current, contact the Exercise Co-Director and recommend that the personnel not be suited out in PPE, as they are "not in compliance with 1910.120.")**
3. Receive notification that a CAI has occurred and patients are coming to the facility. If notification comes from other than the usual emergency communications channels, verify the notification.
4. Notify all services involved in the plan and mobilize the emergency department.
5. If the incoming patient was potentially contaminated or exposed to agent, implement the hazardous material plan for the facility:
 - a. Prepare the decontamination and treatment areas.
 - b. Select PPE and prepare the triage and decontamination teams to receive patients.
6. Notify patient transports of any special approach or entrance to the medical facility.
7. Receive initial and follow-up patient information from the CAI site and patient transports.
8. Make arrangements to identify and isolate potentially contaminated patients that bring themselves to the treatment facility unannounced or present themselves outside of regular EMS channels.
9. Report the status of requests to receive patients and the state of preparedness to accommodate the requests to the local medical services coordinator.

References:

1. CSEPP Planning Guidance 8.11, 8.11.1.
2. CSEPP Planning Guidance Appendix I (1-8).
3. SLG 101 Chapter 5, Attachment G (5-G-1 – 5-G-15).
4. SLG 101 Chapter 6, Attachment C (6-C-12).
5. 29 CFR 1910.120 and 134.

Task: Screen Evacuees for Agent Contamination

Evaluated Component: Evacuee Screening Locations

Expected Outcomes: Potentially exposed persons are identified and screened for decontamination.

Steps:

1. Select evacuee screening locations according to established plans and procedures.
2. Set up the screening location according to local plans and procedures, paying special attention to contamination and access control measures.
3. Conduct differential screening of evacuees by determining:
 - a. If they present signs and symptoms of chemical agent exposure;
 - b. If they have been evacuated from the predicted hazard area;
 - c. Their time of departure from the predicted hazard area (to determine if they have traveled through the plume);
 - d. If they desire decontamination, even though they have not or are not likely to have been exposed.
4. Escort exposed evacuees (those presenting signs and symptoms) directly to the decontamination area. Direct potentially exposed evacuees and others desiring decontamination to a holding area.
5. Direct all other evacuees to reception centers or shelters.
6. Review rosters to assure continuous, 24-hour operations and assign screening personnel to tasks and shifts where they are most needed. Provide a transition or situation briefing to later shift personnel before they begin work.
7. Provide reports to the EOC according to established plans and procedures.

References:

1. CSEPP Planning Guidance (CPG) Sections 8.6, 8.6.1.
2. SLG, Sections 8.17.1, 8.10, 8.10.1.
3. SLG 101 Attachment F, p. 5-F-1, Attachment G, p. 5-G-3.
4. CSEPP Capability Assessment for Readiness (CAR) 5.30, 29.
5. 29 CFR Ch. XVII 1910. 134, p. 425 – 450.

Task: Treat Patients at the Screening Site

Evaluated Component: Medical Response Team

Expected Outcomes: The patient is stabilized and taken to a medical treatment facility in time to prevent death or permanent incapacitation.

Steps:

1. Medical responders don PPE and take other measures to protect themselves from danger due to contamination, blood-borne pathogens, bodily fluids, etc.
2. In a multiple patient situation, begin proper triage procedures.
3. Conduct primary patient assessment while simultaneously conducting decontamination (if needed). Assign highest priorities to life-threatening issues (ABC -- airway, breathing, circulation) and decontamination. Except for the administration of antidotes, perform invasive procedures only in uncontaminated areas.
4. Once life-threatening issues have been addressed, and as conditions allow, direct attention to secondary patient assessment and establish patient history.
6. If not already done, arrange for and coordinate transportation of victims to a medical treatment facility.
7. Using good medical practice, treat presenting signs and symptoms as appropriate and when conditions allow.
8. Reassess the patient continuously because of possible latent physiological effects of agent exposure.
9. Delay prophylactic measures until the patient is decontaminated.
10. Prepare victim for transport to medical facility.
11. Provide patient tracking information in accordance with established protocols and procedures.

References:

1. CSEPP Planning Guidance 8.11, 8.11.1.
2. CSEPP Planning Guidance Appendix I (1-8).
3. SLG 101 Chapter 5, Attachment G (5-G-1-5-G-15).
4. SLG 101 Chapter 6, Attachment C (6-C-12).

Task: Decontaminate Potentially Exposed Evacuees

Evaluated Component: Decontamination Areas

Expected Outcomes: All individuals suspected of being contaminated are properly decontaminated.

Steps:

1. Select decontamination areas according to local plans and procedures.
2. Set up decontamination areas according to local plans and procedures, paying special attention to contamination control measures. Ensure availability of sufficient supplies of water, fuel, and electricity.
3. Decontamination crews don appropriate PPE before starting operations.
4. At the holding area:
 - a. Segregate evacuees: 1) those who exhibit signs or symptoms of agent exposure; 2) those who have been exposed or potentially exposed to chemical agent, regardless of whether they exhibit signs or symptoms of agent exposure; and, 3) those who desire decontamination even though they have not or are not likely to have been exposed.
 - b. Separate evacuees by gender, if sufficient decontamination resources are available.
 - c. Identify and secure personal property (automobiles, etc.). Inform evacuees about how to collect their property when return to the area is authorized.
5. At the appropriate station, direct individuals to be decontaminated to remove their clothing and belongings. Decontamination crews place removed items in bags, label the bags, and secure the removed items according to established procedures.
6. Tag, decontaminate, verify cleanliness, and return eyeglasses to individuals.
7. Decontaminate evacuees using currently accepted standards of care and practice.
8. Provide decontaminated persons with clean clothing. Identify (tag) evacuees as decontaminated in accordance with local procedures.
9. If decontaminated evacuees are identified as Priority 1, hand them over to supporting emergency medical assets for treatment and transport to a medical treatment facility.
10. Re-screen individuals following decontamination for signs and symptoms of agent exposure, and decontaminate again if needed.
11. Provide decontaminated individuals transportation to a shelter.
12. Review rosters to assure continuous, 24-hour operations and to assign decontamination personnel to tasks and shifts where they are most needed. Provide a transition or situation briefing to later shift personnel before they begin work.

References:

1. CSEPP Planning Guidance (CPG) Sect 8.17, 8-17.1, Appendix L.
2. CSEPP Capability Assessment for Readiness (CAR) 5.30.
3. 29 CFR Ch. XVII 1910.120 and 1910.134.
4. SLG 101, Attachment G p. 5-G-1.

Task: Decontaminate Patients at the Screening Location or Medical Treatment Facility

Evaluated Component: Medical Response Team, Medical Treatment Facility

Expected Outcomes: Effective decontamination is conducted, making the patient as clean as possible, reducing contamination to a level that is no longer a threat to the patient or the responder.

Steps:

1. Don appropriate PPE and practice contamination control.
2. Conduct gross decontamination by removing all patient clothing and belongings; place removed items in labeled bags, and properly secure the removed items.
 - a. If injured, conduct secondary decontamination.
 - b. Decontaminate exposed wounds and eyes before intact skin. Cover wounds with waterproof dressing after decontamination. Decontaminate patient from the head down, taking care not to introduce contaminants into open wounds.
 - c. Begin with the least aggressive decontamination methods, using warm water and appropriate decontaminating solutions. Limit mechanical and chemical irritation of the skin by washing exposed areas gently under a stream of water and scrubbing with a soft brush or surgical sponge.
3. Remove contaminants to the level that they are no longer a threat to the patient or response personnel.
4. Coordinate transportation of victims to a medical treatment facility.
5. Isolate the patient from the environment to prevent the spread of any remaining contaminants and prepare patient for transport to a medical treatment facility.
6. Identify level of decontamination in patient history and identify (tag) the patient as decontaminated in accordance with local protocols or procedures.

References:

1. CSEPP Planning Guidance, 8.11, 8.11.1, Attachment I (1-8).
2. CSEPP Planning Guidance, Appendix. H (2-7).
3. CSEPP Planning Guidance, Appendix L (1-13).
4. SLG 101 Chapter 5, Attachment G (5-G-1–5-G-15).
5. SLG 101 Chapter 6, Attachment C (6-C-12).

Task: Transport Patients to a Medical Treatment Facility

Evaluated Component: Medical Response Team

Expected Outcomes: The patient is taken to a medical treatment facility in time to prevent death or permanent incapacitation; vehicle, crew, and EMS personnel are returned to service.

Steps:

1. Prepare the transport vehicle. If practical, drape surfaces and remove all non-essential equipment from the transport vehicle.
2. Don PPE.
3. Ensure patient has been decontaminated, tagged, and packaged to prevent cross-contamination and the need for decontamination at the medical treatment facility prior to being placed in the transport vehicle.
4. Notify the receiving medical treatment facility that an exposed patient is coming. Provide initial patient information. Obtain instructions on approaching and entering the medical treatment facility.
5. Transport patient to the designated treatment facility. Reassess the patient continuously because of possible latent physiological effects of agent exposure. Continue appropriate treatment during transfer and transport. Update patient status and the receiving medical treatment facility regarding treatment provided.
6. Upon arrival at the medical treatment facility, park the ambulance in an area away from the emergency department or at an area designated by the facility. Do not bring patients into the treatment facility until permission is received from the treatment facility staff.
7. After unloading the patient, check with the medical treatment facility to determine where the transport vehicle can be safely decontaminated so the vehicle can be returned to service.
8. Decontaminate exposed vehicle, crew, and EMS personnel.

References:

1. CSEPP Planning Guidance 8.11, 8.11.1.
2. CSEPP Planning Guidance Appendix I (1-8).
3. SLG 101 Chapter 5, Attachment G (5-G-1 – 5-G-15).
4. SLG 101 Chapter 6, Attachment C (6-C-12).

Task: Treat Patients at a Medical Treatment Facility

Evaluated Component: Medical Treatment Facility Staff

Expected Outcomes: Patients are given appropriate medical treatment consistent with their injuries, illness, and extent of exposure.

Steps:

1. Medical staff meets the ambulance or transport vehicle upon arrival and begins triage procedures.
2. Obtain and review patient history; assess the patient's condition, paying special attention to the type and quantity of antidote administered to the patient and the method and extent of decontamination.
3. Isolate and decontaminate patients that arrive unannounced or from outside the EMS system. Perform gross and secondary decontamination in the designated area before the patient is allowed to enter the treatment facility. Bag, seal, and label patient clothing and effects. Note on the patient history locations on the body where contamination (if any) is found. Initial patient survey and stabilization should occur simultaneously for these individuals.
4. If treatment required exceeds the treatment facility's capability, refer patient to an appropriate treatment facility.
5. After the patient is moved into the clean area of the facility, the medical staff treats presenting signs and symptoms in accordance with good medical practice.
6. Admit, transfer, or discharge patients.
7. Provide patient tracking information to the EOC.

References:

1. CSEPP Planning Guidance 8.11, 8.11.1.
2. CSEPP Planning Guidance Appendix I (1-8).
3. SLG 101 Chapter 5, Attachment G (5-G-1 – 5-G-15).
4. SLG 101 Chapter 6, Attachment C (6-C-12).

Task: Collect and Decontaminate Human Remains

Evaluated Component: Field Locations

Expected Outcomes: Remains are treated with dignity and respect at all times; remains are made available to the next-of-kin.

Steps:

1. Field teams locate fatalities and provide reports to the EOC.
2. Remains are not moved until authorized by the incident commander, emergency services coordinator, senior elected official, or designated representatives, unless movement is required to prevent destruction of the body or to protect life, safety, or health.
3. Competent medical authority confirms that the victims are deceased, confirms their identity, and reports the information to the EOC.
4. Remains are tagged and moved to a decontamination site when movement is authorized.
5. Personal effects are removed from victims. Personal effects are monitored, segregated (contaminated/not contaminated), and secured.
6. Deceased persons are thoroughly decontaminated, using the same procedures for exposed persons who were not fatalities, to ensure there is no hazard in handling the remains. A record is made of the methods used for decontamination and for confirming that decontamination is complete.
7. The remains are respectfully contained and properly stored pending arrangements for transfer to a mortuary or other appropriate facility.
8. Using patient tracking procedures, report location and status of the remains to the EOC.

References:

1. CSEPP Planning Guidance 8.11, 8.11.1.
2. CSEPP Planning Guidance Appendix I (1-8).
3. SLG 101 Chapter 5, Attachment G (5-G-1-5-G-15).
4. SLG 101 Chapter 6, Attachment C (6-C-12).

Task: Coordinate the Disposition of Human Remains

Evaluated Component: Emergency Operations Center

Expected Outcomes: Legal requirements for handling remains are met; the next-of-kin are helped to claim the remains of the deceased.

Steps:

1. Receive reports of fatalities from field locations, record information, and inform the emergency services coordinator/senior elected official or designated representative.
2. Contact the coroner or medical examiner to determine if an investigation as to cause of death will be required, if the coroner or medical examiner will require custody of the remains, and if the remains can be moved.
3. Coordinate Army assistance to the coroner or medical examiner.
4. Track decontamination status and location of remains and personal effects.
5. Determine next-of-kin wishes for movement of remains to a mortuary or other appropriate facility (part of the notification process). Assist the next-of-kin in making arrangements for transfer of the remains.

References:

1. CSEPP Planning Guidance 8.11, 8.11.1.
2. CSEPP Planning Guidance Appendix I (1-8).
3. SLG 101 Chapter 5, Attachment G (5-G-1 – 5-G-15).
4. SLG 101 Chapter 6, Attachment C (6-C-12)

Outcome 7: Emergency Public Information

This outcome includes all tasks related to the dissemination of public health and safety information following the initial alert and notification. It includes the dissemination of information to the media from individual Emergency Operations Centers (EOCs) and the Joint Information Center (JIC), the staffing and logistics to operate a JIC, the operation of a Joint Information System (JIS), and the dissemination of information to the public from the JIC.

OUTCOME EVALUATION MAP

INSTALLATION		STATE/COUNTY	
EOC	JIC	EOC	JIC
A.7.1.E Disseminate Public Health and Safety Information to the Media		C.7.1.E Disseminate Public Health and Safety Information to the Media	
A.7.2.E Inform Headquarters Public Affairs Offices			
	A/C.7.3.J Activate and Operate a Joint Information Center		A/C.7.3.J Activate and Operate a Joint Information Center
	A/C.7.4.J Disseminate Public Health and Safety Information to the Media		A/C.7.4.J Disseminate Public Health and Safety Information to the Media
A/C.7.5.E/J Operate a Joint Information System		A/C.7.5.E/J Operate a Joint Information System	
	A/C.7.6.J Disseminate Health and Safety Information Directly to the Public		A/C.7.6.J Disseminate Health and Safety Information Directly to the Public

Task: Disseminate Public Health and Safety Information to the Media

Evaluated Component: Emergency Operations Center Staff

Expected Outcomes: The media are informed about the event and the response as soon as possible and to the full extent that credible information from within the installation is available.

Steps:

1. The Public Affairs Officer (PAO) gathers information about the event, the initial response, and public health and safety information.
2. The PAO selects an appropriate pre-scripted and approved media release, or prepares an original media release to provide confirmation of the event and appropriate public health and safety information.
3. The PAO obtains appropriate approval of all media releases prior to dissemination.
4. The PAO disseminates media releases according to established plans and procedures.
5. The PAO advises the Initial Response Force Commander on activation of the JIC.
6. The PAO monitors media broadcast and print stories for clarity and accuracy.
7. The PAO contacts the media or produces media releases to amplify, clarify, or correct information that was broadcast or published by the media.
8. The PAO prepares follow-up media releases to disseminate updated information or new information regarding the event and the response.
9. The PAO schedules and conducts media briefings as the situation requires.
10. Competent EOC staff assists the PAO and performs the steps above in the absence of the PAO. PAO staffing support is available continuously in the EOC.

References:

1. DA PAM 50-6, paragraphs 3-4c(11), 3-5c(11), 3-6c(11), and 8-4.
2. CSEPP Planning Guidance, Appendix J.
3. ORISE Emergency Public Information Pocket Guide, 5th Edition.
4. Installation CAIRA Plan.
5. Community JIC Plan and SOPs.

Task: Disseminate Public Health and Safety Information to the Media

Evaluated Component: Emergency Operations Center Staff

Expected Outcomes: Media outlets are informed about the response to the event as soon as possible and to the full extent that credible information from within the jurisdiction is available.

Steps:

1. The Public Information Officer (PIO) gathers information about the event, the initial response, and public health and safety information.
2. The PIO selects an appropriate pre-scripted and approved media release, or prepares an original media release to provide confirmation about the response to the event within the jurisdiction and related public health and safety information.
3. The PIO obtains appropriate approval of all media releases prior to dissemination.
4. The PIO disseminates media releases according to established plans and procedures.
5. The PIO advises the jurisdiction authority in the EOC on activation of the JIC.
6. The PIO monitors media broadcast and print stories for clarity and accuracy.
7. The PIO contacts the media or produces media releases to amplify, clarify, or correct information that was broadcast or published by the media.
8. The PIO prepares follow-up media releases to disseminate updated information or new information regarding the response to the event within the jurisdiction.
9. The PIO schedules and conducts media briefings, as the situation requires.
10. Competent EOC staff assists the PIO and performs these steps in the absence of the PIO. PIO staffing support is available continuously in the EOC.

References:

1. CSEPP Planning Guidance, Appendix J.
2. ORISE Emergency Public Information Pocket Guide, 5th Edition.
3. Jurisdiction CAIRA Plan.
4. Community JIC Plan and SOPs.

Task: Inform Headquarters Public Affairs Offices

Evaluated Component: Emergency Operations Center Staff

Expected Outcomes: Army PAO staffs at all levels have the latest confirmed information about the event, the response, and associated public health and safety information. They are able to advise subordinate commands and the installation about higher headquarters public affairs policy with respect to the event, to respond credibly at the headquarters level to media inquiries should they occur, and to deploy PAO augmentation to the installation and the JIC as needed.

Steps:

1. The PAO reports initial information about the chemical event and the Army response to headquarters PAOs as soon as possible.
2. The PAO updates headquarters PAOs promptly when new information about the event and the response (both on-post and off-post) becomes available.
3. The PAO sends copies of Army and off-site media releases to headquarters PAOs.
4. The PAO informs headquarters PAOs about trends in media broadcasts and published stories.
5. The PAO implements advice from headquarters PAOs concerning Army public affairs response to the accident.
6. The PAO coordinates the deployment and use of PAO augmentation.

References:

1. DA PAM 50-6, paragraphs 3-5c(11), 3-6c(11), and 8-4.

Task: Activate and Operate a Joint Information Center

Evaluated Component: Joint Information Center Staff

Expected Outcomes: The JIC is made operational as soon as possible. This facility then operates continuously with sufficient numbers of trained staff, space, equipment, and such other capabilities as are needed to fully support the mission of providing the single best source of information about the event, the response by all jurisdictions, and associated public health and safety issues.

Steps:

1. The Initial Response Force Commander directs the activation of the JIC. If authority to activate the JIC is held jointly by the Initial Response Force Commander and local government officials, the JIC Plan and Memorandums of Agreement (MOAs) among CSEPP Community jurisdictions are followed to direct JIC activation.
2. Officials who activate the JIC assign PAOs and PIOs and complementary staff to the JIC according to staff availability, response priorities, and the JIC plan.
3. The JIC staff deploys promptly to the JIC. The JIC staff includes professional PAOs and PIOs and includes representatives from all jurisdictions affected by the event.
4. The JIC staff opens the JIC facility, establishes security, makes all equipment ready for use, and establishes reliable communications with EOCs and other organizations and facilities. The JIC staff also arranges space for a media work area, news conferences, and media briefings.
5. The JIC staff notifies all EOCs and other organizations that are components of the JIS when the JIC is operational.
6. The JIC staff issues a media release announcing the location, purpose, and time the JIC becomes operational.
7. The JIC staff announces the time and place for news conferences and media briefings in sufficient time to permit media coverage.
8. The JIC staff maintains a record of JIC operations.
9. The JIC staff is expanded as necessary to support continuous uninterrupted operations. Calls to off-duty staff and augmentees to support the expanded JIC include information about safe routes and instructions on shift assignments.
10. The JIC staff coordinates the arrival and logistics support for PIO/PAO and support staff augmentees and integrates them into JIC operations.

References:

1. DA PAM 50-6, paragraphs 3-5c(11), 8-4, E-3, E-5, and E-6.
2. CSEPP Planning Guidance, paragraph 8-14 and Appendix J.
3. ORISE Emergency Public Information Pocket Guide, 5th Edition.
4. JICSAW IV Training Course.
5. Community JIC Plan and SOPs.
6. Memorandums of Agreement among CSEPP community jurisdictions.

Task: Disseminate Public Health and Safety Information to the Media

Evaluated Component: Joint Information Center Staff

Expected Outcomes: Media outlets have current information about the event, the response, and associated public health and safety instructions. The information provided by the JIC staff is in a format that is easily conveyed to the public. The leadership in each responding jurisdiction is viewed as competent, credible, and engaged. Rumors, speculation, and misinformation circulating in the media or in the public domain are identified quickly, and acted upon effectively.

Steps:

1. The JIC staff gathers information about the event, the response, and related public health and safety information. Sources include reports obtained through the JIS and from alert and notification system messages, Emergency Alert System messages, and media releases disseminated by individual jurisdictions.
2. The JIC staff prepares media releases to provide the public with updated or new emergency information.
3. The JIC staff coordinates the content of the media releases and obtains appropriate approvals prior to dissemination.
4. The JIC staff disseminates media releases on behalf of all jurisdictions represented in the JIC, according to established plans and procedures.
5. The JIC staff provides timely, clear, and accurate replies to media inquiries and maintains a record of responses to media inquiries on subjects not covered by previously released information.
6. The JIC staff monitors media broadcast and print stories for clarity and accuracy.
7. The JIC staff contacts the media or produces media releases to amplify, clarify, or correct information that was broadcast or published by the media.
8. The JIC staff coordinates with jurisdiction and organization staffs to obtain participation by senior officials and subject matter experts (SME) in news conferences and briefings and to arrange suitable times and places for these presentations.
9. The JIC staff assists Army, state, and local officials and SME to prepare to meet the media by assuring that they have the most current information and will cover the topics of greatest concern during their presentations.
10. The JIC staff operates joint news conferences and media interviews with officials and SME. A professional PAO or PIO moderates or oversees all news conferences and media interviews to ensure that these presentations are effective and that the JIC staff follows up on any new issues or questions generated during the presentations.

References:

1. DA PAM 50-6, paragraphs 3-5c(11) and 8-4.
2. CSEPP Planning Guidance, paragraph 8-14 and Appendix J.
3. ORISE Emergency Public Information Pocket Guide, 5th Edition.
4. JICSAW IV Training Course.
5. Community JIC Plan and SOPs.

Tasks: Operate a Joint Information System

Evaluated Component: Emergency Operations Center Staff and Joint Information Center Staff

Expected Outcomes: The JIC staff and staffs in each jurisdiction EOC and response facility have the latest pertinent information about the event, the response, the situation status, and associated public health and safety information from all other jurisdiction EOCs and response facilities.

Steps:

1. Every response action or situation change within any jurisdiction or response facility that affects any other jurisdiction or response facility is reported to and coordinated with the affected jurisdiction or facility. This includes EOCs, schools, reception centers, shelters, hospitals, claims offices, the JIC, and the federal Initial Operating Facility (IOF).
2. The JIC staff sends information copies of media releases to other jurisdiction EOCs and response facilities according to established plans and procedures.
3. The PAOs and PIOs in jurisdiction EOCs and the JIC monitor the flow of information among the jurisdiction EOCs and response facilities to ensure that there is an overall consistency in the public health and safety message. The JIC staff is organized to support this effort.
4. The PAOs and PIOs in jurisdiction EOCs and the JIC take immediate action with senior officials and/or the media to remedy any instance when public health and safety messages conflict.
5. The JIC staff communicates directly with named points of contact in all jurisdiction EOCs and response facilities to support the operation of the JIS.

References:

1. DA PAM 50-6, paragraphs 3-5c(14) and E-6.
2. CSEPP Planning Guidance, Appendix J.
3. ORISE Emergency Public Information Pocket Guide, 5th Edition.
4. JICSAW IV Training Course.
5. Community JIC Plan and SOPs.
6. Memorandums of Agreement among CSEPP community jurisdictions.

Task: Disseminate Health and Safety Information Directly to the Public

Evaluated Component: Joint Information Center Staff

Expected Outcomes: The JIC is a credible contact for the public to call for health and safety information. Requests for emergency assistance are referred promptly to the proper jurisdiction.

Steps:

1. The JIC staff establishes a knowledgeable call-taker team to respond to inquiries from the public concerning health and safety.
2. The JIC staff disseminates media releases describing the JIC as a contact for public health and safety inquiries other than requests for emergency assistance. (Emergency assistance calls go to 911.) These media releases also identify other public assistance contacts that might have been established for use during the emergency, such as the American Red Cross or claims offices.
3. The JIC public call-taker team is kept informed in near real-time on the latest protective action decisions, emergency alert and notification messages, media releases, and other time-critical information needed to provide credible responses to inquiries.
4. The JIC public call-taker team responds to all public requests for health and safety information promptly, and provides correct information. Requests from the public for emergency assistance that cannot be answered by providing information available to the public call-taker team are passed immediately to an appropriate authority, and tracked until assurance is obtained that an appropriate authority has taken responsibility for the request for assistance.
5. The JIC public call-taker team documents all public inquiry calls and the responses that were given.
6. The JIC staff monitors the contents of calls from the public for trends and issues.
7. The JIC staff takes initiatives to amplify, clarify, or correct emergency alert and notification messages and media releases immediately, based on trends and issues noted in calls from the public.

References:

1. DA PAM 50-6, paragraphs 3-6c(11) and E.6.
2. CSEPP Planning Guidance, Appendix J.
3. ORISE Emergency Public Information Pocket Guide, 5th Edition.
4. JICSAW IV Training Course.

Outcome 8: Remediation and Recovery

This outcome includes all tasks associated with the immediate post-emergency period, out to about 48 hours after the event. They are intended to dovetail with the existing response-phase evaluations in outcomes 1-7.

Remediation and recovery operations normally will occur at a coordinated emergency operations center such as a Joint Field Office (JFO). The evaluation of this outcome emphasizes these joint operations rather than field play for three reasons. First, many of the field activities are essentially similar to response-phase functions. Second, based on past practice, it is expected that recovery will usually be exercised in a tabletop format. Finally, because remediation and recovery operations are extensions of response-phase functions, the related response-phase evaluation guides are referenced for these tasks in the detailed evaluation guides that follow the outcome evaluation map.

Refer to Appendix G in this document for a detailed discussion of CSEPP Remediation and Recovery evaluation.

OUTCOME EVALUATION MAP

INSTALLATION	STATE/COUNTY
A/C.8.1.E Manage Limited Access to Restricted Areas	
A/C.8.2.E Initiate Environmental Remediation	
A.8.1.E Initiate Accident Investigation	C.8.1.E Make and Implement Ingestion Pathway Protective Action Decisions
	C.8.2.E Perform Post-Emergency Medical Screening
	C.8.3.E Secure Disaster Assistance for Affected Communities
	C.8.4.E Provide Temporary Shelter for Evacuees
A/C.8.3.E Coordinate Recovery-Phase Monitoring and Sampling	
A/C.8.4.E Make Recovery-Phase Protective Action Decisions	
A/C.8.5.E Implement Unrestricted Reentry	
A/C.8.6.E/J Provide Recovery Information to the Media and the Public	

Task: Manage Limited Access to Restricted Areas

Evaluated component: Off-Post Emergency Operations Center

Expected Outcomes: Emergency workers are able to access restricted areas off-post in a controlled and safe way to perform vital missions such as rescue, monitoring, or infrastructure assessment and repair. Access by non-authorized personnel to the restricted area is denied through this phase of recovery.

Steps:

1. Set policies regarding approval of emergency missions in the restricted areas to allow essential functions to be performed while minimizing risk to emergency workers. Assign responsibility for operational management of controlled access.
2. Establish and staff semi-permanent checkpoints for controlled access.
3. Establish procedures for restricted reentry, including log-in and -out, stay time limits, use of PPE, buddy system, rescue standby, and medical standby as required.
4. Secure communications resources as needed to ensure that teams entering a restricted area can communicate with a base outside the area.
5. Secure monitoring resources as needed to establish safe paths, accompany entry teams, or otherwise support safe reentry to the restricted area.
6. Set policies as needed regarding access to the restricted area by members of the public (e.g., to care for or retrieve animals, shut down critical plant operations, secure business records, or perform other errands).
7. Keep the public information officer informed of the progress of missions performed in the restricted area and policies regarding access to the restricted area.
8. Keep operations managers and decision makers informed of the progress of missions performed in the restricted area.

Related Response-Phase Tasks:

C.3.4.E Direct and Control Activation of Traffic and Access Control Points

References:

1. CSEPP Recovery Plan Workbook, Sec. 2.4 (Access to Restricted Areas).
2. CSEPP Planning Guidance Appendix H (Emergency Support Operations).
3. CSEPP Policy Paper #2.

Task: Initiate Environmental Remediation

Evaluated Component: On-Post Emergency Operations Center

Expected Outcomes: Procedures for environmental assessment and cleanup are initiated in compliance with environmental requirements.

Steps:

1. The Federal On-Scene Coordinator (OSC) receives legal and technical advice with respect to fulfilling environmental remediation requirements.
2. The OSC identifies the cognizant local, state, and/or federal environmental enforcement agencies under CERCLA and RCRA and makes initial contact to discuss environmental assessment and remediation.
3. The OSC ensures that field operations at the scene of the CAI include proper procedures for environmental protection (e.g. containment of runoff and containerization of waste with proper labeling).
4. The OSC begins the process of assembling an administrative record of the response. The record includes the results of monitoring and sample analysis and actions taken to secure and decontaminate the site.

Related Response-Phase Tasks:

- A.4.9.F Conduct Release Control Operations
- A.4.10.F Mitigate the Effects of the Agent Release
- A.3.4.E Perform Duties as the Federal On-Scene Coordinator

References:

1. CSEPP Recovery Plan Workbook, Sec. 2.11 (Environmental Remediation), Annex H (Cleanup Procedures under CERCLA and RCRA).
2. USAMC Service Response Force Contingency Plan (Draft), Annex L Restoration Operations.
3. AR 200-1.
4. AR 50-6.
5. DA Pam 50-6, Paragraphs 2-10, 2-11, 2-13, 3-4 and 3-5.

Task: Initiate Accident Investigation

Evaluated Component: On-Post Emergency Operations Center

Expected Outcomes: Evidence is preserved and a collateral investigation is initiated in order to determine causation, assess liability, and prevent similar occurrences in the future.

Steps:

1. Determine whether the collateral investigation will be formal or informal (as defined in AR 15-6) and appoint an investigating officer, supported by a team of advisors.
2. The scope of the investigation includes responsibility for the event, effectiveness of emergency response operations, extent of agent contamination, and extent of injuries and property damage.
3. Collect and preserve information regarding the event and the emergency response, including photographs and videotape of the scene and the response; narrative accounts from witnesses, weather information, work plans and activity logs, EOC audio tapes, computer files, paper and electronic messages and notes, teardown analysis of equipment, PPE issue, dispersion modeling results, monitoring and sample analysis results, medical records and lab results, and other relevant data.
4. Establish a filing and data management system for information collected and begin assembling applicable procedures, plans, regulations, and guides.
5. Maintain coordination between collateral investigation and concurrent safety and claims investigations.
6. Coordinate with off-post authorities (local, state and federal) regarding any investigations they are conducting.
7. Develop appropriate investigation reports.

Related Response-Phase Tasks:

A.4.5.F Preserve the Accident Scene

References:

1. CSEPP Accident Investigation Guide.
2. AR 15-6, AR 50-6, DA Pam 50-6, AR 385-40, DA Pam 27-162.

Task: Make and Implement Ingestion Pathway Protective Action Decisions

Evaluated Component: Off-Post Emergency Operations Center

Expected Outcomes: The public is protected from exposure to chemical agent via ingestion, and the market share of products from nearby unaffected areas is maintained.

Steps:

1. Identify possible chemical agent ingestion pathways such as water intakes, farms, food processing and distribution facilities, etc. in the affected area.
2. Determine appropriate emergency and preventive control actions to prevent ingestion of agent (e.g., water-intake shutoff, food embargo).
3. Coordinate decision making among appropriate authorities and technical agencies, including state and local chief executives and local, state, and federal agricultural, food safety, and public health agencies.
4. Determine appropriate measures to implement ingestion pathway protective action decisions and identify resources to implement them.
5. Secure alternate water or food supplies as needed for affected persons.
6. Issue appropriate instructions and information to the public.
7. Embargo products from potentially affected areas, as needed. Coordinate with law enforcement, transportation companies, and agricultural marketers to implement embargo decisions.
8. Coordinate with local farm co-ops, agricultural producer's associations, marketing organizations, and other organizations as appropriate to develop measures to address reputation damage.

Related Response-Phase Tasks:

- | | |
|-----------|---|
| A.5.1.E | Recommend CENLs, PARs, and PADs |
| A.5.2.E | Determine On-Post PAD |
| C.3.3.E | Support Protective Action Decision Making |
| C.5.1.E | Make Protective Action Decisions |
| A/C.7.4.J | Disseminate Public Health and Safety Information to the Media |

References:

1. CSEPP Recovery Plan Workbook, Sec. 2.5 (Ingestion Pathway Protection).

Task: Perform Post-Emergency Medical Screening

Evaluated Component: Off-Post Emergency Operations Center

Expected Outcomes: Area hospitals and clinics provide medical screening for persons affected by the emergency.

Steps:

1. Develop system and arrange for resources to screen large numbers of persons.
2. Determine criteria for prioritizing screening, for example, residence or employment within a zone subject to protective actions.
3. Arrange for transportation of persons to and from relocation centers, as needed.
4. Evaluate whether the individual is suffering or has suffered effects of agent exposure or secondary effects such as stress due to the emergency.
5. Provide decontamination and medical treatment as appropriate.
6. Generate a record of each person screened, whether or not any further treatment is indicated or performed.
7. Publicize availability of screening through public information releases and by contacting organizations operating mass care facilities.
8. Prepare for the ongoing possibility of exposure to emergency or remediation workers.

Related Response-Phase Tasks:

- C.6.2.F Screen Evacuees for Agent Contamination
- C.6.4.F Decontaminate Potentially Exposed Evacuees
- C.6.7.F Treat Patients at a Medical Treatment Facility

References:

1. CSEPP Recovery Plan Workbook, Sec. 2.6 (Medical Services).
2. CSEPP Planning Guidance, Sec. 8.11 (Emergency Medical Services) and Appendix I (Planning Guidelines for Emergency Medical Services).

Task: Secure Disaster Assistance for Affected Communities

Evaluated Component: Off-Post Emergency Operations Center

Expected Outcomes: Administrative procedures are begun for securing compensation to those affected by the emergency, including members of the public, medical facilities, businesses, and units of government.

Steps:

1. Off-post officials work with Army officials to secure compensation to evacuees for evacuation expenses and to set up a mechanism for distributing this compensation.
2. Work with Army and FEMA officials to establish a Disaster Recovery Center (DRC) to process requests from the public for compensation. Consider contacting insurance companies and volunteer service organizations to co-locate at the facility to provide one-stop services for persons affected by the chemical accident.
3. The DRC facility should be accessible to the public and have adequate space and equipment for the work to be conducted there, including telephones, desks and tables, and word processing equipment.
4. Mobilize staffing for the DRC.
5. Begin the process of evaluating losses to state and local government: response and recovery costs, damage to facilities, and losses due to decreased tax revenue.
6. Inform the public about the requirement to document their losses and availability of the DRC for receiving claims and requests for assistance.

Related Response-Phase Tasks:

- C.3.8.E Request Supplementary Assistance
A.5.10.E Arrange for and Provide Army Claims Services

References:

1. CSEPP Recovery Plan Workbook, Sec. 2.10 (Claims and Disaster Assistance); Annex J (Military Claims Authority); Annex K (Response Costs under CERCLA); and Annex L (Disaster Assistance under the Stafford Act).

Task: Provide Temporary Shelter for Evacuees

Evaluated Component: Off-Post Emergency Operations Center

Expected Outcomes: Evacuees who will be displaced for more than a day or two are provided appropriate shelter.

Steps:

1. Determine the approximate number of on-post and off-post residents who may be displaced from their regular residences for more than a day or two. Estimate the number who will require temporary shelter.
2. Assess whether already open emergency shelters will serve as longer-term temporary shelters.
3. Assess whether the shelter needs of all population groups, including persons with special needs, are being met.
4. Arrange for additional, appropriate temporary shelters as needed based on the above assessments. Coordinate with the American Red Cross and other relief organizations as appropriate.
5. Coordinate with social service organizations and school districts to ensure continuity of services for displaced persons. Due to the disruption of ordinary routines, displaced persons may need social assistance such as transportation, child care, meals on wheels, or other services.
6. Provide for security at temporary shelters.
7. Provide care and shelter as needed for companion animals.
8. Publicize the availability of assistance through public information announcements.
9. Maintain record of expenses.

Related Response-Phase Tasks:

- C.5.13.E Direct and Control Shelter Operations
C.5.12.F Operate Shelters

References:

1. CSEPP Recovery Plan Workbook, Sec. 2.7 (Relocation).
2. CSEPP Planning Guidance, Sections 8.9 (Special Populations), 8.13 (Community Resource Coordination), 8.15 (Evacuee Support), and Appendix K (Planning Guidelines for Evacuee Support).

Task: Coordinate Recovery-Phase Monitoring and Sampling

Evaluated Component: On-Post and Off-Post Emergency Operations Center

Expected Outcomes: Requirements and priorities are established, resources are secured, and interagency coordination is performed for recovery phase monitoring and sampling.

Steps:

1. Determine immediate monitoring needs to support entry to restricted areas for rescue or other urgent tasks, or to verify a safe path for exit of sheltered individuals.
2. Determine monitoring and sampling needs to support decisions to allow unrestricted reentry and lift ingestion pathway measures. Coordinate to develop a monitoring and sampling plan that will provide the information needed within a reasonable timeframe.
3. Coordinate with the Army and other analytical facilities as required to secure the monitoring, sampling, and analytical resources to implement the monitoring and sampling plan.
4. If state or local observers will accompany Army monitoring and sampling teams, make necessary staff assignments and ensure that appropriate precautions will be taken against the agent hazard. Army and off-post authorities coordinate monitoring and sampling team rendezvous.
5. Coordinate Army and local law enforcement agencies to ensure monitoring and sampling teams have access to public and private property as needed. If law enforcement personnel will accompany Army monitoring and sampling teams, make necessary staff assignments and ensure that appropriate precautions will be taken against agent hazard.
6. Establish communications protocol for reporting of monitoring and sampling results.
7. Estimate how long it will take to get results back on the entire area affected, considering the area to be sampled, the sampling density, and the analytical resources available to process samples.
8. Keep the public information and public affairs officers informed as to the progress of monitoring and sampling efforts, how long it is expected to take, and results that have been obtained so far.
9. Establish a protocol for archiving data, decisions, and actions for subsequent analysis, investigations, and reports.

Related Response-Phase Tasks:

- | | |
|---------|---|
| A.2.8.E | Coordinate Monitoring and Sampling Operations (On and Off-Post) |
| C.2.2.F | Coordinate Response Phase Monitoring and Sampling |

References:

1. CSEPP Recovery Plan Workbook, Sec. 2.3 (Hazard Assessment).
2. CSEPP Off-Post Monitoring IPT Report.
3. CSEPP Policy Paper #2.
4. DA PAM 50-6, paragraphs 3-5, 11-2, 11-3, and 13-6.

Task: Make Recovery-Phase Protective Action Decisions

Evaluated Component: On-Post and Off-Post Emergency Operations Center

Expected Outcomes: Appropriate and timely decisions on protective action decisions are made by designated public officials.

Steps:

1. Obtain information and recommendations from the installation based on computer modeling of the release.
2. Obtain results of on-post and off-post monitoring and sampling. Consider measures such as use of split samples to ensure confidence in analytical results.
3. Consider the possibility of additional hazards posed by response and cleanup operations at the accident scene.
4. Make appropriate and timely decisions regarding areas or particular facilities that were initially sheltered: shelter exit and ventilation and/or relocation to a safe area, based on residual risk and other relevant factors.
5. Make appropriate and timely decisions regarding unrestricted reentry to areas that were initially evacuated or subsequently relocated, based on residual risk and other relevant factors.
6. Make appropriate and timely decisions regarding schools, day care centers, medical facilities, and special populations in the affected area.
7. Determine when restricted areas of the post may be reopened and work on suspended operations may resume.

Related Response-Phase Tasks:

- A.3.10.E Make On-Post Reentry Decisions
- A.5.1.E Recommend CENLs, PARs, and PADs
- A.5.2.E Determine On-Post PAD
- C.3.3.E Support Protective Action Decision Making
- C.5.1.E Make Protective Action Decisions

References:

1. CSEPP Recovery Plan Workbook, Sec. 2.3 (Hazard Assessment).
2. CSEPP Planning Guidance, Ch. 7 (Protective Action Decision Making) and Appendix D (Planning Guidelines for Protective Action Decision Making).

Task: Implement Unrestricted Reentry

Evaluated Component: On-Post and Off-Post Emergency Operations Center

Expected Outcomes: Unrestricted reentry to formerly restricted zones is implemented in a safe and timely manner.

Steps:

1. As areas are determined to be safe for unrestricted reentry, formulate new borders for the restricted zone based on familiar landmarks and boundaries.
2. Adjust traffic and access control points based on the new boundaries.
3. Develop and disseminate public instructions to allow unrestricted reentry and convey the new boundaries.

Related Response-Phase Tasks:

- A.3.6.E Direct and Control Protection of the On-Post General Population
- C.3.4.E Direct and Control Activation of Traffic and Access Control Points
- C.5.4.E Select or Prepare Protective Action Messages
- A/C.7.4.J Disseminate Public Health and Safety Information to the Media

References:

1. CSEPP Recovery Plan Workbook, Sec. 2.4 (Access to Restricted Areas).
2. CSEPP Planning Guidance, Section 8.8 (Traffic and Access Control) and Appendix G (Planning Guidelines for Traffic and Access Control).

Task: Provide Recovery Information to the Media and the Public

Evaluated component: Joint Information System

Expected Outcomes: Information is provided in a timely and complete fashion to the media and the public regarding residual hazards, protective actions, care and services available to the public, and cleanup, remediation, and claims procedures.

Steps:

1. Public information staff transitions the JIC/JIS and related activities from response phase to remediation and recovery phase.
2. Public information staff gathers information about the recovery.
3. Public information staff coordinates with public information staff of all organizations involved in the recovery effort.
4. Public information staff obtains advice from experts in recovery fields such as environmental remediation, claims, and social services.
5. Public information staff provides recovery information to the public via written releases, media briefings, and interviews.
6. JIS/JIC staff develops a JIC staffing resource plan for the response, invoking the Emergency Management Assistance Compact if necessary, and anticipating the influx of potential public affairs resources and material from the state and/or federal government.

Related Response-Phase Tasks:

- A/C.7.3.J Provide Emergency Public Information to the Media and the Public.
- A.7.1.E Disseminate Public Health and Safety Information to the Media
- C.7.1.E Disseminate Public Health and Safety Information to the Media
- A/C.7.4.J Disseminate Public Health and Safety Information to the Media
- A/C.7.6.J Disseminate Public Health and Safety Information Directly to the Public

References:

1. CSEPP Recovery Plan Workbook, Section 2.9 (Public Information).
2. CSEPP Planning Guidance, Appendix J (Public Education and Information).
3. CSEPP Glossary, IEM.
4. ORISE Emergency Public Information Pocket Guide, 5th Ed.

APPENDIX D
CSEPP GUIDE FOR EXERCISE
EXTENT OF PLAY AGREEMENTS

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APPENDIX D

CSEPP GUIDE FOR EXERCISE EXTENT OF PLAY AGREEMENTS

D.1 INTRODUCTION

The Extent of Play Agreement (XPA) is a contract between the exercise players, or participants, and the exercise Co-Directors and is the basis by which communities conduct meaningful exercises. This tool provides exercise planners with a basic outline from which to develop those exercises. This appendix is the guide for developing XPAs for CSEPP exercises, whether they are to be Federally Managed Exercises (FMEs) or Alternate-Year Exercises (AYEs). Sample jurisdictional (both on- and off-post) and community XPAs are provided as guides for the development of XPAs.

D.2 EXTENT OF PLAY AGREEMENTS

The XPA begins with the assumption that the community will fully respond according to its plans (demonstrating all applicable Emergency Response Outcomes). The CSEPP community, when planning its exercise participation, will determine how it plans to demonstrate responding to a simulated Chemical Accident/Incident (CAI), and will describe simulations, out of sequence play, or how non-participating organizations will be represented during play, in detail in the XPA.

Once the scope of participation for the jurisdiction has been determined, it is suggested that agreements be drafted and signed by an appropriate official from each participating agency or organization. The agreements should be the product of dialogue between an emergency manager, coordinator, or training officer at the appropriate level (local to local, state to state, region to region or federal to federal) and the jurisdiction, agency, organization, corporation or installation who will be participating in the exercise. The individual negotiating the XPAs should be a member of the exercise planning team, but need not be a trusted agent. The XPA for a jurisdiction or installation is a compilation of agreements with each of the participating agencies or organizations within that jurisdiction or installation. However, each participating agency or organization does not sign the jurisdiction's XPA.

The XPA development process ensures that exercise participants understand the basis upon which the exercise performance will be evaluated, as well as other significant parameters of the exercise. The XPA delineates who will participate in the exercise, what will be demonstrated during the exercise, why the exercise is being held, when the exercise will be held, where exercise demonstrations will take place, and how players will participate in the exercise.

D.3 EXTENT OF PLAY NARRATIVE FORMAT

An XPA may be written in a narrative format, describing how the jurisdiction intends to demonstrate its plans and procedures during the exercise. This method allows the jurisdiction a level of flexibility in its description of the details of expected player actions, simulations, and deviations from plans. The narrative may describe the expected actions of a

jurisdiction by outcome, by agency, or by functional area. The community's XPA may also be written in this format. For consistency and ease of integration, all jurisdictions should use the same format for each specific exercise, as agreed to by the community, or follow the Exercise Co-Director's instructions. Examples 1 and 2 are sample narrative format XPAs.

D.4 EXTENT OF PLAY TABLE FORMAT

An XPA may be written in a tabular format. If this method is used, the table will be organized by outcome and indicate what activities will be performed during the exercise. The jurisdiction's XPA needs to depict how they will contribute to that demonstration. A narrative agreement precedes the detailed table and provides an overview of the exercise parameters. The following describes the table structure for this format. The tabular format for an XPA is provided in Examples 3, 4, and 5. The first two pages of each example provide a suggested format for the narrative component of the XPA, with the tables directly following.

D.4.1 Column 1 -- JURISDICTIONS

List the jurisdiction performing the task using a two- or three-letter identifier.

D.4.2 Column 2 – TASK

List the task to be performed by using the EEG identification number and description for the appropriate outcome as listed in Appendix C. When determining which task should be included for demonstration, the following questions should be considered:

- Why is the task being performed?
- Is it part of the plan?
- If not, does it need to be incorporated in the plan?
- Does it support your exercise focus or goals?
- Is it necessary?
- What is the desired outcome?
- Is it a key function toward your community's readiness capability?

D.4.1 Column 3 -- PLAYERS

List the players who will perform the task by position/agency.

Note: It is important to know who will participate during an exercise. It is equally important to know who is not participating in the exercise. This information determines the level and type of support and other resources required.

D.4.4 Column 4 – DESCRIPTION OF PLAY

The description of play explains:

- What will be demonstrated,
- When the activity is expected to be performed,
- Where the activity will take place,
- How players will perform the activity.

D.4.4.1 What will be demonstrated

The jurisdiction's XPA will describe what will be demonstrated in response to a simulated CAI to accomplish the task. The level of detail provided in the XPA should be sufficient to support exercise design, without getting down to minute details of plans and response.

D.4.4.2 When the activity is expected to be performed

State whether you plan to conduct the activity in- or out-of-sequence. If the activity is to be conducted out-of-sequence, specify when you plan to conduct the activity (the day before, the day after, or on exercise day, but not related to exercise play, etc.).

D.4.4.3 Where the activity will take place

Relative to plume direction and affected zones, the areas where activities are likely to take place, such as EOCs, medical facilities, decon sites, field locations, etc.

D.4.4.4 How players will perform the activity

Identify which elements of the exercise will be demonstrated through actual play and which will need to be simulated. The list of simulations will be particularly important from the standpoint of determining the level of exercise support required.

D.4.4.5 Summary

By addressing the above topics, opportunities may be provided to exercise both new and long established capabilities. Those opportunities may also include exercising mutual aid actions between jurisdictions and agencies that have been discussed but not tried.

D.5 EXAMPLES OF EXTENT OF PLAY AGREEMENTS

The following are examples of XPAs, provided for reference as you develop your organization's, jurisdiction's, or community's XPA. As you review the sample XPA, please remember that the format of your XPA may vary from the provided sample and how the XPA is displayed is far less important than what goes into your XPA. Also, while this example uses the word "county," the words "county," "city," and "jurisdiction" can be used as appropriate. The primary factors to consider in choosing a format for your XPA are (1) addressing any preferences your exercise Co-Directors may have regarding the format, (2) creating an XPA that is complete, easy to understand and use, and (3) meeting the needs of your organization (or jurisdiction) and those of your exercise planning team.

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Example 1 – Jurisdictional Narrative Format

EXTENT-OF-PLAY AGREEMENT for the BADLANDS ARMY CHEMICAL DEPOT (BACD) COMMUNITY CSEPP EX 200X

1. PURPOSE

This document summarizes how the Badlands Army Chemical Depot (BACD) will participate in exercise activities during the BACD Community CSEPP EX 200X. The exercise planning team uses this agreement to guide the development of implementers and injects. Exercise control staff use the agreement to facilitate “free play” during the exercise.

2. STANDARDS AND REFERENCES

The basis for exercise play is the current, promulgated versions of the following documents:

- BACD CAIRA Plan and other applicable BACD emergency plans.
- Department of the Army regulations, pamphlets, technical manuals, and other applicable administrative publications.
- U. S. Army Material Command Chemical Service Response Force Plan.
- Memoranda of Understanding/Agreement between BACD and the surrounding jurisdictions, U.S. Army Commands, or other federal agencies/organizations.
- State and County emergency operations plans.
- Applicable federal, state, or local statutes, ordinances, regulations, and orders.
- Memoranda of Understanding/Agreement between the off-post jurisdictions and BACD, between the jurisdictions themselves, and between the jurisdictions and federal agencies/organizations.
- CSEPP planning guidance and policy papers.

Details regarding evaluation methodology and procedures will be provided in the Exercise Plan (EXPLAN) and Control Staff Instructions (COSIN).

3. EXERCISE PARTICIPANTS

Full-Scale Play: BACD; Badlands, Cody and Rushmore Counties; Camp Roosevelt; St. Mark’s Hospital; and the State of West Dakota.

Support Only: The Environmental Protection Agency Region ____, West Dakota American Red Cross Job Center, and the U.S. Army Chemical Materials Agency Operations Center.

Example 1 – Jurisdictional Narrative Format

4. EXERCISE PARAMETERS

The basis for the exercise-initiating event is a credible storage accident in the chemical limited area at BACD that produces a downwind hazards area that causes protective actions and other emergency responses to be considered in the community's CSEPP emergency planning zones. Design of the exercise scenario beyond the initiating event will allow participating jurisdictions to achieve their exercise goals and response elements to demonstrate their capabilities.

Exercise play will begin no earlier than 8:00 a.m. EDT on 25 JUL 200X, and will continue uninterrupted for a minimum of 4.5 hours. The end of exercise play (ENDEX) will not occur until an initial joint news conference has occurred AND the Exercise Co-Directors determine that the community has been provided sufficient opportunity to demonstrate its response capability.

An exercise controller will be assigned to participating jurisdictions' emergency operations centers and field play locations. Jurisdictions will provide the EOC controller access to a telephone and/or computer.

Note: The evaluators will review the following information prior to the commencement of the exercise: Respirator fit testing documentation (for tight-fitting respirators), PLHCP's recommendation from physical exams (may have local version of protocol), operational level training records, number of personnel trained (i.e., can they function in decon? How many is enough?), and equipment used. **If the agency cannot produce current documentation (within the last 12 months) for operational training, fit testing, and medical screening of personnel performing victim decontamination, the evaluation lead will immediately notify the Exercise Co-Director with a recommendation that decon personnel not dress-out in PPE, due to failure to meet OSHA & EPA standards 29 CFR 1910.120 and 134.**

5. SIMULATIONS

Exercise simulations address situations and events that would occur in an actual response, but, due to specific considerations such as safety or cost, cannot be demonstrated during the exercise. Pre-approved simulations for BACD CSEPP EX 200X follow.

ITEM	SIMULATION
Liquid Chemical Agent	Cooking oil or water, as appropriate to the agent being simulated.
Injury and Agent Exposure	Moulage, symptom cards, verbal instructions from controllers, actor actions.
Response Priorities	Response to actual emergencies takes precedence over participation in the exercise.

Example 1 – Jurisdictional Narrative Format

Vehicle Sirens and Lights	Unless prohibited by local ordinances, sirens and flashing lights on emergency vehicles should be used in the vicinity of the exercise area to represent the urgency of response and for safety considerations.
Traffic Rules	Traffic regulations, posted speed limits, and traffic control signs will be obeyed during the exercise. Any delays incurred by following traffic rules will be considered during the analysis phase.
Weather	Actual weather conditions will be used. Simulated weather may be used for hazard analysis purposes if needed to depict the plume transport to certain areas, to satisfy exercise objectives.
Decontaminants	Water will be used to simulate liquid decontaminate, and sand or powder will be used to simulate dry decontaminate. Responders must request the use of simulants for decontaminates on a case-by-case basis, to permit evaluation of when and how the decontaminate would be used. Responders must still demonstrate the capability to mix the decontaminates properly and safely — the materials and equipment must be present, the mixing procedure must be explained, and mixing time will be taken into account. Decontaminate materials equal to the amount being simulated will be taken “out of play.”
Medical Treatment	<p>Non-invasive medical procedures (e.g., bandaging wounds, applying splints, using stretchers) will not be simulated. Administration of drugs and medication will be simulated, provided that they are available where they would be administered. Training antidote kits may be used by responders, but only if actual kits are available. CPR and invasive procedures (e.g., tracheotomy, injections, eye wash, tourniquets) will be simulated.</p> <p>Serious actual injuries to players will be treated separately and kept out of the exercise casualty management and tracking system. Minor actual injuries to players will be treated promptly, but the treatment will be incorporated into exercise play.</p>

Example 1 – Jurisdictional Narrative Format

Clothing Removal	Clothing will ordinarily be removed when demonstrating personnel decontamination and casualty management. Actions that would expose individuals to injury, adverse weather conditions, or embarrassment will be simulated upon request. Actors and responders who have the greatest potential for disrobing may wear additional undergarments or swimming attire under their PPE or normal clothing. Actions that would damage serviceable clothing (e.g., cutting clothing off victims) will be simulated; however, the responder must describe the procedure that would be used.
Actions that May Damage Equipment	Relief from taking actions that may damage equipment can be granted on a case-by-case basis. The request must be supported by an explanation or justification for each instance. Subsequent to granting the request, the controller must determine if the equipment is called out of action or has limited use, as the equipment would have been damaged if used in the way described. Controllers will mark the equipment as “out of action” or “for limited use” as appropriate.
Recall of Off-Duty Personnel	Off-duty personnel may be contacted in accordance with planned recall procedures; however, they are not required to report for duty.
Supplies and Equipment	Supplies and equipment that would be expended during an actual response will also be expended to demonstrate capability during this exercise. However, the use of expensive or scarce supplies and equipment may be simulated if their consumption would reduce the capability to respond to an actual emergency, or if replacement would require substantial additional funds. Such simulations must be granted on a case-by-case basis. Simulations will not be granted for supplies and equipment that are not available when and where the responders need them.

6. EXPECTED EXERCISE ACTIONS

Activities within the BACD EOC and at field operations will be “real play,” with the following exceptions:

- Protective action measures for tenet activities will be followed to the point of providing initial status reports to the EOC. Actual evacuation or relocation of people and/or equipment will not occur. However, transportation assets will go to staging areas and follow pick-up routes. The BACD will respond to the chemical accident as described in its plans and procedures.

Example 1 – Jurisdictional Narrative Format

- Population warning systems will be activated only during the initial warning period, using the exercise tone and exercise public address message. Periodic resounding or providing subsequent population warnings over these systems will not occur; however, procedures to the point of activating the system will be demonstrated.
- Traffic and access control points (T/ACP) will not be set up. However, T/ACP locations will be staffed and barrier material will be retrieved and delivered as appropriate.
- Operational reserve stocks of protective equipment and decontaminate will not be moved from storage locations. Containers that simulate the size and shape of the actual items will be used for loading and delivery operations.
- Accident victims will not be transported to off-post medical treatment facilities. However, medical tracking procedures will be played.

7. SIGNATURES

The following agree to support the YI Community CSEPP Exercise 20XX as described herein.

SUBMITTED BY:

CONCURRENCE:

Jurisdiction

On-Post Exercise Co-Director

Example 1 – Jurisdictional Narrative Format

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Example 2 – Jurisdictional Narrative Format

Trier County

Jurisdictional Extent-of-Play Agreement
For the
Bardenas Community CSEPP Exercise 2003
On
September 10, 2003

1. PURPOSE

This Jurisdictional Extent of Play Agreement (XPA) identifies the conditions that will be used to develop, conduct, control, and evaluate the Bardenas Community CSEPP Exercise 2003, as agreed to by the Exercise Co-Directors and Trier County.

2. STANDARDS AND REFERENCES

The exercise play by Trier County will be based on the editions of the following documents current on the day of exercise:

1. The Trier County Emergency Operations Plan implementing procedures and checklists. Trier County will identify these by title and date for inclusion in the Exercise Plan (EXPLAN).
2. MOUs and MOAs between Trier County and various agencies and organizations concerning response to an accident involving Army toxic chemicals at the Bardenas Chemical Depot.

3. EXERCISE PARAMETERS

The scenario will be based on events occurring where toxic chemicals are stored at the Bardenas Chemical Depot. These events cause liquid agent contamination in the vicinity of the storage site, and vapor hazards downwind. The hazards will extend beyond the installation boundary, and will require protective actions and other emergency responses to be taken in the IRZ. The type of agent released, the area of ground contamination, the vapor plume path, and the number and condition of casualties will be within a range to achieve the objectives for each jurisdiction, and will be consistent with responders demonstrating their capabilities at the locations listed in this agreement.

Exercise play will begin no earlier than 0800 on September 10, 2003, and will continue uninterrupted for a minimum of 4.5 hours. Some responders may play beyond 4.5 hours. The tables in the enclosure describe the agreements for the conduct of the exercise by Trier County and the simulations that will be used to ensure a credible evaluation.

Joint facilities and functions that involve multiple jurisdictions (i.e., the activation and operation of a Joint Information Center [JIC], the Recovery Planning Group [RPG], the functions of the

Example 2 – Jurisdictional Narrative Format

Federal On-Scene Coordinator [OSC] and Regional Response Team [RRT], and the activation and operation of a Federal Response Center [FRC]) will be demonstrated, consistent with the exercise objectives, this agreement, and the scenario. For this exercise, a JIC will be activated and operated jointly by all participating jurisdictions according to existing plans. Trier County will demonstrate its relationship with the Commander of Bardenas Chemical Depot, functioning as the Federal On-Scene Coordinator, leading up to (but not including) the deployment of the RRT and establishment of an FRC.

4. EXERCISE PARTICIPANTS

All Trier County offices that have direction and control responsibilities in the event of a chemical accident at the Bardenas Chemical Depot will play in the Trier County EOC and the JIC during the exercise, consistent with the exercise objectives and scenario. Field response will also be demonstrated. This will include demonstration of one traffic control point; demonstration of decontamination capability, and EMS support at a decontamination site; activation of a mass care center; and emergency medical services provided by Medical Facilities located in Trier County.

Note: The evaluators will review the following information prior to the commencement of the exercise: Respirator fit testing documentation (for tight-fitting respirators), PLHCP's recommendation from physical exams (may have local version of protocol), operational level training records, number of personnel trained (i.e., can they function in decon? How many is enough?), and equipment used. **If the agency cannot produce current documentation (within the last 12 months) for operational training, fit testing, and medical screening of personnel performing victim decontamination, the evaluation lead will immediately notify the Exercise Co-Director with a recommendation that decon personnel not dress-out in PPE, due to failure to meet OSHA & EPA standards 29 CFR 1910.120 and 134.**

5. EXERCISE PLAN (EXPLAN)

The information about exercise standards and references, exercise parameters, exercise participants, and evaluation of objectives in this agreement, along with the enclosed tables, will be included in the EXPLAN for the information of all participants. Notes that follow the tables need not be included in the EXPLAN.

6. SIGNATURES

The following agree to support the Bardenas Community CSEPP Exercise 2003 as described herein.

SUBMITTED BY:

CONCURRENCE:

Trier County

Off-Post Exercise Co-Director

Example 2 – Jurisdictional Narrative Format

Trier County Bardenas_Community CSEPP Exercise 2003

SAMPLE Extent of Play Agreement Revised: April 24, 2003

1: Prevention and Preparedness

Demonstrated at pre-exercise site visit.

2: Emergency Assessment

Demonstrate routine on-post/off-post information exchange, including interactive review of BCD operational work plan, designating MCE, and predetermining appropriate PAD(s) for incidents emerging from scheduled operations. If an emergency situation occurs, receive and verify BCD notification and CENL with associated PAR(s) for offsite populations. Initiate off-post response actions. Demonstrate interactive dialogue and coordination throughout response phase monitoring and sampling operations to further delineate the hazard.

3: Emergency Management

Predetermine a PAD appropriate for risks that may be presented to jurisdictional populations based upon scheduled installation operations. Perform top-level decision-making and demonstrate direction and control of the off-post response, including alert and mobilization of EOC staff and emergency response personnel, notification of the public with emergency instructions, and activation and operation of the county EOC and community JIC per established procedures. Script messages for notification to the public of protective actions determined appropriate for the scenario (such as evacuation or sheltering in place). Conduct effective exchange of information and updates with BCD and other jurisdictions.

Demonstrate communications capabilities, facilities, equipment, and displays in the county EOC appropriate for the response to the scenario. EMIS will be primary information system used in the county EOC. ARES will perform back-up communications in the county EOC and other locations (e.g., JIC, decon sites, reception centers, hospital, etc.) as personnel resources permit.

Determine appropriate locations for traffic and access control points through law enforcement representative(s) in the county EOC. Notification to the public of the location of traffic control points (TCPs) will be provided through county JIC staff.

Demonstrate ongoing patient status and location tracking capabilities through established communication systems and coordination employed between the installation, county EOC, and medical facilities.

Demonstrate portions of plans and procedures pertaining to protection of schools and special needs populations implemented by respective EOC representatives. **Actual calls to people on special needs lists will not be made.** Simulated calls may be made to the SIMCELL as required by scenario input.

Example 2 – Jurisdictional Narrative Format

Provide leadership and coordination of overall emergency response and support activities, supplying required logistical support and coordinating supplemental assistance as required. *[Requests for supplemental assistance appropriate for the scenario may be simulated in some instances.]*

4: CAI Hazard Mitigation

Demonstrate interactive information exchange with BCD regarding the status of tasks conducted at the accident scene to contain the source and limit the magnitude of the hazard's impact.

5: Protection

Based upon the PAR and interactive discussion with the installation EOC, determine appropriate protective actions for on- and off-post special needs and general populations. Select or prepare protective action messages appropriate for the scenario in accordance with established plans and procedures.

Demonstrate capabilities to warn the public and broadcast emergency instructions by activating sirens, tone alert radios, electronic message boards, and the Emergency Alert System (EAS), **in test mode**, as appropriate for the scenario. Confirm that the warning systems have functioned properly.

Demonstrate deployment of law enforcement personnel for traffic and access control. For purposes of the exercise, one (1) traffic control point (TCP) will actually be manned in conjunction with the Camp Kyle decontamination site; other anticipated traffic control points will be simulated. **No actual** traffic will be stopped at the Camp Kyle TCP. Trier School District student actors representing evacuees **will encounter** this TCP and be processed in accordance with established protocols.

Demonstrate the capability to open and operate reception centers at the Trier County Public Health building and at the Camp Kyle Church building. *[Reception centers will receive a total of twenty (20) evacuees represented by student actors.]*

Demonstrate the capability of the American Red Cross to open and operate a shelter at the Trier High School.

6: Victim Care

Demonstrate the capability to prepare medical treatment facility to receive patients at a mobile decontamination site near Camp Kyle and at Lawrence Sullivan Ross Medical Center. *[Remaining decon sites near Grantsville and Stockton will be simulated.]*

Demonstrate the capability to screen and treat evacuees for agent contamination at a TCP established near Camp Kyle and at Lawrence Sullivan Ross Medical Center. *[Ten (10) off-post evacuees/victims will be processed through the TCP and decon site near Camp Kyle, and sixteen (16) off-post evacuees/victims will be processed at Lawrence Sullivan Ross Medical Center. Trier School District student actors will represent evacuees.]*

Demonstrate the capability to respond to situations and events as driven by the scenario, including the ability to decontaminate potentially exposed evacuees, emergency workers, and

Example 2 – Jurisdictional Narrative Format

patients at screening locations and medical treatment facilities established near Camp Kyle and at Lawrence Sullivan Ross Medical Center.

[Exercise Simulations: Water will be used for liquid decontaminates; soap to be used in actual incidents is available and mixing times are taken into account. Training PPE will be worn by county hazardous materials teams, volunteer fire departments, EMS workers, law enforcement personnel and hospital personnel at decontamination sites.]

Demonstrate the capability to transport patients to a medical treatment facility. *[Two (2) on-post patients and six (6) off-post patients will be transported to the Lawrence Sullivan Ross Medical Center. Trier School District student actors will represent all off-post patients.]*

Demonstrate the capabilities of the medical treatment facility to treat multiple patients. *[Sixteen (16) off-post evacuees/victims will be processed at the Lawrence Sullivan Ross Medical Center. There will be no fatalities at the hospital.]*

Note: The evaluators will review the following information prior to the commencement of the exercise: Respirator fit testing documentation (for tight-fitting respirators), PLHCP's recommendation from physical exams (may have local version of protocol), operational level training records, number of personnel trained (i.e., can they function in decon? How many is enough?), and equipment used. **If the agency cannot produce current documentation (within the last 12 months) for operational training, fit testing, and medical screening of personnel performing victim decontamination, the evaluation lead will immediately notify the Exercise Co-Director with a recommendation that decon personnel not dress-out in PPE due to failure to meet OSHA & EPA standards 29 CFR 1910.120 and 134.**

7: Emergency Public Information

Demonstrate the community's capabilities to gather, verify, and disseminate emergency information to citizens, officials, and media representatives. Demonstrate activation and operation of a Joint Information Center (JIC) and implementation of a Joint Information System (JIS). The activation of the JIC and exchange of information with the media will be performed in real time. Emergency instructions, media briefings, and news releases will be provided as appropriate for the scenario and disseminated through the JIC according to established protocols. Jointly conduct coordinated direction and control of public information activities between the installation, the county EOC, JIC staff, and other agency and jurisdictional representatives. Information pertaining to county reception centers, American Red Cross shelters, schools, and special needs populations will be disseminated through the JIC. *[The exercise will not be terminated until a JIC press conference is completed, even if objectives at other locations are satisfied sooner.]*

Example 2 – Jurisdictional Narrative Format

8: Remediation and Recovery

Not demonstrated in this exercise.

Example 3 – Jurisdictional Tabular Format

YOUR JURISDICTION Final

Jurisdictional Extent of Play Agreement
for the
Your Installation(YI) Community CSEPP Exercise 20XX
on
[EXERCISE DATE]

1. PURPOSE

This Jurisdictional Extent of Play Agreement (XPA) identifies the conditions that will be used to develop, conduct, control, and evaluate the Your Site Community CSEPP Exercise 2002, as agreed to by the Exercise Co-Directors and Your Jurisdiction.

2. STANDARDS AND REFERENCES

The play by Your Jurisdiction will be based on the editions of the following, as current on the day of exercise:

-- Your Jurisdiction Emergency Operations Plan implementing procedures and checklists. Your Jurisdiction will identify these by title and date for inclusion in the Exercise Plan (EXPLAN).

-- MOUs and MOAs between Your Jurisdiction and various agencies and organizations concerning the response to an accident involving Army toxic chemicals at Your Installation (YI).

3. EXERCISE PARAMETERS

The scenario will be based on events occurring where toxic chemicals are stored at YI. These events cause liquid agent contamination in the vicinity of the storage site, and vapor hazards downwind. The hazards will extend beyond the installation boundary, and will require protective actions and other emergency responses to be taken in the IRZ. The type of agent released, the area of ground contamination, the vapor plume path, and the number and condition of casualties will be within a range to achieve the objectives for each jurisdiction, and will be consistent with responders demonstrating their capabilities at the locations listed in this agreement.

Exercise play will begin no earlier than 0800 on [Exercise Date], and will continue uninterrupted for a minimum of 4.5 hours. Some responders may play beyond 4.5 hours. The tables in the enclosure describe the agreements for the conduct of the exercise by Your Jurisdiction, and the simulations that will be used to ensure a credible evaluation.

Joint facilities and functions that involve multiple jurisdictions (i.e., the activation and operation of a Joint Information Center [JIC], the Recovery Planning Group [RPG], the functions of the Federal On-Scene Coordinator [OSC] and Regional Response Team [RRT], and the activation and operation of a Federal Response Center [FRC]) will be demonstrated, consistent with the

Example 3 – Jurisdictional Tabular Format

exercise objectives, this agreement, and the scenario. For this exercise, a JIC will be activated and operated jointly by all participating jurisdictions according to existing plans. Your Jurisdiction will demonstrate its relationship with the Commander of YI functioning as the Federal On-Scene Coordinator, leading up to (but not including) the deployment of the RRT and establishment of an FRC.

4. EXERCISE PARTICIPANTS

All Your Jurisdiction offices that have direction and control responsibilities in the event of a chemical accident at YI will play in the Your Jurisdiction EOC and the JIC during the exercise, consistent with the exercise objectives and scenario. Field response will also be demonstrated. This will include demonstration of two traffic control points; demonstration of decontamination capability and EMS support at a decontamination site; activation of a mass care center; and emergency medical services provided by the Your Jurisdiction Hospital.

5. EXERCISE PLAN (EXPLAN)

The information about exercise standards and references, exercise parameters, exercise participants, and evaluation of objectives in this agreement, along with the enclosed tables, will be included in the EXPLAN for the information of all participants. Notes that follow the tables need not be included in the EXPLAN.

6. SIGNATURES

The following agree to support the YI Community CSEPP Exercise 20XX as described herein.

SUBMITTED BY:

CONCURRENCE:

Jurisdiction

Off-Post Exercise Co-Director

Example 3 – Jurisdictional Tabular Format

Your Jurisdiction (YJ)
Your Installation (YI) Community Exercise 20XX
Extent of Play Agreement
As of _____ (fill in date)

2. Emergency Assessment

Juris.	Task	Players	Description of Play
XXX	C.2.1.E – Receive CENL and PAR from Installation / Depot EOC.	Your Jurisdiction's (<u>YJ</u>) Emergency Manager and EOC staff.	Demonstrate the effective exchange of information with <i>YI</i> and other jurisdictions.
XXX	C2.2.F – Coordinate Response Phase Monitoring and Sampling.	Emergency Manager, policy makers, and environmental health representative.	Demonstrate continuous dialogue with <i>YI</i> regarding RTAP monitoring locations and readings.

3. Emergency Management

Juris.	Task	Players	Description of Play
XXX	C.3.1.E – Alert and Mobilize EOC Staff.	<u>YJ</u> Emergency Manager and EOC staff.	Demonstrate alert and mobilization of county responders, and the activation of the <u>YJ</u> EOC and JIC.
XXX	C.3.2.E – Activate and Operate the EOC.	<u>YJ</u> Emergency Manager, County Commissioners, County Sheriff, County Attorney, EOC staff including law enforcement agencies (Sheriff's Department, State Highway Patrol), Public Health, School District, EMS, American Red Cross, ARES, and County Sheriff's Communication Center.	Demonstrate effective exchange of information with YTCD and other jurisdictions. Demonstrate alert and mobilization of county responders, and the activation of the county EOC and JIC. Demonstrate all back-up systems. EOC will be activated. Demonstrate communications capabilities at the EOC. ARES will demonstrate back-up communication in the county EOC and other locations as resources permit. Demonstrate all facilities, equipment and displays in the county EOC appropriate for the response to the scenario. EMIS will be the primary information system used in the County EOC.

Example 3 – Jurisdictional Tabular Format

Juris.	Task	Players	Description of Play
XXX	C.3.3.E – Support Protective Action Decision Making.	Emergency Manager, policy makers, and EOC staff.	Demonstrate all capabilities at the <u>YJ</u> EOC. Hazard assessment and predictions will be consistent with requirements of the scenario.
XXX	C.3.4.E – Direct and Control Activation of Traffic Control Points.	<u>YJ</u> EOC staff and law enforcement agencies including <u>YJ</u> Sheriff's Department, State Highway Patrol (SHP), and JIC staff.	Demonstrate traffic and access control by responders in the county EOC. <i>JIC staff to notify public of TCPs.</i>
XXX	C.3.5.E – Direct and Control Protective Action for Schools and Day Care.	<u>YJ</u> Emergency Manager and EOC staff.	Demonstrate plans and procedures for school populations in the EOC only.
XXX	C.3.6.E – Direct and Control the Protection of Special Populations.	<u>YJ</u> Emergency Manager and EOC staff.	Demonstrate plans and procedures for the special needs population in the EOC only.
XXX	C.3.7.E – Provide Support to the Storage Installation.	<u>YJ</u> Emergency Manager and EOC staff.	County will simulate this activity, if appropriate for the scenario.
XXX	C.3.8.E – Request Supplementary Assistance.	<u>YJ</u> Emergency Manager and EOC staff. <u>YJ</u> Decision Makers.	County will simulate requests for supplementary assistance, if appropriate for the scenario. Demonstrate capability in State or County EOC.
**XX X	C.3.9.E/F – Track the Location and Status of Patients.	<u>YJ's</u> Emergency Manager, EOC staff, EMS workers, <u>YJ's</u> hospital(s).	Demonstrate the ability in state or local governments. Demonstrate capability at county EOC and <u>YJ's</u> hospital(s).

Example 3 – Jurisdictional Tabular Format

5. Protection

Juris	Task	Players	Description of Play
XXX	C.5.1.E – Make Protective Action Decisions.	<u>YJ</u> Emergency Manager and EOC staff.	Demonstrate all capabilities at the IRZ County EOC.
XXX	C.5.2.E – Activate Primary Indoor and Outdoor Warning Systems.	<u>YJ</u> Emergency Manager, EOC staff, and JIC staff.	Demonstrate capability at the county EOC and JIC. Sirens, tone alert radios, electronic signboards, and the EAS will be activated as appropriate for the scenario. <i>Sirens, tone alert radios, and electronic signboards will be activated only once when the initial Test Exercise Message will be broadcast/displayed. Subsequent broadcasts/activations will be simulated as required by the scenario.</i>
XXX	C.5.3.E – Activate Alternative or Supplementary Warning Methods.	<u>YJ</u> Emergency Manager, EOC staff, and JIC staff.	<i>Will only be demonstrated if a failure is detected in the primary systems.</i>
XXX	C.5.4.E – Select or Prepare Protective Action Messages.	<u>YJ</u> Emergency Manager, EOC staff, and JIC staff.	Demonstrate capability at the county EOC and JIC. EAS message will be released as appropriate for the scenario. EAS will be activated only once when the initial Test Exercise Message will be broadcast/displayed. Subsequent broadcasts/activations will be simulated as required by the scenario.
XXX	C.5.5.F – Conduct Route Alerting.	<u>YOUR</u> local Fire Departments, Law Enforcement Departments, or other similar organization identified in your Plan or that is participating in the exercise.	Route Alerting is not identified as a primary method of disseminating public warning in the <u>YJ</u> EOP. <i>If a failure is detected in the primary warning systems, actual Route Alerting will not be demonstrated. Procedures will be explained to an evaluator.</i>

Example 3 – Jurisdictional Tabular Format

Juris	Task	Players	Description of Play
XXX	C.5.6.E – Disseminate Protective Action Messages.	<u>YJ</u> Emergency Manager, EOC staff and JIC staff.	Demonstrate capability at the county EOC and JIC. EAS message will be released as appropriate for the scenario. Sirens, tone alert radios, electronic signboards, and the EAS will be activated as appropriate for the scenario. <i>Sirens, tone alert radios, electronic signboards, and the EAS will be activated only once when the initial Test Exercise Message will be broadcast/displayed. Subsequent broadcasts/activations will be simulated as required by the scenario.</i>
XXX	C.5.7.F – Activate Traffic and Access Control Points.	TCP/ACP staff.	Demonstrate two (2) traffic control points (TCPs) near Your Town Fire Station. <i>No actual traffic will be stopped. Evacuee actors will pass through these TCPs.</i> <i>Depending on the accident scenario, <u>YJ</u> will deploy law enforcement personnel to staff two traffic control points in conjunction with the field decontamination site.</i> <i>Your Town School District student actors will represent evacuees.</i>
XXX	C.5.8.F – Implement Protective Actions for Schools and Day Care.	NONE	No field activity will be demonstrated.
XXX	C.5.9.F – Implement Protection of Special Populations.	NONE	No field activity will be demonstrated.
XXX	C.5.10.E – Direct and Control Reception Center Operations.	<u>YJ</u> Emergency Manager, EOC Staff, County Reception Center Managers and Public Health Nurses	Demonstrate the capability at the <u>YJ</u> EOC. Responsible personnel will identify and demonstrate the process to determine the number of reception centers required and the procedures to activate and staff them.

Example 3 – Jurisdictional Tabular Format

Juris	Task	Players	Description of Play
XXX	C.5.11.F –Operate Reception Center.	County Reception Center Managers and Public Health Nurses	Demonstrate the capability at the __YJ__ Public Health Building. <i>Reception Center will receive twenty (20) evacuees.</i> <i>Your Town School District student actors will represent evacuees.</i>
XXX	C.5.12.E – Direct and Control Shelter Operations.	__YJ__ Emergency Manager, EOC staff, and American Red Cross staff.	Demonstrate the capability at the __YJ__ EOC. Responsible personnel will identify and demonstrate the process to determine the number of shelters required and the procedures to activate and staff them.
XXX	C.5.13.F – Operate Shelters.	American Red Cross and mass care workers.	Operation of one (1) shelter will be demonstrated. The shelter to be located at Your Town High School. <i>Shelter will receive fifteen (15) evacuees.</i> <i>Your Town School District student actors will represent evacuees.</i>

6. Victim Care

Juris	Task	Players	Description of Play
XXX	C.6.1.F – Prepare Medical Treatment Facility to Receive Patients.	__YJ's__ hospital(s). [Include separate description for each hospital/medical center that will participate in the exercise.]	<u>__YJ's__</u> hospitals will demonstrate this activity in accordance with applicable internal facility preparedness plans and procedures.
XXX	C.6.2.F – Screen Evacuees for Agent Contamination.	EMS workers and law enforcement agencies (Sheriff's Department, SHP, and Your Town Police).	Demonstrate capability at TCPs established in the vacant lot adjacent to the Nearby City Fire Department. <i>Nearby City Fire Department personnel will process thirteen (13) off-post evacuees/victims.</i> <i>Your Town School District student actors will represent evacuees.</i>

Example 3 – Jurisdictional Tabular Format

Juris	Task	Players	Description of Play
XXX	C.6.3.F – Treat Patients at the Screening Site(s).	EMS workers.	<p>Demonstrate capability at TCPs established in the vacant lot adjacent to the Nearby City Fire Department.</p> <p><i>Nearby City Fire Department personnel will process thirteen (13) off-post evacuees/victims.</i></p> <p><i>Your Town School District student actors will represent evacuees.</i></p> <p>Demonstrate capability at designated Screening location at <u>YJ's</u> hospital.</p> <p><u>YJ's</u> <i>Medical Representative will coordinate with the Exercise Support Contractor to develop injury cards for the volunteers.</i></p> <p><u>YJ's</u> <i>hospital(s) will provide moulage for the volunteers.</i></p> <p><u>YJ's</u> <i>hospital(s) will provide 15 volunteers for screening and decontamination.</i></p>
XXX	C.6.4.F – Decontaminate Potentially Exposed Evacuees.	<p><u>YJ's</u> hospital(s). [Include separate description for each hospital/medical center that will participate in the exercise.]</p> <p><u>YJ</u> Hazardous Materials Response Team, Nearby City Fire Department (with support from other fire departments in the county).</p>	<p>Demonstrate capability to respond to situations and events as driven by the scenario which includes decontamination of emergency workers. To be demonstrated at decontamination sites near Nearby City Fire Station.</p> <p>Simulations: <i>Water simulates liquid decontaminants. Actual decontamination materials will be present and mixing times will be taken into account prior to commencing decontamination activities.</i></p> <p><i>Training PPE to be worn by county hazardous materials teams, volunteer fire department, EMS workers, and law enforcement personnel at decontamination sites.</i></p>

Example 3 – Jurisdictional Tabular Format

Juris	Task	Players	Description of Play
XXX	C.6.5.F – Decontaminate Patients at the Screening Location or Medical Treatment Facility.	IRZ County Hazardous Materials Response Team, Nearby City Fire Department (with support from other fire departments in the county). <u>YJ's</u> hospital(s). [Include separate description for each hospital/medical center that will participate in the exercise.]	A/C.8.1.E Coordinate Recovery-Phase Monitoring and Sampling
XXX	C.6.6.F – Transport Patients to a Medical Treatment Facility.	Your Town Ambulance Service.	A/C.8.2.E Make Recovery-Phase Protective Action Decisions
XXX	C.6.7.F – Treat Patients at a Medical Treatment Facility.	<u>YJ's</u> hospital(s) [Include separate description for each hospital/medical center that will participate in the exercise.]	<u>YJ's</u> hospital will receive six (6) off-post victims. There will be no fatalities at the hospital. <u>YJ's</u> hospital will provide 6 volunteers for treatment.

Example 3 – Jurisdictional Tabular Format

Juris	Task	Players	Description of Play
XXX	C.6.8.F – Collect and Decontaminate Human Remains.	Investigator for State Medical Examiner’s Office.	Medical Examiner’s Office Investigator will demonstrate plans and procedures for the collection and decontamination of human remains by discussing procedures with evaluation team. <i>One (1) fatality will be handled at the decontamination site at Nearby City. Medical Examiner’s Office Investigator will be responsible for assuring they are handled accordingly.</i>
XXX	C.6.9.E/F – Coordinate the Disposition of Human Remains.	Investigator for State Medical Examiner’s Office.	Medical Examiner’s Office Investigator will demonstrate plans and procedures for the coordination and disposition of human remains by discussing procedures with evaluation team. <i>One (1) fatality will be handled at the decontamination site at Nearby City. Medical Examiner’s Office Investigator will be responsible for assuring they are handled accordingly.</i>

7. Emergency Public Information

XXX	C.7.1.E – Disseminate Public Health and Safety Information to the Media.	County Emergency Manager, County PIO staff, and JIC Staff.	Demonstrate capability at the county EOC and JIC. EAS messages will be released as appropriate for the scenario. <i>The exchange of information with the media and the activation of the JIC will be in real time.</i>
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Example 3 – Jurisdictional Tabular Format

XXX	A/C.7.3.J – Activate and Operate the JIC.	JIC staff.	<p>Demonstrate capability to direct and control JIC activation at the county EOC and JIC located in Your Town.</p> <p>Demonstrate all facilities, equipment, communication capabilities and displays appropriate for the scenario.</p> <p>Provide media briefings and news releases appropriate for the scenario.</p> <p><i>Exercise will continue until the JIC is activated, operational and a JIC press conference is completed, even if objectives at other locations are satisfied sooner.</i></p>
XXX	A/C7.4.J – Disseminate Public Health and Safety Information to the Media.	JIC Staff.	<p>Provide information pertaining to special populations and schools.</p> <p>Provide information pertaining to protective action decisions.</p> <p>Provide information pertaining to Traffic Control Points. Provide information pertaining to County Reception Centers and American Red Cross Shelters.</p> <p>Provide information pertaining to evacuees.</p> <p>Provide information pertaining to EAS messages.</p> <p><i>As resources are available, the mock media may contact YJ Hospital, YJ Reception Center, and YJ EOC.</i></p>
XXX	A/C.7.5.E/J – Operate a Joint Information System.	<p><u>YJ's</u> Emergency Manager, EOC staff, <u>YJ's</u> PIO Staff, and JIC Staff.</p>	<p>Demonstrate the capability to conduct media operations from the EOC until the JIC is declared operational.</p> <p>Demonstrate the capability to maintain JIS operations as appropriate to the scenario.</p>
XXX	A/C.7.6.J -- Disseminate Public Health and Safety Information Directly to the Public.	JIC staff.	<p>Demonstrate the capability to take and respond accurately to inquiries from the public, to track rumors and trends, and to correct misinformation based on inquiries through media releases, calls to the media, or press conferences, as appropriate to the scenario.</p>

Example 3 – Jurisdictional Tabular Format

This page not used.

Example 4 – Community Tabular Format

Your Installation
Your Installation Community CSEPP Exercise 2002
Extent of Play Agreement
As of _____ (fill in date) _____

1. PURPOSE

This extent of play agreement identifies the conditions that will be used to develop, conduct, control, and evaluate the Your Community CSEPP Exercise 2002, as agreed to by the Exercise Co-Directors, Commander, and Depot Manager of the Your Installation (YI).

2. STANDARDS AND REFERENCES

The play by YI will be based on the editions of the following that are current on the day of the exercise:

- Contract DAAD13-XX-D-0XXX, including each relevant Statement of Work (SOW) with the operating contractor, tenant contractors, and tenant organizations.
- The YI Chemical Accident/Incident Response and Assistance (CAIRA) Plan, and implementing SOPs. At least one copy will be available for exercise evaluation.
- MOUs and MOAs between YI and various agencies and organizations concerning the response to an accident involving Army toxic chemicals at YI. These will be identified by title and date for inclusion in the EXPLAN. At least one copy will be available for exercise evaluation.
- AMC Chemical Service Response Force Commander's Emergency Response Plan.

3. EXERCISE PARAMETERS

The scenario will be based on events occurring where toxic chemicals are stored at YI. These events cause liquid agent contamination in the vicinity of the storage site, and vapor hazards downwind. The hazards will extend beyond the installation boundary, and will require protective actions and other emergency responses to be taken in the IRZ and possibly the PAZ. The type of agent released, the area of potential ground contamination, the vapor plume path, and the number and condition of casualties will be within a range to achieve the objectives for YI, and will be consistent with responders demonstrating their capabilities.

Exercise play will begin no earlier than 0730 on (day and month) 2002, and is anticipated to continue uninterrupted for approximately 6-8 hours. Exercise play will conclude on (date and month) 2002.

The tables in the enclosure describe the extent of play by YI, tenant activities, and agencies and organizations that have an MOU or MOA to support YI in case of an accident involving Army

Example 4 – Community Tabular Format

toxic chemicals. This agreement also describes the simulations that will be used to ensure a credible evaluation.

Joint facilities and functions that involve multiple jurisdictions (i.e., the activation and operation of a Joint Information Center [JIC], the functions of the Federal On-Scene Coordinator [OCS] and the Regional Response Team [RRT], and the activation and operation of a Federal Response Center [FRC]) will be demonstrated consistent with the exercise objectives, this agreement, and the scenario. For this exercise, a JIC will be activated and operated jointly by all participating jurisdictions according to existing plans. The Commander of YI will demonstrate the functions of the OSC leading up to (but not including) the deployment of the RRT and establishment of an FRC. The Initial Response Force (IRF) will also demonstrate the reports and coordination leading up to (but not including) the deployment of the Army Service Response Force.

4. EXERCISE PARTICIPANTS

All elements of the YI IRF, to include tenant agencies and organizations that have a MOU or MOA to support YI in case of an accident involving Army toxic chemicals, will play in the exercise on-post and in the JIC, consistent with the exercise objectives and scenario. YI will send a liaison officer to the county EOC and provide accommodations in their EOC for tenant, state, and county liaisons. Other persons assigned to or working at YI who would be affected by the scenario will be treated as discussed in the enclosures. The SBCCOM Headquarters staff at Aberdeen Proving Ground will also play in the exercise, but will not be evaluated.

5. EXERCISE PLAN (EXPLAN)

The information about exercise standards and references, exercise parameters, exercise participants, and evaluation of objectives in this agreement, along with the enclosed tables, will be included in the EXPLAN for the information of all participants.

6. SIGNATURES

The following agree to support the YI Community CSEPP Exercise 20XX as described herein.

SUBMITTED BY:

CONCURRENCE:

Jurisdiction

On-Post Exercise Co-Director

Example 4 – Community Tabular Format

**Your Installation
Your Installation (VI) Community Exercise 2002
Extent of Play Agreement
As of December 11, 2001**

2. Emergency Assessment

Juris	Task	Players	Extent of Play
XXX	A.2.1.E - Collect Input to Hazard Analysis.	EOC staff.	Demonstrate ability of hazard analysts to assess the seriousness of CAI, make initial estimate of impact, and produce initial and subsequent hazard assessment and predictions.
XXX	A.2.2.E - Make Hazard Assessments and Predictions.	EOC staff.	Demonstrate production of hazard area plots showing risk areas and predicted hazard wedge, identification of risk population, protective action options, monitoring guidance, and information on projected plume behavior.
XXX	A.2.3.E - Determine CENL and off-Post PAR.	EOC staff.	Demonstrate decision-making and announcement of optimum PAR for off-post.
XXX	A.2.4.E - Notify off-Post 24-Hour Warning Points or EOCs.	EOC staff.	Demonstrate notification to off-post community of the CENL and PAR within prescribed time limits.
XXX	A.2.5.E - Notify Government Agencies and Officials.	EOC staff.	Demonstrate notification of federal, state, and local officials of chemical event prior to release to media and the public..
XXX	A.2.6.E - Report Events and Decisions to Headquarters.	EOC staff.	Demonstrate submittal of complete, comprehensive, timely reports to headquarters.
XXX	A.2.7.F - Set Up Monitoring and Sampling Equipment.	Monitoring and Sampling Teams.	Demonstrate monitoring and sampling equipment is operational and ready for deployment when needed. Reliable communication is established between field teams and hazard analysis.
XXX	A.2.8.E - Coordinate Monitoring and Sampling Operations (On and Off-Post)	EOC staff.	Demonstrate deployment of monitoring and sampling teams to correct locations.
XXX	A.2.9.F - Conduct Monitoring and Sampling Operations.	Monitoring and Sampling Teams.	Demonstrate collection of authentic, credible information about chemical agent hazards.

Example 4 – Community Tabular Format

3. Emergency Management

Juris	Task	Players	Extent of Play
XXX	A.3.1.E - Activate, Expand and Operate the EOC.	EOC staff	Demonstrate quick full operational status and maintain level for duration of response.
XXX	A.3.2.E - Direct and Control Response Operations.	EOC staff	Demonstrate direction and control, coordination of response activities.
XXX	A.3.3.E - Stand Up and Command the IRF.	Commander	Demonstrate command and control for response.
XXX	A.3.4.E - Perform Duties as the Federal On-Scene Coordinator.	Commander	Demonstrate discharging of all DoD obligations under National Contingency Plan.
XXX	A.3.5.E - Direct and Control Protection of the On-Post At-Risk Populations.	EOC staff	Demonstrate protection of on-post population inside the isolation perimeter and predicted hazard area.
XXX	A.3.6.E - Direct and Control Protection of the On-Post General Population.	EOC staff	Demonstrate protection of general on-post population .
XXX	A.3.7.E - Direct and Control Protection of Special Populations.	EOC staff	N/A -- <u>VI</u> does not have any special populations.
XXX	A.3.8.F - Direct and Control Distribution of Supplies and Equipment.	Field Command Post	Demonstrate sufficient equipment, vehicles, and supplies are available to control and mitigate release and perform related support tasks.
XXX	A.3.9.E - Request and Coordinate Additional Response Support.	EOC staff	Demonstrate sufficient personnel, equipment and supplies are available to contain, mitigate hazard, and perform related support tasks.
XXX	A.3.10.E - Make On-Post Reentry Decisions.	EOC staff	Demonstrate determination, recommendations, and notifications for personnel reentry into areas unaffected by hazard.
XXX	A.3.11.E - Notify the Next-of-Kin.	EOC staff	Demonstrate prompt notification of next-of-kin of fatalities, ill, injured, and exposed persons. <i>EOC staff will explain procedures, no calls will be made.</i>

Example 4 – Community Tabular Format

4. CAI Hazard Mitigation

Juris	Task	Players	Extent of Play
XXX	A.4.1.F - Make Immediate Informal Accident Reports.	Surety and Security Forces	Demonstrate prompt and accurate informal reports from the accident scene.
XXX	A.4.2.F - Secure the Accident Scene.	Security Force	Demonstrate security cordon is established and enforced.
XXX	A.4.3.F - Account to Personnel at and around Accident Site.	Security Force	Demonstrate accountability and evacuation of personnel working in and around the CLA.
XXX	A.4.4.E - Direct and Coordinate Accident Scene Preservation.	EOC staff	Demonstrate documentation of accident scene and responses.
XXX	A.4.5.F - Preserve the Accident Scene..	Field Command Post, work Parties	Demonstrate documentation of decisions and operations are secured and preserved.
XXX	A.4.6.F - Establish and Provide Direction and Control at the Accident Scene.	Field Command Post and/or Security Shift Captain	Demonstrate proper coordination of responders to ensure maximum efficiency of operations.
XXX	A.4.7.F - Stage Response Teams.	Field Command Post	Demonstrate responders are prepared and ready for employment.
XXX	A.4.8.F - Conduct Firefighting Operations at the Accident Scene.	Fire Department	Demonstrate safe operations and availability of manpower.
XXX	A.4.9.F - Conduct Release Control Operations	Response work teams	Demonstrate containment of release to smallest area possible.
XXX	A.4.10.F - Mitigate the Effects of the Agent Release.	Field Command Post, work Parties	Demonstrate the contaminated materials are safely contained and disposed of in a safe and legal manner. <i>Simulations will be used.</i>

Example 4 – Community Tabular Format

5. Protection

Juris	Task	Players	Extent of Play
XXX	A.5.1.E - Recommend CENLs, PARS, PADs.	EOC staff	Demonstrate accurate recommendations for the CENL and optimum PARS and PADs to IRF Commander. Recommend to adjust or cancel CENLs, PARS, PADs as conditions warrant.
XXX	A.5.2.E - Determine On-Post PAD.	EOC staff	Demonstrate decision-making and announcement of optimum PAD for on-post.
XXX	A.5.3.E - Activate On-Post Indoor and Outdoor Warning Systems.	Security Force	Demonstrate notification to individuals in isolation perimeter and predicted hazard area within eight minutes of PAD.
XXX	A.5.4.E/F - Control On-Post Population Movement, Exit, Entry.	Security Force	Demonstrate timely manning of TCPs, placement of barricades for evacuation from and prevent access to hazardous area.
XXX	A.5.5.F – Assemble, Screen and Account to the On-Post Population.	On-post offices, work areas, and facilities	Demonstrate accountability and agent screening of on-post population.
XXX	A.5.6.E/F - Provide Transportation to Evacuate the Post Population.	EOC staff	Demonstrate availability of transport vehicles and drivers needed to evacuate all or part of post population to a safe place. <i><u>YI</u> does not have vehicles or personnel available to actively display. Will discuss procedures.</i>
XXX	A.5.7.F - Set Up and Operate Personnel Decontamination Station.	Decontamination Team	Demonstrate personnel in clean area are protected from contamination and contaminated protective clothing is prevented from leaving scene.
XXX	A.5.8.F - Set Up and Operate the Equipment Decontamination Station.	Decontamination Team	Demonstrate decontamination of tools and equipment used at accident scene.
XXX	A.5.1.E - Arrange to and Provide Counseling and Religious Support.	EOC staff	Demonstrate support, advice, consolation, encouragement and spiritual support for Army employees and post residents. <i>EOC staff will explain procedures; no calls will be made.</i>
XXX	A.5.2.E - Arrange for and Provide Army Claims Services.	EOC staff	Demonstrate operation of Army claims services. <i>EOC staff will explain procedures, no calls will be made.</i>

Example 4 – Community Tabular Format

Juris	Task	Players	Extent of Play
XXX	A.5.3.E - Arrange for and Provide Veterinary Services.	EOC staff	Demonstrate identification and treatment of on-post livestock, companion animals, or wildlife that are injured or exposed. <i>EOC staff will explain procedures, no calls will be made.</i>

6. Victim Care

Juris	Task	Players	Extent of Play
XXX	A.6.1.F - Provide Immediate Emergency Aid at the CAI Site.	Security Force and Surety	Demonstrate appropriate life-saving self-aid and first-aid.
XXX	A.6.2.F - Provide Emergency Triage, Treatment, and Stabilization at CAI.	Security Force and Surety	Demonstrate stabilization and transport to a medical facility in a timely manner.
XXX	A.6.3.F – Make Victim Status Reports.	Work parties, Security Force, medical facility	Demonstrate information about location and status of all victims is reported to IRF Commander.
XXX	A.6.4.E - Track the Location and Status of Patients.	EOC staff, medical facility	Demonstrate accuracy of patient information.
XXX	A.6.5.F - Decontaminate Patients at the CAI Site.	Security Force and Surety	Demonstrate effective decontamination.
XXX	A.6.6.F - Prepare Medical Facility to Receive Patients..	Medical facility	Demonstrate facility is prepared for arrival and treatment of patients.
XXX	A.6.7.F - Transport Patients to a Medical Facility.	Security Force and/or Fire Department	Demonstrate transportation to a medical facility in a timely manner. Vehicle, crew and EMS personnel are returned to service.
XXX	A.6.8.F - Treat Patients at a Medical Facility.	Medical facility	Demonstrate appropriate medical treatment. Patients stabilized and transferred to off-post medical facility.
XXX	A.6.9.F - Collect and Decontaminate Human Remains.	IRF Work Parties, Medical Response Teams	Demonstrate care and respect of remains and made available to next-of-kin.
XXX	A.6.10.E - Coordinate the Disposition of Human Remains.	EOC staff	Demonstrate legal requirements are met, next-of-kin are helped to claim remains. <i>EOC staff will explain procedures, no calls will be made.</i>

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7. Emergency Public Information

XXX	A.7.1.E – Disseminate Public Health and Safety Information to the Media.	EOC Staff, and JIC Staff	Demonstrate capability at the EOC and JIC. <i>The exchange of information with the media and the activation of the JIC will be in real time.</i>
XXX	A.7.2.E – Inform Headquarters Public Affairs Offices.	EOC Staff	Demonstrate reporting of public information activities to Headquarters PAO.
XXX	A/C.7.3.J – Activate and Operate the JIC.	JIC staff	Demonstrate capability to direct and control JIC activation at the EOC and JIC located in Your Town. Demonstrate all facilities, equipment, communication capabilities, and displays appropriate for the scenario. Provide media briefings and news releases appropriate for the scenario. <i>Exercise will continue until the JIC is activated, operational and a JIC press conference is completed, even if objectives at other locations are satisfied sooner.</i>
XXX	A/C.7.4.J – Disseminate Public Health and Safety Information to the Media.	JIC Staff	Demonstrate flow of information between JIC and other agencies. Demonstrate release of emergency information through media releases and press conferences. <i>As resources are available, the mock media may contact YJ Hospital, YJ Reception Center, and YJ EOC.</i>
XXX	A/C.7.5.E/J – Operate a Joint Information System.	PIO staff, and JIC staff	Demonstrate the capability to conduct media operations from the EOC until the JIC is declared operational. Demonstrate the capability to maintain JIS operations as appropriate to the scenario.
XXX	A/C.7.6.J -- Disseminate Public Health and Safety Information Directly to the Public.	JIC staff	Demonstrate the capability to take and respond accurately to inquiries from the public, to track rumors and trends, and to correct misinformation based on inquiries through media releases, calls to the media, or press conferences, as appropriate to the scenario.

Example 5 – Community Tabular Format

Your Installation CSEPP Community Extent of Play Agreement

For

YI CSEPP Exercise
DD MMM YY

1. PURPOSE

This Extent of Play Agreement identifies the conditions that will be used to develop, conduct, control, and evaluate the Your Installation (YI) Community CSEPP Exercise 2002, as agreed to by the YI CSEPP Community and the Exercise Co-Directors, which includes the following entities: YI Chemical Depot, Your Jurisdiction 1 (YJ1), and Your Jurisdiction 2 (YJ2).

2. STANDARDS AND REFERENCES

The play by the YI Community will be based on the editions of the following as current on the day of exercise:

- The YI Chemical Accident/Incident Response and Assistance (CAIRA) Plan and implementing SOPs, July 2001.
- U.S. Army Chemical Agent Munitions Disposal System Activity Contingency and Spill Control Plan, Nov. 1997, and Area Response Team Guide, September 1996.
- MOUs and MOAs between YI and various agencies and organizations concerning the response to an accident involving Army toxic chemicals at YI. These will be available for exercise evaluation.
- AMC Chemical Service Response Force Commander's Emergency Response Plan, May 1997.
- Jurisdictional Emergency Operations Plan implementing procedures and checklists. These items will be identified by title and date for inclusion in the Exercise Plan (EXPLAN).
- MOUs and MOAs between each jurisdiction and various agencies and organizations concerning the response to an accident involving Army toxic chemicals at YI. The YI CSEPP Community will identify these by title and date for inclusion in the EXPLAN.

3. EXERCISE PARAMETERS

The scenario will be based on events occurring where toxic chemicals are stored at YI. These events cause liquid agent contamination in the vicinity of the storage site, and vapor hazards

Example 5 – Community Tabular Format

downwind. The hazards will potentially extend beyond the installation boundary, and will require protective actions and other emergency responses to be taken in the IRZ and PAZ. The type of agent released, the area of ground contamination, the vapor plume path, and the number and condition of casualties will be within a range to achieve the objectives for each jurisdiction, and will be consistent with responders demonstrating their capabilities at the locations listed in this agreement.

Exercise play will begin no earlier than 8 a.m. MDT on 18 September 2002, and will continue uninterrupted for a minimum of 5 hours. Selected responders might play until as late as 5 p.m.

The tables in the enclosure describe the agreements for the conduct of the exercise by the YI CSEPP Community and the simulations that will be used to ensure a credible evaluation.

Joint facilities and functions that involve multiple jurisdictions (i.e., the activation and operation of a Joint Information Center [JIC], the Recovery Planning Group [RPG], the functions of the Federal On-Scene Coordinator [OSC] and Regional Response Team [RRT], and the activation and operation of a Federal Response Center [FRC]) will be demonstrated consistent with the exercise objectives, this agreement, and the scenario. For this exercise, a JIC will be activated and operated jointly by all participating jurisdictions according to existing plans.

4. EXERCISE PARTICIPANTS

All YI CSEPP Community offices that have direction and control responsibilities in the event of a chemical accident at YI will play in jurisdictional EOCs and the JIC during the exercise, consistent with the exercise objectives and scenario. Field response will also be demonstrated. This will include demonstration of traffic control points; demonstration of decontamination capability, and EMS support at a decontamination site; activation of a mass care center; and emergency medical services provided by ten area medical centers and hospitals.

5. EXERCISE PLAN (EXPLAN)

The information about exercise standards and references, exercise parameters, exercise participants, and evaluation of objectives in this agreement, along with the enclosed tables, will be included in the EXPLAN for the information of all participants. Notes that follow the tables need not be included in the EXPLAN.

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6. CONCURRENCES

The following agree to support the YI Community CSEPP Exercise 2002 as described herein.

Commander, YI

FEMA Co-Director

State of ____DES

Army Co-Director

YJI

YJ2

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This page not used.

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Your Installation CSEPP Community
Extent of Play Agreement
for
YI CSEPP Exercise
DD MMM YY

2. Emergency Assessment

Juris	Task	Players	Extent of Play
<u>YI</u>	A.2.1.E - Collect Input for Hazard Analysis	EOC staff	Demonstrate ability of hazard analysts to assess seriousness of CAI, make initial estimate of impact, and produce initial and subsequent hazard assessment and predictions.
<u>YJ1</u>	C.2.1.E – Receive CENL and PAR from Installation EOC.	Your Jurisdiction 1 (<u>YJ1</u>) Emergency Manager and EOC staff	Demonstrate the effective exchange of information with YI and other jurisdictions.
<u>YJ2</u>	C.2.1.E – Receive CENL and PAR from Installation EOC.	Your Jurisdiction 1 (<u>YJ2</u>) Emergency Manager and EOC staff.	Demonstrate the effective exchange of information with YI and other jurisdictions.
<u>YI</u>	A.2.2.E - Make Hazard Assessments and Predictions	EOC staff	Demonstrate production of hazard area plots showing risk areas and predicted hazard wedge, identification of risk population, protective action options, monitoring guidance, and information on projected plume behavior.
<u>YI</u>	A.2.8.E -- Coordinate Monitoring and Sampling Operations (On and Off-Post).	Emergency Manager, policy makers, and environmental health representative.	Demonstrate continuous dialogue with YI regarding RTAP monitoring locations and readings.
<u>Y2</u>	A.2.8.E -- Coordinate Monitoring and Sampling Operations (On and Off-Post).	Emergency Manager, policy makers and environmental health representative.	Demonstrate continuous dialogue with YI regarding RTAP monitoring locations and readings.

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Juris	Task	Players	Extent of Play
<u>YI</u>	A.2.3.E - Determine CENL and Off-Post PAR	EOC staff	Demonstrate decision-making and announcement of optimum PAR for off-post.
<u>YI</u>	A.2.4.E - Notify Off-Post 24-Hour Warning Points or EOCs	EOC staff	Demonstrate notification to off-post community of the CENL and PAR within prescribed time limits.
<u>YI</u>	A.2.5.E - Notify Government Agencies and Officials	EOC staff	Demonstrate notification of federal, state, and local officials of chemical event prior to release to media and the public.
<u>YI</u>	A.2.6.E - Report Events and Decisions to Headquarters	EOC staff	Demonstrate submittal of complete, comprehensive, timely reports to headquarters.
<u>YI</u>	A.2.7.F – Set Up Monitoring and Sampling Equipment	Monitoring and Sampling Teams	Demonstrate ability to set up equipment according to procedures.
<u>YI</u>	A.2.8.E - Coordinate Monitoring and Sampling Operations (On- and Off-Post)	EOC staff	Demonstrate deployment of monitoring and sampling teams to correct locations.
<u>YI</u>	A.2.9.F - Conduct Monitoring and Sampling Operations	Monitoring and Sampling Teams	Demonstrate collection of authentic, credible information about chemical agent hazards.

3. Emergency Management

Juris	Task	Players	Extent of Play
<u>YI</u>	A.3.1.E - Activate, Expand, and Operate the EOC	EOC staff	Demonstrate quick full operational status and maintain level for duration of response.
<u>YJ1</u>	C.3.1.E – Alert and Mobilize EOC Staff.	<u>YJ1</u> Emergency Manager and EOC staff.	Demonstrate alert and mobilization of county responders and the activation of the <u>YJ1</u> EOC and JIC.
<u>YJ2</u>	C.3.1.E – Alert and Mobilize EOC Staff.	<u>YJ2</u> Emergency Manager and EOC staff.	Demonstrate alert and mobilization of county responders and the activation of the <u>YJ2</u> EOC and JIC.
<u>YI</u>	A.3.2.E - Direct and Control Response Operations	EOC staff	Demonstrate direction and control, and coordination of response activities.

Example 5 – Community Tabular Format

Juris	Task	Players	Extent of Play
<u>YJ1</u>	C.3.2.E – Activate and Operate the EOC	<u>YJ1</u> Emergency Manager, County Commissioners, County Sheriff, County Attorney, EOC staff including law enforcement agencies (Sheriff’s Department, State Highway Patrol), Public Health, School District, EMS, American Red Cross, ARES, and County Sheriff’s Communication Center.	<p>Demonstrate effective exchange of information with YTCD and other jurisdictions. Demonstrate alert and mobilization of county responders and the activation of the county EOC and JIC.</p> <p>Demonstrate all back-up systems.</p> <p><i>EOC will be activated.</i></p> <p>Demonstrate communications capabilities at the EOC. ARES will demonstrate back-up communication in the County EOC and other locations as resources permit.</p> <p>Demonstrate all facilities, equipment and displays in the county EOC appropriate for the response to the scenario. EMIS will be primary information system used in the County EOC.</p>
<u>YJ2</u>	C.3.2.E – Activate and Operate the EOC	<u>YJ2</u> Emergency Manager, County Commissioners, County Sheriff, County Attorney, EOC staff including law enforcement agencies (Sheriff’s Department, State Highway Patrol), Public Health, School District, EMS, American Red Cross, ARES, and County Sheriff’s Communication Center.	<p>Demonstrate effective exchange of information with YTCD and other jurisdictions. Demonstrate alert and mobilization of county responders, and the activation of the county EOC and JIC.</p> <p>Demonstrate all back-up systems.</p> <p><i>EOC will be activated.</i></p> <p>Demonstrate communications capabilities at the EOC. ARES will demonstrate back-up communication in the county EOC and other locations as resources permit.</p> <p>Demonstrate all facilities, equipment, and displays in the county EOC appropriate for the response to the scenario. EMIS will be primary information system used in the county EOC.</p> <p>Demonstrate command and control for response.</p>
<u>YI</u>	A.3.3.E - Stand Up and Command the IRF	Commander	

Example 5 – Community Tabular Format

Juris	Task	Players	Extent of Play
<u>YJ1</u>	C.3.3.E – Support Protective Action Decision Making.	Emergency Manager, policy makers, and EOC staff.	Demonstrate all capabilities at the <u>YJ1</u> EOC. Hazard assessment and predictions will be consistent with requirements of the scenario.
<u>YJ2</u>	C.3.3.E – Support Protective Action Decision Making.	Emergency Manager, policy makers, and EOC staff.	Demonstrate all capabilities at the <u>YJ2</u> EOC. Hazard assessment and predictions will be consistent with requirements of the scenario.
<u>YI</u>	A.3.4.E - Perform Duties as the Federal On-Scene Coordinator	Commander	Demonstrate discharging of all DoD obligations under National Contingency Plan.
<u>YJ1</u>	C.3.4.E – Direct and Control Activation of Traffic and Access Control Points	<u>YJ1</u> EOC staff and law enforcement agencies including <u>YJ1</u> Sheriff's Department, State Highway Patrol (SHP) and JIC staff.	Demonstrate traffic and access control by responders in the county EOC. <i>JIC staff to notify public of TCPs.</i>
<u>YJ2</u>	C.3.4.E – Direct and Control Activation of Traffic Control Points	<u>YJ2</u> EOC staff and law enforcement agencies including <u>YJ2</u> Sheriff's Department, State Highway Patrol (SHP), and JIC staff.	Demonstrate traffic and access control by responders in the county EOC. <i>JIC staff to notify public of TCPs.</i>
<u>YI</u>	A.3.5.E - Direct and Control Protection of the On-Post At-Risk Populations	EOC staff	Demonstrate protection of on-post population inside the isolation perimeter and predicted hazard area.

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Juris	Task	Players	Extent of Play
<u>YJ1</u>	C.3.5.E – Direct and Control Protective Action for Schools and Day Care.	<u>YJ1</u> Emergency Manager and EOC staff.	Demonstrate plans and procedures for school populations in the EOC only.
<u>YJ2</u>	C.3.5.E – Direct and Control Protective Action for Schools and Day Care.	<u>YJ2</u> Emergency Manager and EOC staff.	Demonstrate plans and procedures for school populations in the EOC only.
<u>Y1</u>	A.3.6.E - Direct and Control Protection of the On-Post General Population	EOC staff	Demonstrate protection of general on-post population .
<u>YJ1</u>	C.3.6.E – Direct and Control Protection of Special Populations	<u>YJ1</u> Emergency Manager and EOC staff.	Demonstrate plans and procedures for the special needs population in the EOC only.
<u>YJ2</u>	C.3.6.E – Direct and Control Protection of Special Populations	<u>YJ2</u> Emergency Manager and EOC staff.	Demonstrate plans and procedures for the special needs population in the EOC only.
<u>Y1</u>	A.3.7.E - Direct and Control Protection of Special Populations	EOC staff	N/A - <u>Y1</u> does not have any special populations.
<u>YJ1</u>	C.3.7.E – Provide Support to the Storage Installation	<u>YJ1</u> Emergency Manager and EOC staff.	County will simulate this activity, if appropriate for the scenario.
<u>YJ2</u>	C.3.7.E – Provide Support to the Storage Installation	<u>YJ2</u> Emergency Manager and EOC staff.	County will simulate this activity, if appropriate for the scenario.
<u>Y1</u>	A.3.8.F - Direct and Control Distribution of Supplies and Equipment	Field Command Post	Demonstrate sufficient equipment, vehicles, and supplies are available to control and mitigate release and perform related support tasks.
<u>YJ1</u>	C.3.8.E – Request Supplementary Assistance	<u>YJ1</u> Emergency Manager and EOC staff. <u>YJ1</u> Decision Makers.	County will simulate requests for supplementary assistance, if appropriate for the scenario. Demonstrate capability in state or county EOC.
			Demonstrate the ability in state or local Governments.

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Juris	Task	Players	Extent of Play
<u>YJ2</u>	C.3.8.E – Request Supplementary Assistance	<u>YJ2</u> Emergency Manager and EOC staff. <u>YJ2</u> decision makers	County will simulate requests for supplementary assistance, if appropriate for the scenario. Demonstrate capability in state or county EOC. Demonstrate the ability in state or local Governments. Demonstrate sufficient personnel, equipment and supplies are available to contain, mitigate hazard, and perform related support tasks. Demonstrate capability at county EOC and <u>YJ1</u> 's hospital(s).
<u>YI</u>	A.3.9.E - Request and Coordinate Additional Response Support	EOC staff	
<u>YJ1</u>	C.3.9.E/F – Track the Location and Status of Patients	<u>YJ1</u> 's Emergency Manager, EOC staff, EMS workers, <u>YJ1</u> 's hospital(s).	
<u>YJ2</u>	C.3.9.E/F – Track the Location and Status of Patients	<u>YJ2</u> 's Emergency Manager, EOC staff, EMS workers, <u>YJ2</u> 's hospital(s).	Demonstrate capability at county EOC and <u>YJ2</u> 's hospital(s).
<u>YI</u>	A.3.10.E - Make On-Post Reentry Decisions	EOC staff	Demonstrate determination, recommendations, and notifications for personnel reentry into areas unaffected by hazard.
<u>YI</u>	A.3.11.E - Notify the Next-of-Kin	EOC staff	Demonstrate prompt notification of next-of-kin of fatalities, ill, injured and exposed persons. <i>EOC staff will explain procedures; no calls will be made</i>

4. CAI Hazard Mitigation

Juris	Task	Players	Extent of Play
<u>YI</u>	A.4.1.F - Make Immediate Informal Accident Reports	Surety and Security Forces	Demonstrate prompt and accurate informal reports from the accident scene.
<u>YI</u>	A.4.2.F - Secure the Accident Scene	Security Force	Demonstrate security cordon is established and enforced.

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Juris	Task	Players	Extent of Play
<u>YI</u>	A.4.3.F - Account for Personnel at and around Accident Site	Security Force	Demonstrate accountability and evacuation of personnel working in and around the CLA.
<u>YI</u>	A.4.4.E - Direct and Coordinate Accident Scene Preservation	EOC staff	Demonstrate documentation of accident scene and responses.
<u>YI</u>	A.4.5.F - Preserve the Accident Scene	Field Command Post, work parties	Demonstrate documentation of decisions and operations are secured and preserved.
<u>YI</u>	A.4.6.F - Establish and Provide Direction and Control at the Accident Scene	Field Command Post and/or Security Shift Captain	Demonstrate proper coordination of responders to ensure maximum efficiency of operations.
<u>YI</u>	A.4.7.F - Stage Response Teams	Field Command Post	Demonstrate responders are prepared and ready for employment.
<u>YI</u>	A.4.8.F - Conduct Firefighting Operations at the Accident Scene	Fire Department	Demonstrate safe operations and availability of manpower.
<u>YI</u>	A.4.9.F - Conduct Release Control Operations	Response work teams	Demonstrate containment of release to smallest area possible.
<u>YI</u>	A.4.10.F - Mitigate the Effects of the Agent Release	Field Command Post, work parties	Demonstrate the contaminated materials are safely contained and disposed of in a safe and legal manner. <i>Simulations will be used.</i>

5. Protection

Juris	Task	Players	Extent of Play
<u>YI</u>	A.5.1.E - Recommend CENLs, PARS, PADs	EOC staff	Demonstrate accurate recommendations for the CENL and optimum PARS and PADs to IRF Commander. Recommend adjust or cancel CENLs, PARS, PADs as conditions warrant.
<u>YJI</u>	C.5.1.E – Make Protective Action Decisions.	<u>YJI</u> Emergency Manager and EOC staff.	Demonstrate all capabilities at the IRZ county EOC.

Example 5 – Community Tabular Format

Juris	Task	Players	Extent of Play
<u>YJ2</u>	C.5.1.E – Make Protective Action Decisions.	<u>YJ2</u> Emergency Manager and EOC staff.	Demonstrate all capabilities at the IRZ County EOC.
<u>YI</u>	A.5.2.E - Determine On-Post PAD	EOC staff	Demonstrate decision-making and announcement of optimum PAD for on-post.
<u>YJ1</u>	C.5.2.E – Activate Primary Indoor and Outdoor Warning Systems.	<u>YJ1</u> Emergency Manager, EOC staff, and JIC staff.	Demonstrate capability at the county EOC and JIC. <i>Sirens, tone alert radios, electronic signboards and the EAS will be activated as appropriate for the scenario.</i> <i>Sirens, tone alert radios, and electronic signboards will be activated only once when the initial Test Exercise Message will be broadcast/displayed. Subsequent broadcasts/activations will be simulated as required by the scenario.</i>
<u>YJ2</u>	C.5.2.E – Activate Primary Indoor and Outdoor Warning Systems.	<u>YJ2</u> Emergency Manager, EOC staff, and JIC staff.	Demonstrate capability at the county EOC and JIC. <i>Sirens, tone alert radios, electronic signboards and the EAS will be activated as appropriate for the scenario.</i> <i>Sirens, tone alert radios, and electronic signboards will be activated only once when the initial Test Exercise Message will be broadcast/displayed. Subsequent broadcasts/activations will be simulated as required by the scenario.</i>
<u>YI</u>	A.5.3.E - Activate On-Post Indoor and Outdoor Warning Systems	Security Force	Demonstrate notification to individuals in isolation perimeter and predicted hazard area within eight minutes of PAD.
<u>YJ1</u>	C.5.3.E – Activate Alternate or Supplementary Warning Methods	<u>YJ1</u> Emergency Manager, EOC staff, and JIC staff.	Will only be demonstrated if a failure is detected in the primary systems.

Example 5 – Community Tabular Format

Juris	Task	Players	Extent of Play
<u>YJ2</u>	C.5.3.E – Activate Alternate or Supplementary Warning Methods	<u>YJ2</u> Emergency Manager, EOC staff, and JIC staff.	Will only be demonstrated if a failure is detected in the primary systems.
<u>YI</u>	A.5.4E/F - Control On-Post Population Movement, Exit, Entry	Security Force	Demonstrate timely manning of TCPs, placement of barricades for evacuation and prevent access to hazardous area.
<u>YJI</u>	C.5.4.E – Select or Prepare Protective Action Messages.	<u>YJI</u> Emergency Manager, EOC staff and JIC staff.	Demonstrate capability at the county EOC and JIC. <i>EAS message will be released as appropriate for the scenario.</i> <i>EAS will be activated only once when the initial Test Exercise Message will be broadcast/displayed. Subsequent broadcasts/activations will be simulated as required by the scenario.</i>
<u>YJ2</u>	C.4.4.E – Select or Prepare Protective Action Messages.	<u>YJ2</u> Emergency Manager, EOC staff, and JIC staff.	Demonstrate capability at the county EOC and JIC. <i>EAS message will be released as appropriate for the scenario.</i> <i>EAS will be activated only once when the initial Test Exercise Message will be broadcast/displayed. Subsequent broadcasts/activations will be simulated as required by the scenario.</i>
<u>YI</u>	A.5.5.F – Assemble, Screen and Account for the On-Post Population	On-post offices, work areas, and facilities	Demonstrate accountability and agent screening of on-post population.

Example 5 – Community Tabular Format

Juris	Task	Players	Extent of Play
<u>YJI</u>	C.5.5.F – Conduct Route Alerting	<u> </u> YOUR__ local Fire Departments, Law Enforcement Departments, or other similar organization identified in your Plan or that is participating in the exercise.	Route Alerting is not identified as a primary method of disseminating public warning in the <u> </u> YJI __ EOP. <i>If a failure is detected in the primary warning systems, actual Route Alerting will not be demonstrated. Procedures will be explained to an evaluator.</i>
<u>YJ2</u>	C.5.5.F – Conduct Route Alerting	<u> </u> YOUR__ local Fire Departments, Law Enforcement Departments, or other similar organization identified in your Plan or that is participating in the exercise.	Route Alerting is not identified as a primary method of disseminating public warning in the <u> </u> YJ2 __ EOP. <i>If a failure is detected in the primary warning systems, actual Route Alerting will not be demonstrated. Procedures will be explained to an Evaluator.</i>
<u>YI</u>	A.5.6.E/F - Provide Transportation to Evacuate the Post Population	EOC staff	Demonstrate availability of transport vehicles and drivers needed to evacuate all or part of post population to a safe place. <u> </u> YI __ does not have vehicles or personnel available to actively display. Will discuss procedures.
<u>YJI</u>	C.5.6.E – Disseminate Protective Action Messages	<u> </u> YJI __ Emergency Manager, EOC staff, and JIC staff.	Demonstrate capability at the county EOC and JIC. <i>EAS message will be released as appropriate for the scenario. Sirens, tone alert radios, electronic signboards, and the EAS will be activated as appropriate for the scenario. Sirens, tone alert radios, electronic signboards, and EAS will be activated only once when the initial Test Exercise Message will be broadcast/displayed. Subsequent broadcasts/activations will be simulated as required by the scenario.</i>

Example 5 – Community Tabular Format

Juris	Task	Players	Extent of Play
<u>YJ2</u>	C.5.6.E – Disseminate Protective Action Messages	<u>YJ2</u> Emergency Manager, EOC staff, and JIC staff.	Demonstrate capability at the county EOC and JIC. <i>EAS message will be released as appropriate for the scenario. Sirens, tone alert radios, electronic signboards, and the EAS will be activated as appropriate for the scenario.</i> <i>Sirens, tone alert radios, electronic signboards, and EAS will be activated only once when the initial Test Exercise Message will be broadcast/displayed. Subsequent broadcasts/activations will be simulated as required by the scenario.</i>
<u>YI</u>	A.5.7.F - Set Up and Operate Personnel Decontamination Station	Decontamination Team	Demonstrate personnel in clean area are protected from contamination and contaminated protective clothing is prevented from leaving scene.
<u>YJI</u>	C.5.7.F – Activate Traffic and Access Control Points.	TCP/ACP Staff	Demonstrate two (2) traffic control points (TCPs) near Your Town Fire Station. <i>No actual traffic will be stopped. Evacuee actors will pass through these TCPs.</i> <i>Depending on the accident scenario, <u>YJI</u> will deploy law enforcement personnel to staff two traffic control points in conjunction with the field decontamination site.</i> <i>Your Town School District student actors will represent evacuees.</i>

Example 5 – Community Tabular Format

Juris	Task	Players	Extent of Play
<u>YJ2</u>	C.5.7.F –Activate Traffic and Access Control Points.	TCP/ACP Staff	Demonstrate two (2) traffic control points (TCPs) near Your Town Fire Station. <i>No actual traffic will be stopped. Evacuee actors will pass through these TCPs.</i> <i>Depending on the accident scenario, <u>YJ2</u> will deploy law enforcement personnel to staff two traffic control points in conjunction with the field decontamination site.</i> <i>Your Town School District student actors will represent evacuees.</i>
<u>YJ1</u>	A.5.8.F - Set Up and Operate Equipment Decontamination Station	Decontamination Team	Demonstrate decontamination of tools and equipment used at accident scene.
<u>YJ1</u>	C.5.8.F – Implement Protective Action for Schools and Day Care.	None	No field activity will be demonstrated.
<u>YJ2</u>	C.5.8.F – Implement Protective Action for Schools and Day Care.	None	No field activity will be demonstrated.
<u>YJ1</u>	C.5.9.F – Implement Protection of Special Populations	None	No field activity will be demonstrated.
<u>YJ2</u>	C.5.9.F – Implement Protection of Special Populations	None	No field activity will be demonstrated.
<u>YJ1</u>	C.5.10.E – Direct and Control Reception Center Operations	<u>YJ1</u> Emergency Manager, EOC Staff, County Reception Center Managers and Public Health Nurses	Demonstrate the capability at the <u>YJ1</u> EOC. Responsible personnel will identify and demonstrate the process to determine the number of reception centers required and the procedures to activate and staff them.

Example 5 – Community Tabular Format

Juris	Task	Players	Extent of Play
<u>YJ2</u>	C.5.10.E – Direct and Control Reception Center Operations	__YJ2__ Emergency Manager, EOC staff, County Reception Center Managers and Public Health Nurses.	Demonstrate the capability at the __YJ2__ EOC. Responsible personnel will identify and demonstrate the process to determine the number of reception centers required and the procedures to activate and staff them.
<u>YJ1</u>	C.5.11.E – Operate Reception Center	County Reception Center Managers and Public Health Nurses.	Demonstrate the capability at the __YJ1__ Public Health Building. <i>Reception Center will receive twenty (20) evacuees.</i>
<u>YJ2</u>	C.5.11.E – Operate Reception Center	County Reception Center Managers and Public Health Nurses.	<i>Your Town School District student actors will represent evacuees.</i> Demonstrate the capability at the __YJ2__ Public Health Building. <i>Reception Center will receive twenty (20) evacuees.</i>
<u>YJ1</u>	C.5.12.E – Direct and Control Shelter Operations	__YJ1__ Emergency Manager, EOC staff, and American Red Cross staff.	<i>Your Town School District student actors will represent evacuees.</i> Demonstrate the capability at the __YJ1__ EOC. Responsible personnel will identify and demonstrate the process to determine the number of shelters required and the procedures to activate and staff them.
<u>YJ2</u>	C.5.12.E – Direct and Control Shelter Operations	__YJ2__ Emergency Manager, EOC staff, and American Red Cross staff.	Demonstrate the capability at the __YJ2__ EOC. Responsible personnel will identify and demonstrate the process to determine the number of shelters required and the procedures to activate and staff them.
<u>YJ1</u>	C.5.12.F – Operate Shelters	American Red Cross and mass care workers.	Operation of one (1) shelter will be demonstrated. The shelter to be located at Your Town High School. <i>Shelter will receive fifteen (15) evacuees.</i> <i>Your Town School District student actors will represent evacuees.</i>

Example 5 – Community Tabular Format

Juris	Task	Players	Extent of Play
<u>YJ2</u>	C.5.12.F – Operate Shelters	American Red Cross and mass care workers.	Operation of one (1) shelter will be demonstrated. The shelter to be located at Your Town High School. <i>Shelter will receive fifteen (15) evacuees.</i> <i>Your Town School District student actors will represent evacuees.</i>
<u>YI</u>	A.5.9.E - Arrange for and Provide Counseling and Religious Support	EOC staff	Demonstrate support, advice, consolation, encouragement and spiritual support for Army employees and post residents. <i>EOC staff will explain procedures, no calls will be made.</i>
<u>YI</u>	A.5.10.E - Arrange for and Provide Army Claims Services	EOC staff	Demonstrate operation of Army claims services. <i>EOC staff will explain procedures, no calls will be made.</i>
<u>YI</u>	A.5.11.E - Arrange for and Provide Veterinary Services	EOC staff	Demonstrate identification and treatment of on-post livestock, companion animals or wildlife that are injured or exposed. <i>EOC staff will explain procedures, no calls will be made.</i>

6. Victim Care

Juris	Task	Players	Extent of Play
<u>YI</u>	A.6.1.F - Provide Immediate Emergency Aid at the CAI Site	Security Force and Surety	Demonstrate appropriate life-saving self-aid and first-aid.
<u>YJ1</u>	C.6.1.F – Prepare Medical Treatment Facility to Receive Patients	<u>YJ1's</u> hospital(s) [include separate description for each hospital/medical center that will participate in the exercise.]	<u>YJ1's</u> hospital(s) will demonstrate this activity in accordance with applicable internal facility preparedness plans and procedures.

Example 5 – Community Tabular Format

Juris	Task	Players	Extent of Play
<u>YJ2</u>	C.6.1.F – Prepare Medical Treatment Facility to Receive Patients	<u>YJ2's</u> hospital(s) [include separate description for each hospital/medical center that will participate in the exercise.]	<u>YJ2's</u> hospital will demonstrate this activity in accordance with applicable internal facility preparedness plans and procedures.
<u>YI</u>	A.6.2.F - Provide Emergency Triage, Treatment and Stabilization at CAI	Security Force and Surety	Demonstrate stabilization and transport to a medical facility in a timely manner.
<u>YJ1</u>	C.6.2.F – Screen Evacuees for Agent Contamination	EMS workers and law enforcement agencies (Sheriff's Department, SHP, and Your Town Police).	Demonstrate capability at TCPs established in the vacant lot adjacent to the Nearby City Fire Department. <i>Nearby City Fire Department personnel will process thirteen (13) off-post evacuees/victims.</i> <i>Your Town School District student actors will represent evacuees.</i>
<u>YJ2</u>	C.6.2.F – Screen Evacuees for Agent Contamination	EMS workers and law enforcement agencies (Sheriff's Department, SHP, and Your Town Police).	Demonstrate capability at TCPs established in the vacant lot adjacent to the Nearby City Fire Department. <i>Nearby City Fire Department personnel will process thirteen (13) off-post evacuees/victims.</i> <i>Your Town School District student actors will represent evacuees.</i>
<u>YI</u>	A.6.3.F - Make Victim Status Reports	Work parties, Security Force, medical facility.	<i>Your Town School District student actors will represent evacuees.</i> Demonstrate information about location and status of all victims is reported to IRF Commander.

Example 5 – Community Tabular Format

Juris	Task	Players	Extent of Play
<p><u>YJI</u></p>	<p>C.6.3.F – Treat Patients at the Screening Site(s).</p>	<p>EMS workers.</p> <p><u>YJI's</u> hospital(s) [include separate description for each hospital/medical center that will participate in the exercise.]</p>	<p>Demonstrate capability at TCPs established in the vacant lot adjacent to the Nearby City Fire Department.</p> <p><i>Nearby City Fire Department personnel will process thirteen (13) off-post evacuees/victims.</i></p> <p><i>Your Town School District student actors will represent evacuees.</i></p> <p>Demonstrate capability at designated screening location at <u>YJI's</u> hospital(s).</p> <p><u>YJI's</u> Medical Representative will coordinate with the Exercise Support Contractor to develop injury cards for the volunteers.</p> <p><u>YJI's</u> hospital(s) will provide moulage for the volunteers.</p> <p><u>YJI's</u> hospital(s) will provide 15 volunteers for screening and decontamination.</p>

Example 5 – Community Tabular Format

Juris	Task	Players	Extent of Play
<u>YJ2</u>	C.6.3.F – Treat Patients at the Screening Site(s).	EMS workers. <u>YJ2's</u> hospital(s) [Include separate description for each hospital/medical center that will participate in the exercise.]	Demonstrate capability at TCPs established in the vacant lot adjacent to the Nearby City Fire Department. <i>Nearby City Fire Department personnel will process thirteen (13) off-post evacuees/victims.</i> <i>Your Town School District student actors will represent evacuees.</i> Demonstrate capability at designated screening location at <u>YJ2's</u> hospital. <u>YJ2's</u> <i>Medical Representative will coordinate with the Exercise Support Contractor to develop injury cards for the volunteers.</i> <u>YJ2's</u> <i>hospital(s) will provide moulage for the volunteers.</i> <u>YJ2's</u> <i>hospital(s) will provide 15 volunteers for screening and decontamination.</i>
<u>YI</u>	A.6.4.E - Track the Location and Status of Patients	EOC staff, medical facility	Demonstrate accuracy of patient information.

Example 5 – Community Tabular Format

Juris	Task	Players	Extent of Play
<u>YJ1</u>	C.6.4.F – Decontaminate Potentially Exposed Evacuees	<u>YJ1</u> Hazardous Materials Response Team, Nearby City Fire Department (with support from other fire departments in the county).	<p>Demonstrate capability to respond to situations and events as driven by the scenario, to include decontamination of emergency workers. To be demonstrated at decontamination sites near Nearby City Fire Station.</p> <p>Simulations: <i>Water simulates liquid decontaminants. Actual decontamination materials will be present and mixing times will be taken into account prior to commencing decontamination activities.</i></p> <p><i>Training PPE to be worn by county hazardous materials teams, volunteer fire department, EMS workers, and law enforcement personnel at decontamination sites.</i></p>
<u>YJ2</u>	C.6.4.F – Decontaminate Potentially Exposed Evacuees	<u>YJ2</u> Hazardous Materials Response Team, Nearby City Fire Department (with support from other fire departments in the county).	<p>Demonstrate capability to respond to situations and events as driven by the scenario, to include decontamination of emergency workers. To be demonstrated at decontamination sites near Nearby City Fire Station.</p> <p>Simulations: <i>Water simulates liquid decontaminants. Actual decontamination materials will be present and mixing times will be taken into account prior to commencing decontamination activities.</i></p> <p><i>Training PPE to be worn by county hazardous materials teams, volunteer fire department, EMS workers, and law enforcement personnel at decontamination sites.</i></p>
<u>YI</u>	A.6.5.F - Decontaminate Patients at the CAI Site	Security Force and Surety	<p>Demonstrate effective decontamination.</p>

Example 5 – Community Tabular Format

Juris	Task	Players	Extent of Play
<u>YJI</u>	C.6.5.F – Decontaminate Patients at the Screening Location or Medical Treatment Facility.	<p>IRZ County Hazardous Materials Response Team, Nearby City Fire Department (with support from other fire departments in the county).</p> <p><u>YJI's</u> hospital(s) [include separate description for each hospital/medical center that will participate in the exercise.]</p>	<p>Demonstrate capability to respond to situations and events as driven by the scenario, to include decontamination of emergency workers. To be demonstrated at decontamination sites near Nearby City Fire Station.</p> <p>Simulations: <i>Water simulates liquid decontaminants. Actual decontamination materials will be present and mixing times will be taken into account prior to commencing decontamination activities.</i></p> <p><i>Training PPE to be worn by county hazardous materials teams, volunteer fire department, EMS workers, and law enforcement personnel at decontamination sites.</i></p> <p>Demonstrate capability to respond to situations and events as driven by the scenario to include decontamination of emergency workers. To be demonstrated at decontamination site at <u>YJI's</u> hospital.</p> <p>Simulations: <i>Water simulates liquid decontaminants. Actual decontamination materials will be present and mixing times will be taken into account prior to commencing decontamination activities.</i></p> <p><i>Training PPE to be worn by hospital personnel at decontamination sites.</i></p> <p><u>YJI's</u> hospital(s) will provide 15 volunteers for screening and decontamination.</p>

Example 5 – Community Tabular Format

Juris	Task	Players	Extent of Play
<u>YJ2</u>	C.6.5.F – Decontaminate Patients at the Screening Location or Medical Treatment Facility.	<p>IRZ County Hazardous Materials Response Team, Nearby City Fire Department (with support from other fire departments in the county).</p> <p><u>YJ2's</u> hospital(s) [include separate description for each hospital/medical center that will participate in the exercise.]</p>	<p>Demonstrate capability to respond to situations and events as driven by the scenario, to include decontamination of emergency workers. To be demonstrated at decontamination sites near Nearby City Fire Station.</p> <p>Simulations: <i>Water simulates liquid decontaminants. Actual decontamination materials will be present and mixing times will be taken into account prior to commencing decontamination activities.</i></p> <p><i>Training PPE to be worn by county hazardous materials teams, volunteer fire department, EMS workers, and law enforcement personnel at decontamination sites.</i></p> <p>Demonstrate capability to respond to situations and events as driven by the scenario, to include decontamination of emergency workers. To be demonstrated at decontamination site at <u>YJ2's</u> hospital.</p> <p>Simulations: <i>Water simulates liquid decontaminants. Actual decontamination materials will be present and mixing times will be taken into account prior to commencing decontamination activities.</i></p> <p><i>Training PPE to be worn by hospital personnel at decontamination sites.</i></p> <p><u>YJ2's</u> hospital(s) will provide 15 volunteers for screening and decontamination.</p>
<u>YI</u>	A.6.6.F - Prepare Medical Facility to Receive Patients	Medical facility	Demonstrate facility is prepared for arrival and treatment of patients.

Example 5 – Community Tabular Format

Juris	Task	Players	Extent of Play
<u>YJI</u>	C.6.6.F – Transport Patients to a Medical Treatment Facility	Your Town Ambulance Service.	Demonstrate capability to respond to situations and events as driven by the exercise. <i>Two (2) on-post victims will be transported from the depot to <u>YJI</u>'s hospital.</i> <i>Your Town School District student actors will represent transported off-post victims.</i>
<u>YJ2</u>	C.6.6.F – Transport Patients to a Medical Treatment Facility	Your Town Ambulance Service.	Demonstrate capability to respond to situations and events as driven by the exercise. <i>Two (2) on-post victims will be transported from the depot to <u>YJ2</u>'s hospital(s).</i> <i>Your Town School District student actors will represent transported off-post victims.</i>
<u>YI</u>	A.6.7.F - Transport Patients to a Medical Facility	Security Force and/or Fire Department	Demonstrate transportation to a medical facility in a timely manner. Vehicle, crew and EMS personnel are returned to service.
<u>YJI</u>	C.6.7.F – Treat Patients at a Medical Treatment Facility	<u>YJI</u> 's hospital(s) [include separate description for each hospital/medical center that will participate in the exercise.]	<u>YJI</u> 's hospital(s) will receive six (6) off –Post victims. There will be no fatalities at the hospital. <u>YJI</u> 's hospital(s) will provide 6 volunteers for treatment.
<u>YJ2</u>	C.6.7.F – Treat Patients at a Medical Treatment Facility	<u>YJ2</u> 's hospital(s) [include separate description for each hospital/medical center that will participate in the exercise.]	<u>YJ2</u> 's hospital(s) will receive six (6) off-post victims. There will be no fatalities at the hospital. <u>YJ2</u> 's hospital(s) will provide 6 volunteers for treatment.

Example 5 – Community Tabular Format

Juris	Task	Players	Extent of Play
<u>YI</u>	A.6.8.F - Treat Patients at a Medical Facility	Medical Facility	Demonstrate appropriate medical treatment. Patients stabilized and transferred to off-post medical facility.
<u>YJ1</u>	C.6.8.F – Collect and Decontaminate Human Remains	Investigator for State Medical Examiner’s Office	Medical Examiner’s Office Investigator will demonstrate plans and procedures for the collection and decontamination of human remains by discussing procedures with evaluation team. <i>One (1) fatality will be handled at the decontamination site at Nearby City. Medical Examiner’s Office Investigator will be responsible for assuring they are handled accordingly.</i>
<u>YJ2</u>	C.6.8.F – Collect and Decontaminate Human Remains	Investigator for State Medical Examiner’s Office	Medical Examiner’s Office Investigator will demonstrate plans and procedures for the collection and decontamination of human remains by discussing procedures with evaluation team. <i>One (1) fatality will be handled at the decontamination site at Nearby City. Medical Examiner’s Office Investigator will be responsible for assuring they are handled accordingly.</i>
<u>YI</u>	A.6.9.F - Collect and Decontaminate Human Remains	IRF work parties, Medical Response Teams	Demonstrate care and respect of remains and made available to next-of-kin.
<u>YJ1</u>	C.6.9.E/F – Coordinate the Disposition of Human Remains	Investigator for State Medical Examiner’s Office	Medical Examiner’s Office Investigator will demonstrate plans and procedures for the coordination and disposition of human remains by discussing procedures with evaluation team. <i>One (1) fatality will be handled at the decontamination site at Nearby City. Medical Examiner’s Office Investigator will be responsible for assuring they are handled accordingly.</i>
<u>YJ2</u>	C.6.9.E/F – Coordinate the Disposition of Human Remains	Investigator for State Medical Examiner’s Office	Medical Examiner’s Office Investigator will demonstrate plans and procedures for the coordination and disposition of human remains by discussing procedures with evaluation team. <i>One (1) fatality will be handled at the decontamination site at Nearby City. Medical Examiner’s Office Investigator will be responsible for assuring they are handled accordingly.</i>

Example 5 – Community Tabular Format

Juris	Task	Players	Extent of Play
<u>YI</u>	A.6.10.E - Coordinate the Disposition of Human Remains	EOC staff	Demonstrate legal requirements are met, next-of-kin are helped to claim remains. <i>EOC staff will explain procedures, no calls will be made.</i>

7. Emergency Public Information

Juris	Task	Players	Extent of Play
<u>YI</u>	A.7.1.E – Disseminate Public Health and Safety Information to the Media	EOC staff, PAO staff	Demonstrate the capability to conduct media operations from the EOC until the JIC is declared operational.
<u>YJ1</u>	C.7.1.E - Disseminate Public Health and Safety Information to the Media	<u>YJ1's</u> Emergency Manager, EOC staff <u>YJ1's</u> PIO staff	Demonstrate the capability to conduct media operations from the EOC until the JIC is declared operational.
<u>YJ2</u>	C.7.1.E - Disseminate Public Health and Safety Information to the Media	<u>YJ2's</u> Emergency Manager, EOC staff <u>YJ2's</u> PIO Staff	Demonstrate the capability to conduct media operations from the EOC until the JIC is declared operational.
<u>YI</u>	A.7.2.E – Inform Headquarters Public Affairs Staffs	PAO staff	Demonstrate reporting of public information activities to Headquarters PAO.
<u>YI</u>	A/C.7.3.J – Activate and Operate a Joint Information Center	EOC staff, JIC staff	Demonstrate establishment and performance of JIC.

Example 5 – Community Tabular Format

Juris	Task	Players	Extent of Play
<u>YJ1</u>	A/C.7.3.J – Activate and Operate a Joint Information Center	JIC staff	<p>Capability to direct and control JIC activation will be demonstrated at the county EOC and JIC located in Your Town.</p> <p>Demonstrate all facilities, equipment, communication capabilities, and displays appropriate for the scenario.</p> <p>Provide media briefings and news releases appropriate for the scenario.</p> <p>Exercise will continue until the JIC is activated, operational, and a JIC press conference is completed, even if objectives at other locations are satisfied sooner.</p>
<u>YJ2</u>	A/C.7.3.J – Activate and Operate a Joint Information Center	JIC staff	<p>Capability to direct and control JIC activation will be demonstrated at the county EOC and JIC located in Your Town.</p> <p>Demonstrate all facilities, equipment, communication capabilities, and displays appropriate for the scenario.</p> <p>Provide media briefings and news releases appropriate for the scenario.</p> <p>Exercise will continue until the JIC is activated, operational, and a JIC press conference is completed, even if objectives at other locations are satisfied sooner.</p>
<u>YI</u>	A/C.7.4.J - Disseminate Public Health and Safety Information to the Media	JIC staff	<p>Provide information about Army activities appropriate to the scenario.</p> <p>Exercise will continue until the JIC is activated, operational, and a JIC press conference is completed, even if objectives at other locations are satisfied sooner.</p>
<u>YJ1</u>	A/C.7.4.J - Disseminate Public Health and Safety Information to the Media	JIC staff	<p>Provide information pertaining to special populations and schools.</p> <p>Provide information pertaining to protective action decisions.</p> <p>Provide information pertaining to traffic control points. Provide information pertaining to county reception centers and American Red Cross Shelters.</p>

Example 5 – Community Tabular Format

Juris	Task	Players	Extent of Play
			<p>Provide information pertaining to evacuees.</p> <p>Provide information pertaining to EAS messages.</p> <p>As resources are available, the mock media may contact YJ hospital, YJ reception center and YJ EOC..</p>
<u>YJ2</u>	A/C.7.4.J - Disseminate Public Health and Safety Information to the Media	JIC staff	<p>Prepare press releases and conduct media briefings as needed.</p> <p>Provide information pertaining to special populations and schools.</p> <p>Provide information pertaining to protective action decisions.</p> <p>Provide information pertaining to traffic control points. Provide information pertaining to county reception centers and American Red Cross Shelters.</p> <p>Provide information pertaining to evacuees.</p> <p>Provide information pertaining to EAS messages.</p> <p>As resources are available, the mock media may contact YJ hospital, YJ reception center and YJ EOC.</p>
<u>YI</u>	A/C.7.5.E/J – Operate a Joint Information System	EOC staff, JIC staff	<p>Prepare press releases and conduct media briefings as needed.</p> <p>Demonstrate flow of information between EOC, JIC, and other agencies before and following JIC activation.</p>
<u>YJ1</u>	A/C.7.5.E/J – Operate a Joint Information System	EOC staff	<p>Demonstrate flow of information between EOC, JIC, and other agencies before and following JIC activation.</p>
<u>YJ2</u>	A/C.7.5.E/J – Operate a Joint Information System	EOC staff	<p>Demonstrate flow of information between EOC, JIC, and other agencies before and following JIC activation.</p>
<u>YI</u>	A/C.7.6.J - Disseminate Public Health and Safety	JIC staff	<p>Demonstrate the capability to take and respond accurately to inquiries from the public, to track rumors and trends, and to correct</p>

Example 5 – Community Tabular Format

Juris	Task	Players	Extent of Play
	Information Directly to the Public		misinformation based on inquiries through media releases, calls to the media, or press conferences, as appropriate to the scenario.
<u>YJ1</u>	A/C.7.6.J - Disseminate Public Health and Safety Information Directly to the Public	JIC staff	Demonstrate the capability to take and respond accurately to inquiries from the public, to track rumors and trends, and to correct misinformation based on inquiries through media releases, calls to the media, or press conferences, as appropriate to the scenario.
<u>YJ2</u>	A/C.7.6.J - Disseminate Public Health and Safety Information Directly to the Public	JIC staff	Demonstrate the capability to take and respond accurately to inquiries from the public, to track rumors and trends, and to correct misinformation based on inquiries through media releases, calls to the media, or press conferences, as appropriate to the scenario.

APPENDIX E
CSEPP EXERCISE
OPTIMAL AVAILABLE
EXERCISE DATES

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APPENDIX E

CSEPP EXERCISE OPTIMAL AVAILABLE EXERCISE DATES

This *Exercise Policy and Guidance for the Chemical Stockpile Emergency Preparedness Program* contains the requirement that all CSEPP jurisdictions exercise annually. The exercise planning team will identify the desired exercise date(s) for their exercises two years in advance and submit their requested exercise date(s) to the Exercise IPT for approval. A calendar of optimal available exercise dates for FY 03 through FY 09 is provided below. While the dates listed below are the recommended dates for exercises, they are not the only date(s) that an exercise can be scheduled. If you meet the requirements listed in Section 3.4 of the *Exercise Policy and Guidance for the Chemical Stockpile Emergency Preparedness Program*, an exercise can be scheduled for that date.

Optimal Available Dates for CSEPP Exercises

FY04

22 October 2003 (20 – 24 October)
12 November 2003 (10 – 14 November)
4 February 2004 (2 – 6 February)
25 February 2004 (23 – 27 February)
17 March 2004 (15 – 19 March)
7 April 2004 (5 – 9 April)
28 April 2004 (26 – 30 April)
19 May 2004 (17 – 21 May)
9 June 2004 (7 – 11 June)
15 September 2004 (13 – 17 September)

FY07

18 October 2006 (16 – 20 October)
8 November 2006 (6 – 10 November)
31 January 2007 (29 January – 2 February)
21 February 2007 (19 – 23 February)
14 March 2007 (12 – 16 March)
4 April 2007 (2 -- 6 April)
25 April 2007 (23 – 27 April)
16 May 2007 (14 – 18 May)
6 June 2007 (4 – 8 June)
12 September 2007 (10 – 14 September)

FY05

20 October 2004 (18 – 22 October)
10 November 2004 (8 – 12 November)
2 February 2005 (31 January – 4 February)
23 February 2005 (21 – 25 February)
16 March 2005 (14 – 18 March)
6 April 2005 (4 -- 8 April)
27 April 2005 (25 – 29 April)
18 May 2005 (16 – 20 May)
8 June 2005 (6 – 10 June)
14 September 2005 (12 – 16 September)

FY08

17 October 2007 (15 – 19 October)
7 November 2007 (5 – 9 November)
30 January 2008 (28 January – 1 February)
20 February 2008 (18 – 22 February)
12 March 2008 (10 – 14 March)
2 April 2008 (31 March -- 4 April)
23 April 2008 (21 – 25 April)
14 May 2008 (12 – 16 May)
4 June 2008 (2 – 6 June)
10 September 2008 (8 – 12 September)

FY06

19 October 2005 (17 – 21 October)
9 November 2005 (7 – 11 November)
1 February 2006 (30 January – 3 February)
22 February 2006 (20 – 24 February)
15 March 2006 (13 – 17 March)
5 April 2006 (3 -- 7 April)
26 April 2006 (24 – 28 April)
17 May 2006 (15 – 19 May)
7 June 2006 (5 – 9 June)
13 September 2006 (11 – 15 September)

FY09

22 October 2008 (20 – 24 October)
12 November 2008 (10 – 14 November)
4 February 2009 (2 – 6 February)
25 February 2009 (23 – 27 February)
18 March 2009 (16 – 20 March)
8 April 2009 (6 -- 10 April)
29 April 2009 (27 April – 1 May)
20 May 2009 (18 – 22 May)
10 June 2009 (8 – 12 June)
9 September 2009 (7 – 11 September)

APPENDIX F
CSEPP MEDICAL EVALUATION GUIDES

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F.1 INTRODUCTION

The Medical Evaluation Guides in this appendix are intended as self-evaluation tools for use by (1) a hospital or other healthcare facility and (2) Emergency Medical Services organizations in assessing their overall preparedness to meet their community's needs in the event of any mass casualty situation. The Guides are designed to be used as self-assessment tools in either an exercise situation or through the review of the disaster plans, or both. The checklists are designed to stimulate thought and discussion within an organization as well as to indicate areas needing attention and those areas that may need to be addressed periodically.

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**HOSPITAL
CSEPP
Medical Evaluation Guidance (MEG)**

Self-Evaluation Tool: An All Hazards Approach

This guidance tool is intended as a self-evaluation tool for a hospital's or other healthcare facility's overall preparedness to meet its community's needs in the event of any mass casualty situation. It is designed to be used as a self-assessment tool in either an exercise situation or through the review of the disaster plans, or both. The checklist is designed to stimulate thought and discussion within an organization as well as to indicate areas needing attention and those areas that may need to be addressed on a periodic basis. Key areas include not only intra-hospital but also inter-agency cooperation.

Through scoring, the facility can demonstrate its need for funding (further or continued) as well as see where it needs work in order to come up to par with the remainder of the country. Scoring (optional):

Scoring: 5 = **P** (performed) 3 = **D** (document viewed) 1 = **S** (simulated) 0 = **No or N/A**

COMPONENTS	Yes P/D/S	No/ N/A	Comments/ Recommendations
1. FOUNDATIONAL CONSIDERATIONS			
A. Does the facility have a disaster plan?			
B. Is there a multidisciplinary disaster planning committee?			
C. Does the plan detail actions to be taken for both internal and external disasters?			
D. Does the plan detail how it links with the local EMS agencies and local Emergency Management Agency?			

E.	Is the plan widely distributed and readily available throughout the facility and available to all staff members?			
F.	Does the facility participate in and conduct, mitigate, prepare for, respond to and recover from community hazard vulnerability analysis?			
G.	Are floor plans available for the facilities in the disaster plan?			
H.	Does the plan specify the number and location of isolation or protective environment rooms?			
I.	Are their locations clearly identified in a document readily available to the disaster coordinator or command team?			
J.	Are isolation facilities monitored to ensure adequate airflow?			
2.	SURVEILLANCE OR FACILITY MONITORING			
A.	Does the facility currently have a baseline established for numbers of patients seen in the facility? For example, for the emergency department, outpatient clinics, or via direct admission, are in-patients stratified according to clinical symptoms?			
B.	Is there currently a process to evaluate and track all microbiological pathogens and stratify them according to organism?			
C.	Does a process exist to notify infection control, in-house and public health, for all reportable pathogens on a 24 hours a day/7 days a week basis?			

3. IDENTIFICATION OF AUTHORIZED PERSONNEL	Yes P/D/S	No/ N/A	Comments/ Recommendations
A. Is there an individual in-house who is authorized to implement the disaster plan on a 24-hour per day basis?			
B. Has the facility designated a physician medical commander who will be responsible for the hospital's medical responses during the time the plan is activated?			
C. Have other key position holders who have a role in disaster management been identified? This should be identified in the disaster plan. See #25 Incident Command for a guide to an Incident Command structure.			
D. Is a notification system in place that can alert both on- and off-duty personnel to a disaster situation?			
E. Does the plan include lines of authority, role responsibilities, and provide for succession?			
F. Are those who are expected to implement and use the plan familiar with it?			
G. Have job action sheets or role cards been developed for all defined positions involved in the command structure?			
H. Does the plan provide for personnel badging or picture identification that is acceptable for local jurisdiction and access to medical facilities and incident site?			
I. Can staff gain access to the facility when called back on duty?			
J. Is there designation of assembly points to which all personnel report, and does it change if staff are involved in patient care or have administrative responsibilities?			

K. Has jurisdictional control been discussed and staff informed of the hierarchy in the event outside agency assistance is requested or required?			
4. ACTIVATION OF THE PLAN	Yes P/D/S	No/ N/A	Comments/ Recommendations
A. Does the plan specify the circumstances under which the plan can be activated?			
B. Does the plan stipulate the position holder who has the authority to activate/deactivate the plan, including nights, weekends, and holidays?			
C. If the activation is through other than 911 system, does it work well and get the key agencies notified?			
5. ALERTING SYSTEM	Yes P/D/S	No/ N/A	Comments/ Recommendations
A. Does the plan provide for immediate activation during normal as well as off-hours including weekends and holidays?			
B. Does the plan specify how notification within the facility will be carried out?			
C. Does the plan detail responsibility and a process for recalling staff?			

		Yes P/D/S	No/ N/A
		Comments/ Recommendations	
D. Does the plan provide for alternative systems of notification that considers people, equipment, and procedures?			
E. Does the plan have a process for notification of key medical resources (EMS, Public Health, and Poison Control)?			
6. RESPONSE			
A. Has the facility developed disaster plans based on the current hospital hazard vulnerability analysis?			
B. Has the facility developed plans to respond to an abnormally large surge of patients?			
C. Is there an evaluation of current supply and equipment levels that are kept on hand during normal facility operation?			
D. Has the facility developed plans indicating how it will be able to maintain resources and personnel in response to a disaster?			
E. Does the plan include procedures for incorporating and managing volunteers and unexpected medical services responders who want to help?			
F. Has risk management been involved to develop a process with the facility insurer to provide insurance liability?			
G. Does the facility have an established process to credential healthcare workers from outside the individual network in order to facilitate safe and qualified patient care?			

H.	Has each department developed standard operating procedures to reflect how the department will continue to provide essential services? These services may include:	
1.)	Administrative	
2.)	Emergency	
3.)	Nursing	
4.)	Radiology	
5.)	Infection Control/Hospital Epidemiology	
6.)	Occupational Health	
7.)	Laboratory	
8.)	Pharmacy	
9.)	Critical Care	
10.)	Central Supply	
11.)	Maintenance and Engineering	
12.)	Biomedical Engineering	
13.)	Respiratory Therapy	
14.)	Security	
15.)	Food and Nutrition	
16.)	Housekeeping	
17.)	Social Services	
18.)	Pastoral Counseling	
19.)	Mortuary	

	20.) Physician services including Medicine and Surgery	
I.	Are the following items detailed within the disaster plan?	
1.)	Is there a separate entry to the facility (such as a decontamination area) for contaminated patients?	
2.)	Is there a dedicated facility, area, or portable device for decontamination?	
3.)	Is there a hot and cold water supply to the decontamination area?	
4.)	Can water run-off from the decontamination area be contained?	
5.)	If the decontamination area is a fixed internal facility, is there a dedicated exhaust to the outside?	
6.)	Does the facility have the capability and personnel on-site 24 hours a day, 7 days a week, to isolate airflow within separate portions of the facility that may have become contaminated?	
7.	HOSPITAL DISASTER COMMAND CENTER	
A.	Does the plan indicate where the facility Disaster Command Center is to be located, with preference given to an area away from the Emergency Department?	
B.	Has an alternate location been determined?	

	C. Have standard operating procedures been developed for the Disaster Command Center?				
	D. Do the procedures for the Disaster Command Center specify chain of command and communication channels for the key position holders within the Disaster Command Center? Key position holders should be determined at the initiation of the disaster plan. See Section #25 for additional help in determining roles.				
	E. Have special communication procedures been established and tested that will maintain communication between the facility and the local Emergency Management Agency?				
	F. Do the Disaster Command Center and critical areas have designated space(s), equipment, and phone/fax for external personnel (local, state and federal) that may respond to your facility in support of the disaster?				
	8. SECURITY				
	A. Does the facility have the proven ability to control access to entrances and exits to the facility?				
	B. Is there a training program implemented for site control personnel to be able to recognize potentially contaminated persons?				
	C. Is there a plan to utilize internal resources to control vehicular traffic and pedestrians?				
	D. Have arrangements been made to meet and escort arriving emergency service personnel?				

	1.) Is the emergency department staff proficient with the local EMS protocols and communication etiquette?		
E.	Is there provision for alternative communication arrangements in the event the hospital communication system fails or is overloaded?		
10.	INTERNAL TRAFFIC FLOW AND CONTROL	Yes P/D/S	No/ N/A Comments/ Recommendations
A.	Have provisions been made for internal traffic with signage?		
B.	Have egress routes for patients and staff been provided for evacuation purposes?		
C.	Will elevators be manned and controlled and has elevator usage been prioritized (e.g., casualties, supplies)?		
11.	EXTERNAL TRAFFIC FLOW AND CONTROL	Yes P/D/S	No/ N/A Comments/ Recommendations
A.	Does your plan address traffic control ingress and egress of vehicles, personnel, supplies, visitors, and patients?		
B.	Have arrangements been made for security support in maintaining order in the vicinity of the facility in the event law enforcement is not available?		

12. VISITORS		Yes P/D/S	No/ N/A	Comments/ Recommendations
A. Does the plan include a mechanism to deal with anticipated increases in visitors and curious onlookers seeking to gain entrance during disasters?				
B. Has provision been made to establish waiting areas, with supportive counseling, away from the Emergency Department to minimize unwanted access to the relatives and friends of disaster casualties?				
C. Has a position holder been designated to control and take care of housekeeping issues that arise due to visitors?				
13. MEDIA		Yes P/D/S	No/ N/A	Comments/ Recommendations
A. Does the plan designate an internal spokesperson as a media contact?				
B. Do the media have a designated area?				
C. Has the media area been positioned away from critical areas to minimize interference (e.g., Emergency Department, Command Center, and waiting areas for relatives, family, and friends)?				
D. Does the plan identify a designated person to address the needs of the media?				
E. Does the plan identify a point of contact or conduit between the internal facility spokesperson and the joint information center contact (established by the Emergency Management Agency or other lead agency)?				

F.	Have provisions been made to identify the procedures for handling requests for information from the media?			
G.	Have provisions been made to work in concert with the local, state, and federal agencies?			
H.	Have appropriate locations been identified for press briefings?			
14.	RECEPTION OF CASUALTIES	Yes P/D/S	No/ N/A	Comments/ Recommendations
A.	Does your plan provide provisions for unanticipated or short notice arrival of multiple casualties including:			
1.)	Rapid identification, documentation, and tracking?			
2.)	Triage (S.T.A.R.T. for adults, Jump S.T.A.R.T. for pediatrics)?			
3.)	Triage area that allows for retention, segregation and processing of incoming casualties?			
4.)	Identification of radioactive, biological or chemical exposure and the need to establish a decontamination site(s)?			
5.)	A mechanism for identification of patients who have completed decontamination?			
6.)	Registration?			
7.)	Treatment in designated treatment areas?			
8.)	Protocols for prophylaxis and treatment of biological, chemical and radiological exposure?			
9.)	Admission or transfer?			

10.)	Transportation as needed?			
B.	In the confirmation notification of a disaster, does the plan provide for:			
1.)	Clearance of all non-emergency patients and visitors from the emergency department?			
2.)	Cancellation of all elective admissions and elective surgery?			
3.)	Determination of rapidly available or open beds?			
4.)	Determination of space that can be converted to patient care areas?			
5.)	Determination of number of patients who can be transferred or discharged?			
C.	Is the receiving and sorting area accessible and in close proximity to the areas of the hospital in which definitive care will be given?			
D.	Is the reception area equipped with portable auxiliary power for illumination and other electrical equipment, or can power be supplied from hospital emergency power (generator) circuits?			
E.	Are sufficient equipment, supplies, and apparatus available, in an organized manner, to permit prompt and efficient casualty movement?			
F.	Are radiological monitors and radiation detection instruments assigned to the triage area?			
G.	Have provision been made for a large influx of casualties requiring admission to the facility to include:			
1.)	Bed arrangements?			

	5.) Are there procedures for taking pre-donning vital signs (i.e., a standardized policy identifying criteria for: pulse, respiration, blood pressure, weight, temperature, and current medication/health quick checklists)?		
	6.) Are there procedures for taking post-entry doffing vital signs (i.e., a standardized policy identifying criteria for: pulse, respiration, blood pressure, weight, temperature, and current medication/health quick checklist), with interventions clearly defined, if abnormal findings?		
	7.) Has an appropriate donning and doffing technique been demonstrated?		
	8.) Can you demonstrate that personnel in PPE can correctly be decontaminated prior to doffing the PPE?		
	9.) Is there a system for appropriate documentation and tracking of PPE-suited personnel (vital signs as above, time in zones, and time in rehabilitation)?		
	10.) Can operations be conducted for extended periods?		
	<u>N. Decontamination</u>		
	1.) Are there plans for functional response of equipment to the scene (not pre-staged for exercise)?		

2.)	Can the decontamination equipment be set up and function properly?			
3.)	Are there standards for environmental control for the victims (warm water, out of the elements once wetted down, able to cover victims back up)?			
4.)	Is there a system to inventory and track valuables and contaminated effects?			
5.)	Can wounds be appropriately decontaminated and dressed before primary decontamination?			
6.)	Do you have a policy on removal of foreign bodies previous to decontamination? (If not, consider developing one.)			
7.)	Is there an effective non-ambulatory decontamination process/system?			
8.)	Is there a policy to assure that a victim's privacy managed appropriately based on resources and environment?			
9.)	Is a patient casualty collection point clearly identifiable according to the plan?			
O. Active triage and treatment				
1.)	Will victims or EMS response personnel receive appropriate antidote if indicated?			
2.)	Have treatment priorities been established (red, yellow, green, and black)?			
3.)	Is triage effective and accurate?			

4.)	Is a patient treatment area established after decontamination?				
5.)	Will medical care be appropriately delivered (combinations of injury, not just WMD exposure) [tunnel vision]?				
6.)	Are the WMD antidotes stored in a readily-accessible secured area?				
P.	Fatality Management:				
1.)	Does the facility have plans for managing contaminated deceased?				
2.)	Has an appropriate separate area been established for potentially contaminated fatalities?				
3.)	Are fatalities decontaminated?				
4.)	Will fatalities be managed in a fashion to preserve forensic evidence?				
5.)	Are procedures in place, and staff trained regarding the sensitive notification of next-of-kin?				
15.	RELOCATION OR EVACUATION OF PATIENTS AND STAFF	Yes P/D/S	No/ N/A	Comments/ Recommendations	
A.	Has provision been made for the movement of patients and staff to an immediate area of safe refuge within the facility in the event the area must be evacuated or staff and patients relocated?				

	<p>B. Have agreements been made with other healthcare facilities for the relocation of patients, should the facility be unable to support patient care?</p>	
	<p>C. Have satellite locations been predetermined and confirmed for the housing of patients and staff in the event of an evacuation (a JCAHO requirement)?</p>	
	<p>D. Have transportation requirements (ambulances and public transport) been predesignated for the movement of patients, staff, and visitors?</p>	
	<p>E. Have transportation resources been identified for patients that must be moved in hospital beds on ventilators and connected to specialized equipment?</p>	
	<p>F. Is there a time sequence built into the plan designating appropriate moving times and assigned personnel, including professional staff assignment and priority of patients when moving to specific locations?</p>	
	<p>G. Is there a sequence for patient transfers along pre-established routes?</p>	
	<p>H. Are procedures established for the orderly disposition of patients to their homes?</p>	
	<p>I. Has provision been made for immediate refuge, care, and comfort for the patients and staff on the hospital grounds during inclement and winter weather?</p>	
	<p>1.) Are there provisions for staffs' dependant care (infants, children, and dependant adults)?</p>	
	<p>2.) Is there an organized evacuation process to handle large numbers of patients upon short notice?</p>	

3.)	Does your plan address the movement, removal, and control of patient records and documents in a manner that safeguards patient confidentiality?		Yes P/D/S	No/ N/A	Comments/ Recommendations
16.	HOSPITAL OUT OF COMMUNICATION OR CUT OFF FROM RESOURCES		A.	In the event the facility is unable to communicate or is cut off from resources, are personnel assigned to be responsible for the following tasks?	
1.)	Auxiliary power.		2.)	Rationing of food and water.	
3.)	Waste and garbage disposal.		4.)	Rest and rotation of staff.	
5.)	Rationing of medication and supplies.		6.)	Laundry.	
7.)	Staff and patient morale.		B.	Has consideration been given to utilization of patients and visitors to assist staff with duties?	
17.	EQUIPMENT, SERVICES, FACILITY, AND LABORATORY ASSESSMENT		A.	Does the plan specify the current number of the critical pieces of equipment readily available within the facility (example of a partial list):	
1.)	Ventilators (adult)?		2.)	Ventilators (pediatric)?	

3.) Ventilators (neonate)?			
4.) IV pumps?			
5.) IV poles?			
6.) Suction Machines?			
7.) Beds?			
8.) Stretchers?			
9.) Wheelchairs?			
10.) Other?			
B. How many days can the facility function with currently available medical supplies?			
C. Are local suppliers of medical equipment identified? Are there 24-hour contact numbers for these suppliers?			
D. What is the current level of linen maintained and readily available (days)?			
E. Does the facility have the ability to shut down air intakes and portions of ventilation system?			
F. Are shipping containers readily available to safely transport specimens as requested by agencies such as the CDC or FBI?			
G. Does the plan include measures to ensure the ability to provide hand washing /hand sanitizing measures?			
H. Does the plan include measures to ensure adequate amounts of personal protective equipment?			
I. Is there a mechanism to manage (unsolicited) donations (e.g., blood, medical supplies)?			

18. PHARMACEUTICALS		Yes P/D/S	No/ N/A	Comments/ Recommendations
A.	Does the plan specify the current number of the critical pharmaceutical supplies readily available within the facility? (number of adult doses) (example of a partial list):			
1.)	Ciprofloxacin: oral and intravenous?			
2.)	Doxycycline: oral?			
3.)	Bronchial dilators?			
4.)	Other fluoroquinolones: oral and intravenous?			
5.)	Bulk Atropine and Pralidoxime Chloride (2-PAM CL)?			
B.	Does the pharmaceutical allocation plan make provision for prophylaxis of all staff and their immediate family?			
C.	Has the plan identified and established relationships with other facilities outside the immediate region as a means to identify potential sources of needed pharmaceuticals as well as equipment, supplies, and staff?			
D.	Does the plan identify pharmaceutical warehouses within the local area?			
E.	Does the plan outline how pharmaceuticals can be procured, transported, and delivered to the facility while within a secure environment?			
F.	Does the plan have a process for utilization of the National Pharmaceutical Stockpile?			

19. POST-DISASTER RECOVERY	Yes P/D/S	No/ N/A	Comments/ Recommendations
A. Does the plan designate who will be in charge of recovery operations?			
B. Does the plan make provision for the following during recovery:			
1.) Documentation?			
2.) Financial matters?			
3.) Inventory and resupply?			
4.) Record preservation?			
5.) Cleanup?			
6.) Hazard removal and cleanup?			
7.) Salvage/equipment recovery?			
8.) Garbage and waste disposal?			
9.) Utility and equipment servicing?			
10.) Physical plant restoration and renovation?			
C. Does the plan address the following programs?			
1.) Critical Incident Stress Management Program.			
2.) Employee Assistance Program.			
3.) Group/Individual counseling services.			
4.) Family Support Program.			

20. EDUCATION AND TRAINING		Yes P/D/S	No/ N/A	Comments/ Recommendations
A.	Does the plan specify who is responsible for the training and education program(s)?			
B.	Does the plan include methods for augmentation and extemporaneous training for new and altered roles?			
C.	Does the facility have ongoing mandatory standardized disaster training programs?			
D.	Has the facility considered adapting disaster procedures for application when dealing with routine procedures, so personnel can become familiar with them?			
E.	Does the program provide disaster education material during staff orientation to facilitate staff awareness?			
F.	Does the program have inter-organization joint training sessions that deal with common aspects of disaster response?			
G.	Is the disaster planning continuously incorporated into the quality improvement program			
21. KEY INTERNAL PERSONNEL		TELEPHONE / PAGER / MOBILE PHONE		
Facility CEO				
Administrator on call				
Emergency Department Physician, Chief				
Administrative Supervisor (House Manager)				
Director of Security				

Chief Nursing Officer	
Director of Engineering	
Director of Infection Control/Hospital Epidemiologist	
Chief of Microbiology/Laboratory Medical Director	
Chief of Medical Staff/Pediatrics/Critical Care/Surgery/Psych	
Risk Manager/Safety Officer	
Public Relations	
Information Services/Communications	
Product Resources	
Director of Pharmacy	
Chaplain/Pastoral Counseling/Crisis Response Team	
Social Services	
Ethics Officer	
Food Services	
Employee Health Manager	
Human Resources Representative	
Director of Pathology	
Finance Director	
Director of Admitting	

22. KEY EXTERNAL PERSONNEL/AGENCIES	TELEPHONE / PAGER / MOBILE PHONE
Local Emergency Management Agency	
State EMA	
Local EMS Agencies	
State EMS Agency	
Local Health Department	
State Health Department	
Local Law Enforcement Agencies	
FBI Field Office	
National Guard	
Metropolitan Medical Response System (MMRS) Coordinator	
National Disaster Medical System (NDMS) Contact	
CDC Emergency Response Office	
CDC Hospital Infections Program (Healthcare Quality)	
Other area hospitals	
State Medical Coordinator	

<p>23. INCIDENT COMMAND SYSTEM</p> <p>If utilizing the Hospital Emergency Incident Command System (HEICS) as your framework for hierarchy in a disaster scenario, have you identified positions (not an individual(s)), to fill each role? (http://www.emsa.ca.gov/dms2/heics3.htm)</p>					
<p>24. INCIDENT COMMAND STRUCTURE</p>					
<p>A. Is there an existing Incident Command System (ICS) structure implemented at the onset of the event?</p>					
<p>B. Is there standardized documentable training appropriate for the IC's role(s) (put into hospital document)?</p>					
<p>C. Is there a medically-qualified hazardous materials resource advisor available to the IC (poison control, physician, etc.)?</p>					
<p>HEICS Position</p>	<p>Current Position</p>				<p>Job Action Sheet Completed? Y or N</p>
<p>Incident Commander</p>					
<p>Public Information Officer</p>					
<p>Liaison Officer</p>					
<p>Safety and Security Officer</p>					
<p>Logistics Chief</p>					
<p>Planning Chief</p>					
<p>Finance Chief</p>					
<p>Operations Chief</p>					
<p>Medical Care Director</p>					
<p>Ancillary Services Director</p>					

Human Services Director				
Medical Staff Director				
25 EXERCISING THE DISASTER PLANNING PROGRAM		Yes P/D/S	No/ N/A	Comments/ Recommendations
A. Does the facility conduct an annual exercise?				
B. Does the exercise ensure all key participants are familiar with the contents of the plan?				
C. Are specific aspects of the plan tested where weakness or deficiencies are identified and corrected?				
D. Does the plan provide processes for defining and, when appropriate, integrating the hospital's role with community-wide emergency response agencies (including identification of who is in charge of what activities and when they are in charge) to promote interoperability between the hospital and the community (JC 2002 HAS EC.1.4 c)?				
E. Is a formal critique performed with results distributed to all key individuals and participating groups?				

This page not used.

Emergency Medical Services CSEPP Medical Evaluation Guidance (MEG)

Self-Evaluation Tool: An All Hazards Approach

This guidance tool is intended to assist in the evaluation of an Emergency Medical Services overall preparedness to meet their community's needs in the event of any mass casualty situation. It is designed to be used as a self-assessment tool in either an exercise situation or through the review of the disaster plans, or both. The checklist is designed to stimulate thought and discussion within an organization as well as to indicate areas needing attention and those areas that may need to be addressed on a periodic basis.

Through scoring, the EMS service can demonstrate the strengths of the system as well as see where it needs work in order to come up to par with the remainder of the country.

Scoring: 5 = **P** (performed) 3 = **D** (document viewed) 1 = **S** (simulated) 0 = **No or N/A**

COMPONENTS	Yes P/D/S	No/ N/A	Comments/ Recommendations
1. FOUNDATIONAL CONSIDERATIONS			
A. Does the agency have a Disaster Plan or Concept of Operations?			
B. Does the plan specify the level of training?			
C. Does the plan detail how it links with the local facilities and the local Emergency Management Agency?			
D. Does the community participate in and conduct, mitigate, prepare for, respond to and to recover from community hazard vulnerability analysis?			

	E. Are their locations clearly identified in a document readily available to the disaster coordinator or command team?		
	2. SURVEILLANCE OR SYSTEM MONITORING	Yes P/D/S	No/ N/A
	A. Does the EMS agency currently have a baseline established for numbers of patients that are seen by the service?		
	3. IDENTIFICATION OF AUTHORIZED PERSONNEL	Yes P/D/S	No/ N/A
	A. Is there an individual authorized to implement the disaster plan on a 24-hour per day basis?		
	B. Has the EMS Agency designated a Physician Medical Commander who will be responsible for the EMS responses during the time the plan is activated?		
	C. Is a notification system in place that can alert both on- and off-duty personnel to a disaster situation?		
	D. Does the plan include lines of authority, role responsibilities, and provide for succession?		
	E. Are those who are expected to implement and use the plan familiar with it?		
	F. Have job action sheets or role cards been developed for all defined positions involved in the command structure?		
	G. Does the plan provide for personnel badging or picture identification that is acceptable for local jurisdiction and access to medical facilities and the incident site?		

H. Is there designation of assembly points to which all personnel report?			
I. Has jurisdictional control been discussed and staff informed of the hierarchy in the event outside agency assistance is requested or required?			
4. ACTIVATION OF THE PLAN	Yes P/D/S	No/ N/A	Comments/ Recommendations
A. Does the plan specify the circumstances under which the plan can be activated?			
B. Does the plan stipulate the position holder who has the authority to activate/deactivate the plan, including nights, weekends, and holidays?			
C. If the activation is through other than the 911 system, does it work well and get the key agencies notified?			
5. ALERTING SYSTEM	Yes P/D/S	No/ N/A	Comments/ Recommendations
A. Does the plan provide for immediate activation during normal as well as off-hours, including weekends and holidays?			
B. Does the plan specify how notification within the facility will be carried out?			
C. Does the plan detail responsibility and a process for recalling staff?			
D. Does the plan provide for alternative systems of notification that consider people, equipment, and procedures?			

E. Does the plan have a process for notification of key medical resources (EMS, law enforcement, public health, hospitals, and poison control)?			
6. RESPONSE: TACTICAL OPERATIONS	Yes P/D/S	No/ N/A	Comments/ Recommendations
A. Has the EMS agency developed disaster plans based on the current hazard vulnerability analysis?			
B. Has the EMS agency developed plans to respond to an abnormally large surge of patients?			
C. Is there an evaluation of current supply and equipment levels that are kept on-hand during normal operation?			
D. Has the EMS agency developed plans indicating how it will be able to maintain resources and personnel in response to a disaster?			
E. Does the plan include procedures for incorporating and managing volunteers and unexpected medical service responders who want to help?			
F. Has risk management been involved to develop a process with the EMS agency insurer to provide liability insurance?			
G. Does the EMS agency have an established process to credential healthcare workers from outside the individual jurisdiction in order to facilitate safe and qualified patient care?			
H. Was an organized hazard assessment performed?			
I. Was there clear demarcation of the hot warm, and cold Zone established and located appropriately?			

J.	Was an ICS/UCS established?				
K.	Was there a rotation of staff with work periods and rehabilitation periods established?				
L.	Has there been an identification of radioactive, biological, or chemical exposures and the establishment of a decontamination site(s)?				
M.	Was identification of the hazard made in a useful time frame?				
N.	Is there a dedicated facility, area, or portable device for decontamination?				
O.	Can water run-off from the decontamination area be contained?				
P.	Is there provision for alternative communication arrangements in the event the communication system fails or is overloaded?				
Q.	Have special communication procedures been established and tested that will maintain communication between the EMS agency, medical facilities, and the local Emergency Management Agency?				
R.	Are the IC areas established appropriately?				
7.	SECURITY	Yes	No/	Comments/	Recommendations
		P/D/S	N/A		
A.	Is the perimeter secure preventing uncontrolled ingress or egress?				
B.	Is access to the command center controlled and protected?				
C.	Are security personnel protected from contamination?				

D.	Does the plan provide for personnel badging or picture identification that is acceptable for local jurisdiction and access to medical facilities and the incident site?			
E.	Has a security vulnerability analysis been performed (e.g., vehicle security)?			
F.	Have mitigating actions been implemented to resolve identified vulnerabilities?			
8.	COMMUNICATIONS SYSTEMS	Yes P/D/S	No/ N/A	Comments/ Recommendations
A.	Was radio communication established with the appropriate agencies and facilities?			
B.	Is there a bi-directional information exchange?			
C.	Is there an alternate communications system available?			
D.	Does the plan include hardware systems and processes/procedures in the event that normal systems (e.g., telephone, facsimile, cellular phones, radio communication, and paging) may be overloaded and rendered unserviceable during disasters?			
E.	Is there a proven messenger/runner system in place as a back up for communication system and power failures?			
F.	Has the EMS agency established communication a system and operational protocols with the local medical facilities and the Emergency Management Agency?			
G.	Are any other supportive measures in place for communications?			

9. TRAFFIC FLOW AND CONTROL	Yes P/D/S	No/ N/A	Comments/ Recommendations
A. Does your plan address traffic control ingress and egress of vehicles, personnel, supplies, visitors, and patients to healthcare facilities and the incident site?			
10. MEDIA	Yes P/D/S	No/ N/A	Comments/ Recommendations
A. Does the plan designate an EMS agency spokesperson as a media contact?			
B. Do the media have a designated area?			
C. Has the media area been positioned away from critical areas to minimize interference?			
D. Does the plan identify a designated person to address the needs of the media?			
E. Does the plan identify a point of contact or conduit between the EMS agency spokesperson and the joint information center contact (established by the Emergency Management Agency or other lead agency)?			
F. Have provisions been made to identify the procedures for handling requests for information from the media?			
G. Have provisions been made to work in concert with local, state and, federal agencies?			
H. Have appropriate locations been identified for press briefings?			

11. RECEPTION OF CASUALTIES AND VICTIMS				
A. PPE:				
1.)	Is the PPE appropriate for the level of training and the incident with appropriate medical clearance for use of PPE?			
2.)	Is the PPE appropriate for the hazard?			
3.)	Are there procedures for taking pre-doffing vital signs (i.e., standardized policy identifying criteria for: pulse, respiration, blood pressure, weight, temperature, and current medication/health quick checklists)?			
4.)	Are there procedures for taking post-entry doffing vital signs (i.e., standardized policy identifying criteria for: pulse, respiration, blood pressure, weight, temperature, and current medication/health quick checklist), with interventions clearly defined, if abnormal findings?			
5.)	Have appropriate donning and doffing techniques demonstrated?			
6.)	Is there appropriate documentation and tracking of PPE-suited personnel (vital signs as above, time in zones, and time in rehabilitation)?			
7.)	Can operations be conducted for extended periods?			
B.				
1.)	Does your plan provide provisions for unanticipated or short notice arrival of multiple casualties, including: Rapid identification, documentation and tracking?			

2.)	Triage (S.T.A.R.T. adult, Jump S.T.A.R.T. [for pediatrics])?			
3.)	Triage area that allows for retention, segregation and processing of incoming casualties?			
4.)	Identification of radioactive, biological or chemical exposure and the need to establish a decontamination site(s)?			
5.)	A mechanism for identification of patients who have completed decontamination?			
6.)	Treatment in designated treatment areas			
7.)	Protocols for prophylaxis and treatment of biological, chemical and radiological exposure?			
8.)	Transportation as needed?			
C.	Is the reception area equipped with portable auxiliary power for illumination and other electrical equipment?			
D.	Are sufficient equipment, supplies, and apparatus available, in an organized manner, to permit prompt and efficient casualty movement?			
E.	Are radiological monitors and radiation detection instruments assigned to the triage area?			
F.	Is there a system for retention and safekeeping of personal items removed from casualties?			
G.	Is there a system for identification and location of names of patients and deceased individuals following a disaster?			
H.	Is there a process for rotation of personnel, with work periods and rehabilitation periods?			

I.	Decontamination:			
1.)	Is there a process for the functional response of equipment to the scene (not pre-staged for exercise)?			
2.)	Is the decontamination equipment set up and functioning properly?			
3.)	Are there procedures for environmental control for the victims (warm water, out of the elements once wetted down, able to cover victims back up)?			
4.)	Is there a system to inventory and track valuables and contaminated affects?			
5.)	Are wounds appropriately decontaminated and dressed before primary decontamination?			
6.)	Is there a policy on removal of foreign bodies prior to decontamination? (If not, consider developing one.)			
7.)	Is there an effective non-ambulatory decontamination process/system?			
8.)	Is the victim's privacy managed appropriately based on resources and environment?			
9.)	Is a patient casualty collection point established and clearly identifiable, according to the plan?			
J.	Active triage and treatment:			
1.)	Will victims or EMS response personnel receive appropriate antidote if indicated?			

2.)	Are treatment priorities established (red, yellow, green, and black)?			
3.)	Will triage be effective and accurate?			
4.)	Was a patient treatment area established after decontamination?			
5.)	Will medical care be appropriately delivered (combinations of injury, not just WMD exposure [tunnel vision])?			
6.)	Are the WMD antidotes carried or available to the daily response vehicles?			
7.)	Can first responders administer WMD antidotes? At what levels?			
K.	Will the patients get to the hospital/and receive definitive care?			
1.)	Is there a mechanism for tracking hospital bed availability and does it work?			
2.)	Is there a mechanism for tracking the victims and does it work?			
L.	Is there a standardized treatment protocol for both the hospital and EMS?			
M.	Fatality Management			
1.)	Is there a procedure to establish a temporary "clean" morgue?			
2.)	Can a temporary "dirty or contaminated" morgue be established?			
3.)	Are fatalities to be left in place for forensic evaluation?			

	4.) Is there a functional plan for managing mass fatalities?				
	12. PROTRACTED RESPONSE		Yes P/D/S		Comments/ Recommendations
	A. Has provision been made for immediate refuge, care, and comfort for the patients and staff on the hospital grounds during inclement and winter weather?				
	B. Are there provisions for staffs' dependant care (infants, children, and dependant adults)?				
	C. Have you looked at the need for resources in the event of the loss of primary resources or vendor resources (in event of isolated operation)?				
	13. EQUIPMENT		Yes P/D/S		Comments/ Recommendations
	A. Is the current number of critical pieces of equipment readily available to the EMS agency known?				
	B. How many days can the EMS agency function with currently available medical supplies?				
	C. Are local suppliers of medical equipment identified?				
	D. Are there 24-hour contact numbers for medical equipment suppliers?				
	E. Does the plan include measures to ensure the ability to provide hand washing /hand sanitizing measures?				
	F. Does the plan include measures to ensure adequate amounts of personal protective equipment as defined by the local program based on risk assessment?				

G.	Is there a mechanism to manage (unsolicited) donations (e.g., medical supplies)?			
H.	Is agent identification equipment available?			
I.	Is decontamination equipment available?			
J.	Is a plan in place to support mass transportation requirements?			
14.	PHARMACEUTICALS			
A.	Is the current number known of the critical pharmaceutical supplies readily available within the EMS agency (number of adult does available), (example partial list):			
1.)	Auto injectors (Mark I) Atropine and Pralidoxime Chloride (2-PAM CL)?			
2.)	Bulk Stock of Atropine and Pralidoxime Chloride (2-PAM CL)?			
3.)	Benzodiazepine (e.g. Diazepam) ?			
4.)	Cyanide antidote kits (or equivalent)?			
5.)				
6.)				
7.)				
8.)				
B.	Is there a plan for utilization and distribution of the National Pharmaceutical Stockpile?			

C.	Does the pharmaceutical allocation plan make provision for prophylaxis of all staff and their immediate family?				
D.	Has the plan identified and established relationships with another public safety agency outside the immediate region as a means to identify potential sources of needed pharmaceuticals as well as equipment, supplies, and staff?				
E.	Does the plan identify pharmaceutical warehouses within the local area?				
F.	Does the plan outline how pharmaceuticals can be procured, transported, and delivered to the facility while within a secure environment?				
15. POST DISASTER RECOVERY					
A.	Does the plan designate who will be in charge of recovery operations?			No/ N/A	Comments/ Recommendations
B.	Does the plan make provision for the following during recovery?				
	1.) Documentation				
	2.) Financial matters				
	3.) Inventory and resupply				
	4.) Record preservation				
	5.) Cleanup				
	6.) Hazard removal and cleanup				
	7.) Salvage/equipment recovery				

8.)	Garbage and waste disposal				
9.)	Utility and equipment servicing				
C.	Does the plan address the following programs?				
1.)	Critical Incident Stress Management Program				
2.)	Employee Assistance Program				
3.)	Group/individual counseling services				
4.)	Family Support Program				
16.	EDUCATION AND TRAINING				
A.	Does the plan specify who is responsible for the training program?			Yes P/D/S	No/ N/A
B.	Does the plan include methods for augmentation and extemporaneous training for new and altered roles?				
C.	Do the public safety agencies have ongoing, mandatory standardized disaster training program in place?				
D.	Has the EMS agency considered <u>adapting</u> disaster procedures for application when dealing with routine procedures, so personnel can become familiar with them?				
E.	Does the program provide disaster education material during staff orientation to facilitate staff awareness?				
F.	Does the program have inter-organization joint training sessions that deal with common aspects of disaster response?				
G.	Is the disaster planning continuously incorporated into the quality improvement program				
					Comments/ Recommendations

17. EXERCISING THE DISASTER PLANNING PROGRAM	Yes P/D/S	No/ N/A	Comments/ Recommendations
A. Does the EMS agency conduct an annual exercise?			
B. Does the exercise ensure all key participants are familiar with the contents of the plan?			
C. Are specific aspects of the plan tested so that weakness or deficiencies are identified and corrected?			
D. Does your exercise involve local healthcare facilities resources?			
E. Is a formal critique performed with results distributed to all key individuals and participating groups?			
F. KEY EXTERNAL PERSONNEL/AGENCIES			TELEPHONE / PAGER / MOBILE PHONE
Local Emergency Management Agency			
State EMA			
Local EMS Agencies			
State EMS Agency			
Local Health Department			
State Health Department			
Local Law Enforcement Agencies			
FBI Field Office			
National Guard			
Metropolitan Medical Response System (MMRS) Coordinator			
National Disaster Medical System (NDMS) Contact			
CDC Emergency Response Office			
CDC Hospital Infections Program (Healthcare Quality)			
Other area hospitals			
State Medical Coordinator			

18. INCIDENT COMMAND STRUCTURE:		Yes P/D/S	No/ N/A	Comments/ Recommendations
A.	Is an existing Incident Command System (ICS) structure to be implemented at the onset of the event?			
B.	Is there standardized documentable ICS training appropriate for their role(s) (put into hospital document)?			
C.	Is there a medically qualified hazardous materials resource advisor available to the IC (poison control, physician, etc.)?			
D.	If utilizing the Incident Command System (ICS) as your framework for hierarchy in a disaster scenario, have you identified positions, not an individual(s), to fill each role?			
ICS Position	Current Position			Job Action Sheet Completed? Y or N
Incident Commander				
Public Information Officer				
Liaison Officer				
Safety and Security Officer				
Logistics Chief				
Planning Chief				
Finance Chief				
Operations Chief				

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APPENDIX G

BACKGROUND AND OVERVIEW OF CSEPP

REMEDICATION AND RECOVERY OUTCOME EVALUATION

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G.1 INTRODUCTION

The Recovery Outcome includes activities that would typically be done during the immediate post-emergency period, out to about 48 hours after a chemical event. This Outcome and the EEGs in it are intended to dovetail with the existing response-phase Outcomes. Material for this Outcome was drawn from the *CSEPP Recovery Plan Workbook* and from other sources including the Recovery Objective, Appendix M to the CSEPP Planning Guide, and reports from recent recovery tabletop exercises.

In general the Recovery Outcome focuses on actions that are not done, or are done very differently, during response. For example, the Recovery Outcome does not include a field task and associated EEG on monitoring and sampling; although monitoring and sampling operations would likely be ongoing during recovery, the field EEG is essentially similar to what would be done during the response phase.

CSEPP practice has been to exercise remediation and recovery in a tabletop format, and this outcome is to some extent based on that assumption. The tasks and steps in this outcome are designed for evaluation at a facility where multiple organizations coordinate and plan activities. There are no tasks or steps designed for evaluation of field play.

Remediation and recovery would involve the coordinated activity of local, state, Army, and other federal agencies. Coordination among these agencies would take place at a central facility. In this outcome, that facility is referred to as a Joint Field Office (JFO). In past exercises, such facilities have been referred to as a Recovery Operations Center, Federal Response Center, or Initial Operating Facility. The term JFO is used here as a description of the location that is nominally represented by the tabletop; any term may be substituted for a particular exercise.

Tabletop exercises do not include field play, typically do not involve use of a SIMCELL, and generally use a relatively simple scenario as compared with an FME or AYE. The scenario may be based on a preceding response-phase exercise, or may be developed separately for the tabletop, but should include the sort of information that would be expected to be available during the period the recovery exercise represents: from roughly 6 to 48 hours after the initial event. To support tabletop exercise play, the scenario should include realistic situations that challenge the participants as they plan for recovery activities.

Remediation and recovery operations are extensions of response-phase tasks; therefore each task in this outcome includes references to related (antecedent) response-phase tasks.

G.2 ASSUMPTIONS FOR ALL EVENTS AND SEVERE EVENTS

The setting for a recovery exercise is a situation in which a chemical event has taken place, but initial response actions have been completed and the situation at the scene of the event is considered stable. The following assumptions, excerpted from the *CSEPP Recovery Plan Workbook*, are also relevant for recovery exercise planning:

Assumptions for All Events

The following assumptions apply to any chemical stockpile emergency in which the off-post community is involved, whether or not any actual release of chemical agent is confirmed.

- If any area has been evacuated or access to it restricted, there will be pressure to reopen it so that people may return to their homes and businesses.
- Once protective actions of any kind have been issued, the population near the facility will want reassurance that the area is safe.
- Recovering from the medical, social, psychological, and economic impacts of the event will take a much longer period than the physical process of recovery.
- Recovery operations and decisions will be subject to intense scrutiny from news media and from elected officials at the state and federal levels.

Assumptions for Severe Events

For severe events in which there is a significant release of chemical agent and a possibility that it was transported off-post, it can be anticipated that there will be uncertainty as to the nature and extent of any residual hazard. Protective actions will likely have been initiated based on assumptions as to the amount of agent released (e.g., the maximum credible event, or MCE), combined with computer modeling of its dispersal. The process of determining whether there is any residual hazard will likely take a few days to a few weeks. If investigation at the scene of the event reveals no releases, that period might be reduced. If investigation or monitoring indicates a possibility of aerosol deposition, that period might be increased.

In such an event, off-post officials would have a number of concerns relating to monitoring, sampling, hazard assessment, and protective actions during the recovery period, specifically including:

- Concern for residual agent vapor. The agent vapor that is released by an accident is carried downwind and dissipates soon after the release is controlled, except possibly within buildings where vapors might linger for some additional short period. There is also the remote possibility of materials inside of buildings absorbing agent vapors if vapor concentrations are extremely high, which would occur close to the site of the release, thus posing a temporary residual hazard even though there is no longer a hazard outdoors.
- Concern for unprotected persons remaining in the restricted area. It is likely that some persons will have remained in the area at risk regardless of the protective action instructions they were given. These persons might require help in relocating.
- Concern for special populations in pressurized shelters. Special populations might need outside assistance to resolve health and safety issues at their location before they are free to exit the shelter.
- Concern for additional releases. In some scenarios, there may be a slight possibility for additional releases over time, for example, as damaged munitions are being handled as part of the site cleanup.

- Concern for other hazards caused by the chemical event. The chemical event may cause secondary hazards in the affected area. For example, rapid evacuation of the population might leave some industrial facilities or critical infrastructures vulnerable to loss or damage that, in turn, could pose a health and safety threat. Traffic accidents on evacuation routes in the hazard area might create situations that necessitate a response in potentially hazardous areas to save lives.
- Concern for other hazards not caused by the chemical event. Disasters such as earthquakes or tornadoes might cause or contribute to a chemical event, create separate response requirements, and complicate the chemical event response.
- Concern for those who evacuated from areas that were never at risk. Because of the conservative assumptions that are built into the protective action decision-making process, it is likely that many people will have evacuated from areas that were never dangerous. Providing care and shelter for these evacuees until they return home will strain resources.
- Concern for aerosol deposition. Under some circumstances, it is possible that chemical agent would be dispersed as an aerosol (very small droplets) and subsequently deposited as contamination on downwind surfaces off-post. Studies have shown that this is unlikely to occur, and that if it did occur, it would be limited to a small area near the installation. An unusual combination of factors is needed to make aerosol deposition a health risk beyond the installation boundary, such as detonation of a number of explosively configured munitions filled with persistent agent (VX or mustard), combined with a fire hot enough to cause the munitions to detonate and carry the aerosols well above ground level in a heated plume. In addition, the right atmospheric conditions are needed to transport the aerosol significant distances in order for the droplets to fall out beyond the installation boundary.

G.3 RECOVERY OUTCOME-SPECIFIC BACKGROUND AND ASSUMPTIONS

Background and assumptions associated with each Recovery Outcome task are provided below to assist in planning a recovery exercise and selecting EEGs.

Initiate Environmental Remediation

The Installation Commander is the initial On-Scene Coordinator (OSC) as defined in Army procedures and the National Contingency Plan. Once the Service Response Force (SRF) arrives on-scene, the OSC position would transition to the SRF Commander.

Cleanup after an event involving significant release of chemical agent would be monitored and approved by local, state, and/or federal environmental protection authorities. The process could be lengthy, depending on the circumstances of the event and the area affected. However, initial planning and coordination for this process should begin within the time frame depicted at a recovery exercise.

Initiate Accident Investigation

Following a chemical event, it is expected that the Army would launch one or more investigations, including a collateral investigation (conducted according to AR 15-6), a safety investigation, and a claims investigation. This Outcome focuses on the organization of these investigations, preserving evidence, and coordination between investigations. Any event leading to protective actions off-post would also likely trigger investigations by off-post authorities.

Manage Limited Access to Restricted Areas

Once an area has been evacuated, it can be expected that the area (or some part of it) would remain restricted for a while, until it can be adequately verified that reentry by the public is safe. During that time, it will be necessary for emergency workers to enter the area to perform monitoring and sampling, and likely for other purposes as well. It may be necessary to escort previously sheltered persons (or persons who simply did not evacuate) from the area. Other possibilities include fire fighting, law enforcement, and utility maintenance or repair.

In addition, there may be a desire to allow access to the restricted area by members of the public to perform urgent errands (e.g., to care for or retrieve animals, shut down critical plant operations, or secure business records).

A procedure should be established for such access to ensure that appropriate precautions are taken for the anticipated hazard, and that there is accountability for persons allowed into the restricted area.

Make and Implement Ingestion Pathway Protective Action Decisions

During a severe chemical event, chemical agent might contaminate food or water supplies off-post so as to pose a danger to public health through ingestion. The primary purpose of ingestion pathway protection is to identify and control potential hazards to public health through the ingestion pathway. A secondary purpose is to assure the integrity of food supplies and allow uncontaminated products to be sold and consumed. A site-specific embargo of potentially affected food supplies may be imposed to protect the public from potentially contaminated products, and to protect the market share of products from nearby but unaffected areas.

Ingestion exposure is considered a hazard mainly through the direct ingestion of items on which agent has been deposited in the form of aerosol droplets. It is also possible that harmful amounts of agent would be absorbed by foods stored in the open in areas subject to heavy concentrations of agent vapor for long periods.

Ingestion exposure through contamination of drinking water supplies is considered highly unlikely, due to dilution by large volumes of water and the tendency of the agents to break down in water (hydrolyze). However, some sampling and analysis of drinking water may be desired to confirm that it is safe.

In addition to local officials, a number of agencies and organizations may have a role in this process, including state and federal public health, food safety, and agricultural agencies, as well as agricultural and food marketing organizations at the local, state, and national levels.

Post-Emergency Medical Screening

In the wake of a chemical event, it is anticipated that many persons would be worried about its effect on their health. After terrorists attacked the Tokyo subway system using nerve agent, hundreds of persons sought medical attention at nearby hospitals. Most of them could be characterized as “the worried well” (persons not affected by agent exposure but concerned that they might be). It is therefore prudent to be prepared for a large number persons spontaneously seeking medical examination and care.

In addition, it may be considered desirable from both a public health and a public relations standpoint to offer medical screening to those who may be worried but have not acted on their concern.

Technical aspects of caring for agent exposure victims are typically demonstrated during a response-phase exercise. This recovery-phase Outcome focuses on the organizational aspects of dealing with potentially large numbers of patients, including issues of resource allocation and priorities and preservation of patient records, which may later be valuable for investigations and resolution of claims.

Secure Disaster Assistance for Affected Communities

There are three primary mechanisms for getting financial assistance to persons and businesses affected by a chemical event: the claims process; disaster assistance under the Stafford Act; and the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA). Any or all of these might come into play after a chemical event, and all would involve a lengthy process taking months to years to complete. However, coordination and planning for these processes could begin within the immediate post-emergency period.

Some aspects of this process are covered under response-phase Outcomes. The Supplementary Assistance task (Outcome C.3.8.E) includes the process of applying for a Presidential declaration, which would authorize assistance under the Stafford Act. There is also a response-phase task on arranging for Army Claims services (Outcome A.5.10.E). The recovery-phase task focuses on coordinating the logistics for conducting these compensation and assistance programs in a way that is most accessible to the public.

Provide Temporary Shelter for Evacuees

The opening of emergency shelters is addressed under the response-phase Protection Outcome (Direct and Control Shelter Operations [C.5.12.E] and Operate Shelters [C.5.13.F]). During the immediate post-emergency period, as more information becomes available as to the nature of the emergency, it is appropriate to review the status of the emergency shelters and whether they will serve the needs of the displaced public until the area is opened for unrestricted reentry.

In most scenarios, there will not be a need for long displacement times, since the hazard is not expected to be persistent. It is expected that unrestricted reentry would probably be allowed after perhaps a few days of monitoring to confirm safety. However, during that time, there may be additional need for shelters as problems arise with the initial arrangements that displaced persons made. For example, those staying at hotels may find the cost prohibitive, and those staying with friends or relatives may need to relocate. In addition, it would be appropriate

to review whether the emergency shelter facilities are meeting the needs of all displaced persons, including individuals with special needs.

If the scenario involves the possibility of a longer-term displacement (more than a few days), it would be appropriate to begin planning for a transition to temporary housing as opposed to shelter. The time required for laboratory analysis of samples taken from a potentially affected area may impact displacement times.

Coordinate Recovery-Phase Monitoring and Sampling

Monitoring and sampling during recovery focuses on gathering data to support decisions to allow reentry to areas previously evacuated, and, for some scenarios, decisions relating to ingestion pathway protection. In scenarios involving vapor release only, the monitoring and sampling effort will be directed at verifying the absence of any residual hazard. In addition, there might be spot needs for monitoring to support entry by emergency teams into restricted areas to perform specific missions.

During the early stages of the recovery period, it is anticipated that the Army would be calling in its direct (Department of Defense, U.S. Environmental Protection Agency, Civil Support Teams, etc.) and contract resources to scale-up the rate at which monitoring data and samples can be gathered. Community officials would be working with the Army to coordinate arrangements for observers and/or law enforcement personnel to accompany Army teams. At the same time, Army and CSEPP community technical staff would be trying to determine how much data is needed in order to support protective action decisions (i.e., develop a monitoring plan).

Sample analysis might be performed partly on-site and partly at remote laboratories. Coordination would be necessary regarding sample transportation and tracking.

Preservation of monitoring and sampling data would be important for accident investigation purposes and for the evaluation of claims.

Make Recovery-Phase Protective Action Decisions

Protective action decisions during recovery are the responsibility of local or state chief executives (for off-post communities) and the installation commander (for on-post). During recovery, it is anticipated that off-post officials would make decisions after consultation with emergency staff, technical experts, and other decision makers.

Generally the main protective action decisions during the recovery period will involve the opening of previously restricted areas to unrestricted reentry. The EEG for the recovery phase monitoring and sampling task is mainly concerned with gathering data to support this decision. It may be possible to reopen restricted areas in stages as more information becomes available. For example, “ground truth” information becoming available about the amount of chemical agent released, might lead to a much smaller projected hazard area, allowing reentry to some areas previously evacuated.

Reopening schools and other special facilities may involve both the local chief executive and other officials who are specifically responsible for those facilities (e.g., school district superintendent or hospital administrator).

It is expected that any “shelter in place” order for the general public would have been terminated prior to the recovery period. However, it is possible that at the beginning of a recovery exercise there may be particular facilities, equipped for pressurized shelter, in which

sheltering is ongoing. If so, then release of persons from these shelters becomes an additional recovery-phase protective action decision.

Decision making regarding ingestion pathway hazards is covered in a separate EEG due to the fact that those decisions usually involve separate considerations and agencies. Also, only certain types of scenarios give rise to ingestion pathway concerns.

Implement Unrestricted Reentry

Once the decision has been made to allow unrestricted access to a previously restricted area, the process of implementing that decision requires some coordination. Components of the implementation process include developing new boundaries (if reentry proceeds in stages), adjusting traffic and access control points accordingly, and conveying this information to the public.

Provide Recovery Information to the Media and the Public

Although the majority of the public-instruction aspect of public information is associated with the response phase, it is anticipated that media and public interest in the event would continue to be intense during the first part of recovery. Media presence would likely continue increasing for at least the first 24 to 48 hours after the event, as additional media personnel arrive.

In terms of exercise demonstrations, many aspects of the public information function would be carried out in the same way during the first part of recovery as they were during the emergency response phase. However, the content of the information would change over time as operations focus more on monitoring, hazard and damage assessment, reentry, and cleanup. In addition, there would be more focus on provision of assistance to persons and communities affected by the emergency. For example, there would be a need for information and instructions for filing claims, including the importance of record keeping to document them. To address these topics and convey meaningful information to the public, spokespersons should be assisted by subject matter experts in those fields.

Exercise of public information during reentry is also important in the sense that many aspects of the recovery effort have a public information component. For example, once a center is set up to process claims and requests for disaster assistance, it is necessary to publicize its location and tell the public when they can get there. Similarly, the availability of medical screening for the affected community should be publicized.

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APPENDIX H
CSEPP EXERCISE
PROGRAM GLOSSARY

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APPENDIX H

CSEPP EXERCISE PROGRAM GLOSSARY

After-Exercise Review: A general term for the process of compiling observations about the exercise from the evaluators, developing an exercise timeline, analyzing the observations first by jurisdiction and then by Emergency Response Outcome, identifying issues, developing corrective action recommendations, and drafting the report.

CAI Hazard Mitigation Outcome: This on-post Outcome includes all response *Tasks* at the accident scene to contain the source and limit the magnitude of the hazard's impact. It includes all tasks at the accident scene except for those specifically associated with *Victim Care*.

Community Readiness Profile: A document prepared by the evaluated community that provides the evaluation team with information on the community's ability to meet the CSEPP benchmarks. It provides the community's status in each of the benchmark areas, capability ratings in those areas, and a narrative summary of the previous two-year's CSEPP exercises. It provides the context for the conduct of the IPE.

Community Outcome Teams: The exercise observers reconfigure from their jurisdiction observation teams and special observation and analysis teams into the eight Outcome teams. A team leader compiles the jurisdiction and special team Findings Requiring Corrective Action (FRCA) and Observations related to the Outcome and works with the team members and, as needed, persons from other teams, to compile FRCAs and Observations for the Outcome.

Community Timeline: The integrated chronological record of times and actions performed by all jurisdictions during exercise play.

Data Set: A general term referring to the various forms and materials used in the post-exercise analysis to consolidate and organize collected information in formats useful for the analysis process.

Emergency Assessment Outcome: This Outcome includes all *Tasks* associated with identifying the hazard, classifying and providing notifications of the hazard and appropriate PARs to offsite agencies, and coordinating and conducting monitoring and sampling operations to further specify the hazard.

Emergency Management Outcome: This Outcome includes all top-level decision-making, coordination, and direction and control of the response, including mobilization and operation of the EOC and coordination at the management level of anything involving logistical support.

Emergency Public Information Outcome: This outcome includes all tasks related to the dissemination of public health and safety information following the initial alert and notification. It includes the dissemination of information to the media from individual Emergency Operations Centers (EOCs) and the Joint Information Center (JIC), the staffing and logistics to operate a JIC, the operation of a Joint Information System (JIS), and the

dissemination of information to the public from the JIC.

Emergency Response Outcome Analysis: This portion of the Post-Exercise Analysis results in a picture of the community's ability to achieve the outcomes.

Evaluated Component: The location where the *Task* is expected to occur and where most of the data about the *Task* will be collected, e.g., Emergency Operations Center or specified field location, or the team performing the *Task*, e.g., route alerting team.

Exercise Evaluation Guide (EEG): This is a data collection and evaluation guide used by exercise observers for each *task* within an Emergency Response Outcome.

Finding Requiring Corrective Action: Emergency responses and actions that deviate from applicable laws, regulations, policies, other written requirements, or standards of care and practices that directly affect public health and safety. Deviation from applicable laws, regulations, policies, standards, plans, or other written requirements does not always mean that the emergency response or action is "inappropriate" or significant. The response or action may be appropriate and the requirement may be inconsistent, obsolete, etc. In this case, a FRCA is not written. However, a recommendation, prepared by the appropriate Co-Director, will be forwarded to the appropriate agency/organization requesting the issue be resolved. The Exercise Co-Directors determine if a deviation from requirements is significant enough to be reported as a FRCA.

Integrated Performance Evaluation: A team approach to exercise evaluation that focuses on collecting data on response *Tasks* to assess the ability to achieve Emergency Response Outcomes according to accepted general program standards as well as specific plans, procedures, and expectations. The primary purpose of the IPE is to determine response productivity and effectiveness, e.g., the capability of the site to respond or perform specific functions, and to enhance training of responders. The principal data collection and analysis tool used in an IPE is a series of *Exercise Evaluation Guides* (EEGs).

Jurisdictional Team: The team of evaluators assigned to a jurisdiction to observe the exercise and collect data. As a team, they observe the exercise, prepare a jurisdictional timeline, and develop a jurisdictional report.

Outcome (or *Emergency Response Outcome*): The end-state of emergency preparedness after the response *Tasks* have been completed. The outcome of one *Task* may become an input for another *Task* at this location or elsewhere on- or off-post. The successful performance of a *Task* is based on comparing what actually occurred versus what was expected to occur, and its impact for the response.

Outcome Evaluation Map: This is a tabular depiction of the flow of *Tasks* within an Emergency Response Outcome summarizing their relationships. The *Tasks* are arranged by performance location, and listed in the approximate chronological order in which they begin. Each cell represents a *Task* that corresponds with an Exercise Evaluation Guide.

Post-Exercise Analysis: The process the evaluators use to determine what did and did not occur, and why. The analysis provides answers to such questions as: what happened, what was supposed to happen, why was there a difference, what was the impact, and what should be learned, and contains recommendations for corrections. The information used to conduct the analysis comes from evaluator observations, exercise documentation (evaluator notes, faxes, logs, data files, etc.), the jurisdictional timeline, and other information that becomes available at the evaluators' debriefing and subsequent meetings with the players or other evaluators.

Prevention and Preparedness Outcome: This outcome encompasses all tasks associated with actions taken to prevent, prepare for, or reduce the impact or consequences of a chemical accident or incident, including but not limited to assuring daily information exchange; maintaining coordinated emergency plans; participating in a continuous exercise program; conducting ongoing training; maintaining an active public outreach and education program; and verifying EOC equipment operational status

Protection Outcome: This outcome includes all activities related to assuring protection of on- and off-post general and special populations through making appropriate PADs, using sirens and other warning methods, disseminating warning messages, providing access control and security, and providing screening and decontamination. Also included are tasks following the Protective Action Decision through opening, operating, and supporting reception centers and shelters.

Remediation and Recovery Outcome: This outcome includes all tasks associated with the immediate post-emergency period, out to about 48 hours after the event.

Step: The specific actions performed or decisions made by responders that, in aggregate, produce the *Expected Outcomes* of the *Task*.

Task: A set of response actions performed by an individual responder or team at a specified location, e.g., the EOC or a specified field location. An EEG has been prepared as the tool for observing and gathering data about each response task.

Victim Care Outcome: This includes all activities related to treating on-post contaminated casualties at the accident site and installation; screening, treating, and decontaminating off-post victims; victim transport; treatment at off-post medical facilities; patient tracking; and handling and tracking disposition of human remains.

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