2026 Annual Medical and Health Exercise

Critical Infrastructure: Targeted Violence and Power Outage Exercise

Controller/Evaluator Handbook
Thursday, November 19, 2026

The Controller/Evaluator (C/E) Handbook describes the roles and responsibilities of exercise controllers and evaluators, and the procedures they should follow. Because the C/E Handbook contains information about the scenario and about exercise administration, it is distributed to only those individuals specifically designated as controllers or evaluators; it should not be provided to exercise players.

The C/E Handbook may supplement the Exercise Plan (ExPlan) or be a standalone document.

TABLE OF CONTENTS

Exercise Overview

Exercise Name	Annual Medical and Health Exercise
Exercise Date	Thursday, November 19, 2026
Scope	The Annual Medical and Health Exercise is an operations-based exercise for Healthcare Coalition (HCC) members. Command center activation is encouraged. We will utilize the actual live ReddiNet system during the exercise. The exercise will begin at 8:00 a.m. and end at 12:00 p.m.
ASPR Core Capabilities	Capability 1. Foundation for Health Care and Medical Readiness Capability 2. Health Care and Medical Response Coordination Capability 3. Continuity of Health Care Service Delivery Capability 4. Medical Surge
FEMA Mission Areas	FEMA National Preparedness Goal: Five Mission Areas (Prevention, Protection, Mitigation, Response, and Recovery)
FEMA Core Capabilities	• Planning • Operational Coordination • Operational Communication • Public Health, Healthcare, and Emergency Medical Services
PHEP Capabilities	Capability 3: Emergency Operations Coordination • **Function 1**: Conduct preliminary assessment to determine the need for activation of public health emergency operations • **Function 2:** Activate public health emergency operations • **Function 3**: Develop and maintain an incident response strategy • **Function 4**: Manage and sustain the public health response • **Function 5**: Demobilize and evaluate public health emergency operations

Goals and Objectives	The 2026 exercise will focus on testing patient surge, mass-casualty incident (MCI), power outage, and other pertinent plans and processes related to power outages. In addition, the HCC is required to meet the surge requirements set forth in the Medical Response and Surge Exercise (MRSE).
Threat/Hazard	Patient Surge, Mass Casualty Incident (MCI), Power Outage
Scenario	**Pre-Exercise:** 2028 Summer Olympics are underway. Local law enforcement has issued a "Be on the Lookout" (BOLO) alert to the community requesting anyone observing suspicious Unmanned Aircraft System (UAS) - drone activity to report it to authorities. There has been an increase in threats to critical infrastructure sectors in the Los Angeles area. Specifically, to power plants, sports stadiums, and the medical and health sector. The BOLO is to remain in place for the duration of the Olympic Games. **Day of Exercise:** An Unmanned Aircraft System (UAS) drone attack at Olympic event near your facility. Many victims with mild to moderate injuries self-dispatch to **nearby** clinics and hospitals. The Fire Department arrives on scene and **initiates an MCI** with the Medical Alert Center (MAC) **and activates a FOAC.** Victims are transported by ground ambulance resulting in a patient surge to emergency departments. This is immediately followed by a targeted UAS strike at a local electric sub-station forcing your facility on back-up generator or resulting in total power loss. All facilities activate Surge Plan and/or Emergency Operations Plan.
Sponsor	Los Angeles County Emergency Medical Services (EMS) Agency, Hospital Preparedness Program

Participating Organizations	• Amateur Radio Emergency Services • Ambulatory Surgery Centers • Clinics • Dialysis Centers • Home Health and Hospice • Hospitals • Long Term Care Facilities • Los Angeles County Department of Mental Health • Los Angeles County Emergency Medical Services Agency • Los Angeles County Fire Department • Los Angeles County Office of Emergency Management • Provider Agencies (Private) • Public Health (Long Beach, Pasadena, Los Angeles County) • Urgent Care Centers
Point of Contact	Darren Verrette Disaster Program Manager Los Angeles County Emergency Medical Services Agency 10100 Pioneer Blvd. Santa Fe Springs, CA 90670

General Information

Exercise Objectives and Capabilities

The Annual Medical and Health Exercise (AMHE) will also meet requirements of ASPR's Medical Response and Surge Exercise (MRSE).

The MRSE includes six (6) required objectives for the Health Care Coalition. The Core Capabilities are from the U.S. Administration for Strategic Preparedness and Response, Health Care Preparedness and Response Capabilities guide. Health Care Preparedness and Response Capabilities (phe.gov)

Health Care Coalition Objectives:

Exercise Objective	Core Capability
Assess HCC's capacity to support a large-scale, community-wide medical surge incident	Capability 4. Medical Surge

Exercise Objective	Core Capability
Evaluate a multitude of coalition preparedness and response documents and plans, including specialty surge annexes, transfer agreements, coordination plans with other state HCCs, and other relevant plans.	Capability 1. Foundation for Health Care and Medical Readiness
Evaluate coalition members' ability to communicate and coordinate quickly to find and match available staffed beds, transportation, supplies and equipment, and personnel during a large-scale surge incident	Capability 2. Health Care and Medical Response Coordination
Assist HCCs and their members with improvement planning based on MRSE outcomes	Capability 1. Foundation for Health Care and Medical Readiness
Serve as a data source for performance measure reporting required by the HPP Cooperative Agreement	Capability 1. Foundation for Health Care and Medical Readiness
Provide flexible exercise which could be customized to meet the needs and/or exercise requirements of HCCs	Capability 1. Foundation for Health Care and Medical Readiness

Exercise Objectives by Sector

Amateur Radio Emergency Services (ARES) Objectives:

Exercise Objective	Core Capability
Maintain continuous voice/digital communication with 911 hospitals and Medical Alert Center (MAC) with less than 5 minutes of downtime	Capability 2. Health Care and Medical Response Coordination

Exercise Objective	Core Capability
Establish grid-independent network with 95% transmission rate for HAvBED and resource requests	Capability 2. Health Care and Medical Response Coordination
Update color-coded hospital service level poll status every 30 minutes without commercial power	Capability 2. Health Care and Medical Response Coordination

Ambulatory Surgery Center (ASC) Sector Objectives:

Exercise Objective	Core Capability
Share real-time information with Medical Health Operational Area Coordinator (MHOAC)/HCC every 30 to 60 minutes	Capability 2. Health Care and Medical Response Coordination
Activate Incident Command System (ICS) within Emergency Operations Plan (EOP) timeframe, notify staff, document resource needs	Capability 2. Health Care and Medical Response Coordination
Identify and prioritize essential functions within first 60 minutes	Capability 3. Continuity of Health Care Service Delivery

Clinic Sector Objectives:

Exercise Objective	Core Capability
Communicate with partners and Medical Coordination Center (MCC); update status and test redundant communications within 30 minutes	Capability 2. Health Care and Medical Response Coordination
Activate ICS within 15 minutes, complete Hospital Incident Command System (HICS) forms, and notify staff.	Capability 2. Health Care and Medical Response Coordination
Assess emergency power sources within first 60 minutes	Capability 2. Health Care and Medical Response Coordination

Dialysis Sector Objectives:

Exercise Objective	Core Capability
Evaluate surge capabilities within 60 minutes	Capability 2. Health Care and Medical Response Coordination
Activate communication plan within 15 minutes; respond to MCC per timelines	Capability 2. Health Care and Medical Response Coordination
Prioritize dialysis operations, assess generator, coordinate transfers within 60 minutes	Capability 3. Continuity of Health Care Service Delivery

Emergency Medical Services (EMS) Agency Objectives:

Exercise Objective	Core Capability
Activate the Medical Coordination Center (MCC) and establish communications	Capability 1. Foundation for Health Care and Medical Readiness & Capability 2. Health Care and Medical Response Coordination
Share situation status with all healthcare sectors, MHOAC partners, and MCC staff throughout the exercise	Capability 2. Health Care and Medical Response Coordination
Evaluate the MCC's ability to support a surge in patients	Capability 3. Continuity of Health Care Service Delivery & Capability 4. Medical Surge
Coordination of Resources	Capability 2. Health Care and Medical Response Coordination

Fire Department Objectives:

Exercise Objective	Core Capability
Activate alerts within 15 minutes	Capability 2. Health Care and Medical Response Coordination
Activate MCI within 10 minutes; coordinate with MAC	Capability 4. Medical Surge
Activate FOAC within 15 minutes; identify staging areas	Capability 2. Health Care and Medical Response Coordination

Home Health Hospice (HHH) Sector Objectives:

Exercise Objective	Core Capability
Activate communication plan within 15 minutes; maintain communications with MCC	Capability 2. Health Care and Medical Response Coordination
Evaluate shelter-in-place safety within 60 minutes	Capability 2. Health Care and Medical Response Coordination
Identify and coordinate resources; submit RR to MCC	Capability 2. Health Care and Medical Response Coordination
Prioritize electricity-dependent patients within 60 minutes	Capability 3. Continuity of Health Care Service Delivery & Capability

Hospital Sector Objectives:

Exercise Objective	Core Capability
Establish communication systems and submit RR within 60 minutes	Capability 1. Foundation for Health Care and Medical Readiness
Document information sharing procedures within 30 minutes	Capability 1. Foundation for Health Care and Medical Readiness
Activate Hospital Command Center within EOP timeframe	Capability 2. Health Care and Medical Response Coordination
Develop IAP within first operational period	Capability 2. Health Care and Medical Response Coordination
Identify essential functions within 60 minutes	Capability 3. Continuity of Health Care Service Delivery
Activate downtime procedures and maintain continuity	Capability 3. Continuity of Health Care Service Delivery
Activate surge response plan within operational period	Capability 4. Medical Surge

Long-Term Care (LTC) Sector Objectives:

Exercise Objective	Core Capability
Activate EOP within 15 minutes	Capability 2. Health Care and Medical Response Coordination
Activate communication plan and submit reports within 60 minutes	Capability 2. Health Care and Medical Response Coordination
Assess surge impact and implement shelter procedures	Capability 4. Medical Surge
Initiate Nursing Home ICS (NHICS) within first operational period	Capability 3. Continuity of Health Care Service Delivery
Facilitate behavioral health support within 60 minutes	Capability 3. Continuity of Health Care Service Delivery
Activate LTC Mutual Aid Prpogram (MAP) and submit reports within 2 hours	Capability 3. Continuity of Health Care Service Delivery

Provider Agency Objectives:

Exercise Objective	Core Capability
Activate alerts within 15 minutes	Capability 2. Health Care and Medical Response Coordination
Initiate surge plan within 10 minutes	Capability 4. Medical Surge
Implement FOAC for mutual aid back up providers	Capability 2. Health Care and Medical Response Coordination
Submit MHOAC RR within 60 minutes	Capability 1. Foundation for Health Care and Medical Readiness

Public Health Objectives:

Exercise Objective	Core Capability
Exercise MHOAC Plan Communication / Coordination with MHOAC partners	PHEP Core Capability: 3
Exercise MHOAC Plan Resource Request	PHEP Core Capability: 3
Exercise Flash Report preparation and submission to MHOAC (EMS Agency)	PHEP Core Capability: 3

Urgent Care Sector Objectives:

Exercise Objective	Core Capability
Activate communication plan within 15 minutes; maintain MCC communications	Capability 2. Health Care and Medical Response Coordination
Modify operations to support surge within 60 minutes	Capability 3. Continuity of Health Care Service Delivery & Capability 4. Medical Surge
Assess continuity under power outage within 60 minutes	Capability 3. Continuity of Health Care Service Delivery

Table 1. Exercise Objectives and Associated Capabilities

Participant Roles and Responsibilities

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

- **Players.** Players are personnel who have an active role in discussing or performing their regular roles and responsibilities during the exercise. Players discuss or initiate actions in response to the simulated emergency.
- **Controllers.** Each participating facility will assign an Exercise Controller to participate in the Participant Webinar scheduled for September 8, 2026. The Exercise Controller is the Lead Controller at the facility and is responsible for planning, managing exercise play, setup, and operation of the exercise at their respective facility. Lead Controllers direct the pace of the exercise in accordance with the Master Scenario Event List (MSEL) developed by the EMS Agency.

The Controller provides key inputs to players and may, in addition, prompt or initiate certain player actions to ensure continuity of the exercise. They also issue exercise materials to players as required, monitor the exercise timeline, and if manageable supervise the safety of all exercise participants. Controllers are not players in the exercise. The Lead Controller are to read the EEG and the Controller Evaluator Handbook prior to the exercise.

- **Simulators.** Simulators are control staff personnel who deliver scenario messages representing actions, activities, and conversations of an individual, agency, or organization that is not participating in the exercise. They most often operate out of the Simulation Cell (SimCell), but they may occasionally have face-to-face contact with players. Simulators function semi-independently under the supervision of SimCell controllers, enacting roles (e.g., media reporters or next of kin) in accordance with instructions provided in the Master Scenario Events List (MSEL). All simulators are ultimately accountable to the Lead Controller.
- **Evaluators.** Each participating facility will assign at least one person to the Evaluator position. Evaluators evaluate and provide feedback on a designated functional area of the exercise. A Controller can also be tasked with an Evaluator assignment if manageable. It is recommended to assign the position of Evaluator to someone else in the facility who is not a player. It is also recommended that the Evaluator participate in the Participant Webinar scheduled for September 8, 2026. Evaluators observe and document performance against established capability targets and critical tasks, in accordance with the Exercise Evaluation Guides (EEGs) developed by the EMS Agency. Evaluators are to read the EEG and the Controller Evaluator Handbook prior to the exercise.
- **Observers.** Observers visit or view selected segments of the exercise. Observers do not play in the exercise, nor do they perform any control or evaluation functions. Observers view the exercise from a designated observation area and must remain within the observation area during the exercise. Very Important Persons (VIPs) are also observers, but they frequently are grouped separately.
- **Support Staff.** The exercise support staff include individuals who perform administrative and logistical support tasks during the exercise (e.g., registration, catering).

Exercise Guidelines

- This exercise will be held in an open, no-fault environment wherein capabilities, plans, systems, and processes will be evaluated. Varying viewpoints, even disagreements, are expected.

- Respond to the scenario using your knowledge of current plans and capabilities (i.e., you may use only existing assets) and insights derived from your training.
- Decisions are not precedent setting and may not reflect your jurisdiction's/ organization's final position on a given issue. This exercise is an opportunity to discuss and present multiple options and possible solutions.
- Problem-solving efforts should be the focus. Areas of opportunities can help improve [focus area] and result in action items.
- The assumption is that the exercise scenario is plausible, and events occur as they are presented. All players will receive information at the same time.

Data Elements and Information Sharing

The exercise will test patient surge, power outage, and other pertinent plans and processes related to power outages.

Medical and Health facilities participating in the exercise will communicate with the Medical Alert Center (MAC) or the Medical Coordination Center (MCC) to maintain situational awareness, share information, assess resource availability, and support the identification and sharing of resources. Communication with the MAC or MCC should follow the normal communication procedures according to the EMS Agency's Communication Plan available at https://file.lacounty.gov/SDSInter/dhs/206683_Communication.pdf unless informed of alternative channels.

The following sectors are encouraged to participate in the exercise:

- Ambulatory Surgery Centers
- Clinics
- Dialysis
- Home Health & Hospice
- Hospitals
- Long Term Care
- Provider Agencies
- Urgent Care

Calculating the Scale of the Surge

HCC is required to surge to 10% of its licensed bed capacity. Los Angeles County has 21,591 licensed beds (21,591 multiplied by 10% = 2,159.1 surge patients). The HCC must surge to a minimum of 2,160 patients to meet surge requirements.

Patient Distribution Plan

HCC includes 69 Acute Care Hospitals that are 911-receiving Emergency Departments and 9 Acute Care Hospitals that do not have an Emergency Department.

The planning team selected a scenario to address top level threats identified in the regional Hazard Vulnerability Analysis (HVA), to meet ASPR grant requirements, and to foster preparedness for the 2028 Summer Olympics.

The scenario begins with pre-exercise messaging (2-3 days before exercise) to heighten the security posture due to threats to the following critical infrastructure sectors in the Los Angeles area:

1. Commercial Facilities Sector (Sports Arena / Stadiums)
2. Energy Sector (Power Plants / Electric Sub-stations)
3. Healthcare and Public Health Sector

On the day of the exercise, exercise play is initiated by a drone attack at an Olympic sport competition with a subsequent mass-causality incident (MCI) resulting in a patient surge to emergency departments and clinics. At 9:00am the scenario progresses to drone strikes at power sub-stations resulting in widespread power outages.

Mass-Casualty Incident (MCI) and Patient Surge

AS mentioned above, drone attacks will occur at a stadium or sports venue hosting an Olympic competition "near" your facility. The attacks are intended to cause an MCI and subsequent patient surge to emergency department and/or clinic to meet surge requirements.

- Trauma Centers will receive a total of 75 surge patients, 45 walk-in and 30 by EMS (MCI). 20% of the total number of surge patients will require admission. *(15 patients will require admission.)*

- 9-1-1 receiving hospitals (not including Trauma Centers or Catalina Island Health) will receive a total of 40 surge patients, 25 walk-in and 15 by EMS (MCI). 20% of the total number of surge patients will require admission. *(8 patients will require admission.)*

- Catalina Island Health will receive a total of 20 surge patients, 10 walk-in and 10 by BLS. 20% of the total number of surge patients will require admission and half of those requiring admission will require higher level of care transfer and evacuation from Catalina Island to the mainland. *(4 patients will require*

admission and 2 of the 4 will require higher level of care transfer and evacuation from Catalina Island to the mainland.)

- Hospitals without Emergency Departments will receive a total of 5 surge patients by walking into the facility.

- Clinics participating in the exercise will receive 5 to 10 surge patients by walking into the clinic.

Power Outage

At 9:00am, a subsequent targeted UAS strike at a local electric sub-station has forced your facility on your back-up power source or total power loss. Each participating facility can determine if they are on back-up power **or** complete power failure. Additionally, the power to the area around your hospital is down (ATM's, homes, schools, stores, streetlights, etc.). At 9:00am the lead controller must announce to players that the power is out, and the facility is on back-up power source, or the facility has no power. If able, you can simulate power outage by turning off the lights or use some other creative method to simulate power failure.

Not all facilities use back-up generators that require fuel, some facilities use other back-up power sources such as power banks that store energy in batteries. In this document the phrase "Back-up Power Source" refers to both back-up generators and power banks.

Power failure provides the opportunity to evaluate many areas. Here are some suggested areas to consider: (This is not an exhaustive list nor is it required to test these areas):

- Assessment of power needs
- Back-up communications / ARES
- Back-up power system failure
- Business continuity plan
- Cancel procedures / surgeries
- Cash needs for purchases
- Charging stations for phones and laptops
- Connecting portable power banks / extension cords
- Downtime procedures
- Electric fuel fleet charging needs
- Elevators down / Med-Sled use
- Emergency fuel for response vehicles
- Emergency supplies (flashlights / batteries)
- Evacuation / relocation

- Fuel for back-up generators (How to acquire / MOU)
- HVAC system failure (Emergency cooling or warming)
- Identify vendors that provide back-up power (How to acquire / MOU)
- Identify which essential systems that are **not** on back-up power
- IT network down
- Medical gas failure
- Quick connect capability
- Robotic systems that require charging
- Secure parking ingress / egress
- Supporting the Community
- Utility failure (water, etc.)

Hospitals, skilled nursing facilities, and ambulatory surgery centers are all required to have back-up power sources in addition to other parameters such as time parameters, temperature requirements in patient care areas, and refueling parameters.

Other sectors in the HCC may or may not have back-up power sources. If your facility does not have back-up power, we encourage you to participate in the exercise. In addition to the power failure recommendations above, facilities can evaluate external communications via ReddiNet, continuity planning, incident management team (IMT) notification & activation, and/or activation of your Incident Command Center.

Exercise Conduct

The MAC will initiate a ReddiNet MCI poll titled, "***2026 AMHE MCI***". All Hospitals with an Emergency Department (9-1-1 receiving) will receive surge patients by EMS via the ReddiNet MCI Module. At least 20% of the surge patients arriving to the emergency department must meet admission criteria and be admitted to the hospital. Each 9-1-1 receiving facility must update the MCI victim list in ReddiNet for **all** patients in the emergency department related to the incident.

In addition, hospitals, clinics, and urgent care facilities are encouraged to simulate receiving walk-in (self-transport) patients based upon the Patient Allocation Chart.

At 9:00 a.m., all facility controllers and exercise directors will announce to the players in their facility that the power is out and inform staff (players) if the facility is on or off back-up power. Facility controllers will begin the exercise activities they developed for their facility.

Healthcare Facility Emergency Power Resilience Playbook

In 2023, the EMS Agency developed the Healthcare Facility Emergency Power Resilience Playbook as a resource to help safeguard emergency power in hospitals and skilled nursing facilities (SNF) located in Los Angeles County.

The playbook includes protocols intended to accelerate emergency power-threat reporting to expedite response to a facility facing a threat during an outage. An expedited response may include the potential deployment of temporary government generators and the initiation of evacuation support protocols.

The LA County EMS Agency is the point of alignment between the playbook's emergency power reporting protocols and CDPH requirements. The playbook introduces the Emergency Power System Assessment and benchmarking worksheets for Hospitals and SNF. It is recommended that Hospitals and SNFs conduct assessments to assess the status of their emergency power (link to assessments *Appendix B for Hospitals and Appendix C for SNFs*).

For the exercise, hospitals and SNF's will test the power status reporting protocol. To support the reporting protocol, ReddiNet added a generator "pill" next to each facility name on the ReddiNet diversion status screen. Based on the facility's risk status (Tier 1 or Tier 2) and the answers provided, the generator pill will change color to green, yellow, orange, or red to reflect the current risk level. Hospitals and SNFs will report their generator status during the power outage exercise by clicking the "pill" and answering the series of questions within the specified time frame. If your facility is in DRC Region-8 and you are testing back-up power failure, then answer the questions according to your assumed status for the exercise. If you are not in DRC Region-8, then answer the questions to reflect a green or yellow risk level.

PLEASE NOTE: During the exercise when you update the "pill", be sure to enter "***Drill, Drill, Drill***" or "***This is an Exercise***" or "***2026 AMHE***" in the comments section to distinguish between an actual incident versus exercise activity. Following the conclusion of the exercise be sure to return your facility's generator status to "***Off Generator***".

EMS Agency and Emergency Power Coordination

The L.A. County EMS Agency will test operational area coordination components of the Healthcare Facility Emergency Power Resilience Playbook with pre-identified hospitals and skilled nursing facilities in DRC Region-8 to facilitate back-up power source identification, allocation, and escalation.

A critical component of the playbook is the Emergency Power System Assessment and Benchmark Worksheet (link to assessments *Appendix B for Hospitals and Appendix C for SNFs*). Hospitals and SNFs must complete these assessments to know their emergency power needs before an incident occurs. This will save time when requesting the appropriate backup power source from vendors and/or government agencies. Portable emergency generators vary in size and capability. It is not a one-size-fits-all solution. The EMS Agency highly recommends that facilities invest in "quick-connect" devices that allow for the "quick-connection" of portable generators to meet emergency power needs. The EMS Agency maintains a limited number of portable generators; however, they do not have the required cabling or the qualified personnel to install them.

Long-term Care Mutual Aid Program (LTC-MAP) Coordination

The LTC-MAP group will test team communication, notification, activation, and coordination. In addition, they will evaluate the LTC ReddiNet dashboard, test processes, and seek HFID waivers. The group will pre-identify select skilled nursing facilities (SNF) to test processes.

Los Angeles County Fire Department MCI and FOAC

The Los Angeles County Fire Department will establish Medical Communications (MedCom) with the Medical Alert Center (MAC) and initiate an MCI at 7:50 am via VMED-28. This will start the exercise. LA County Fire MedCom will provide MAC with a specific location and specific number of victims. The location and the number of victims is to facilitate play for the Fire Department and the MAC only. The number of patients MAC sends to Hospitals via ReddiNet MCI will be based upon the Patient Allocation Chart on page 19, not the number of victims reported by MedCom. The MAC may or may not enter the location of the MCI into ReddiNet. The assumption is that the MCI has occurred at a location near your facility, not necessarily the location indicated in the ReddiNet MCI module. The Fire Department will also contact the Fire Operational Area Coordinator (FOAC) to request additional ambulances to support the MCI. The FOAC will request a certain number of ambulances from all EOA providers and from the CDO. If the EOA providers are unable to provide adequate number of ambulances, they will poll their back up providers to fulfill the requested number of ambulances.

Private Ambulance Companies Emergency Fueling

The L.A. County EMS Agency will test emergency fueling processes with a designated ambulance provider. If gas stations cannot dispense fuel due to power loss, ambulance providers may request emergency fuel access from the

EMS Agency. The EMS Agency will provide temporary access to County fuel locations with emergency back-up power.

In addition, private ambulance providers are encouraged to partner with hospitals and other facilities to test transportation coordination processes.

Patient Allocation: Hospitals

Before the exercise, all facilities can select patients from the victim list based on the quantities listed in the Patient Allocation Chart (Table 2).

Hospitals must select the appropriate percentage of patients that meet admission criteria as indicated in the Patient Distribution Plan above.

Patient Allocation: Clinics and Urgent Care Centers

Before the exercise, all facilities can select patients from the victim list based on the quantities listed in the Patient Allocation Chart (Table 2).

Clinics and Urgent Care facilities participating in the exercise have the option to choose the number of self-transport (walk-in) patients they wish to receive to fulfill their objectives. It is advisable to receive at least 5 walk-in patients but no more than 10 walk-in patients from the incident. These patients will **not** be assigned via ReddiNet, and it is **not** mandatory to add them to the MCI victim list. The person(s) on site preparing for the exercise will create injects/prompts to simulate patient arrival.

See Patient Allocation Chart (Table 2)

	Number of surge patients arriving by walk-in	Number of surge patients arriving by EMS (MCI)	Number of patients to LTC and HHH due to hospital decompression	FOAC Activation	Total number of Surge Patients *(*20% must be admitted)*
Trauma Centers (15)	45	30	NA	NA	*75
Acute Care Hospitals (54)	25	15	NA	NA	*40
Catalina Island Health	10	10	NA	NA	*20
Hospitals without Emergency Departments (9)	5	NA	NA	NA	5
Clinics and Urgent Care Centers	5 to 10	NA	NA	NA	5 to 10
Long-term Care (Skilled Nursing Facilities)	NA	NA	1 to 10	NA	1 to 10
Home Health & Hospice	NA	NA	1 to 10	NA	1 to 10
LA County Fire	NA	NA	NA	50	50

*Table 2: Patient Allocation Chart. **Clinics and Urgent Care Centers have the option of receiving up to 10 walk-in patients with minor injuries. These patients are in addition to the 10% patient surge.*

Bed Availability: Hospital Capacity Survey

All participating HPP Hospitals will participate in the "Hospital Capacity Survey" in the ReddiNet assessment module. The deadline for submitting the data is the end of the next business day following the conclusion of the exercise.

Staffed beds mean those beds which are equipped and available for patient use. Staffed beds include those that are occupied and those that are vacant.

The following data elements are required:

Pre Exercise (Patient Surge Data):

i) How many staffed beds (including both vacant and occupied beds) were available at the beginning of the exercise, prior to receiving patients?

ii) Number of existing in-patients (census) at the beginning of the exercise, prior to receiving patients

During and Post Exercise (Patient Surge Data):

iii) How many existing in-patients could be safely discharged to accommodate surge patients (decompress)?

iv) How many total staffed beds were available after increasing surge capacity?

v) Number of surge patients requiring admission for inpatient care based on triage assessment

vi) How many surge patients that arrived in your emergency department were admitted for inpatient care?

vii) Number of surge patients requiring outpatient care who will not be admitted based on your triage assessment (discharged from ED)

Exercise Assumptions and Artificialities

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

Assumptions

Assumptions constitute the implied factual foundation for the exercise and, as such, are assumed to be present before the exercise starts. The following assumptions apply to the exercise:

- An actual Hospital power failure would most likely result in the facility being placed on Internal Disaster. To not disrupt routine operations taking place during the exercise, participating facilities will not be placed on internal disaster.
- **Participating** facilities in DRC Region-8 will respond to the Service Level Poll as either "**Red**" *(Limited Services)* or "**Black**" *(No Services)* for the exercise.
- **Participating** facilities outside of DRC Region-8 will respond to the Service Level Poll as either "**Green**" *(Normal Operations)*, "**Yellow**" *(Under Control)*, or "**Orange**" *(Modified Services)*.
- The exercise is conducted in a no-fault learning environment wherein capabilities, plans, systems, and processes will be evaluated.
- The exercise scenario is plausible, and events occur as they are presented.
- Exercise simulation contains sufficient detail to allow players to react to information and situations as they are presented as if the simulated incident were real.
- Participating agencies may need to balance exercise play with real-world emergencies. Real-world emergencies take priority.

Artificialities

During this exercise, the following artificialities apply:

- Some hospitals will be disproportionately impacted more than others. For example, the 10% licensed bed capacity of Torrance Memorial is a larger number compared to the 10% licensed bed capacity of Emanate Foothill Presbyterian (FHP) Hospital. Sending 40 surge patients to Torrance Memorial is less than their 10% surge capacity, while sending 40 surge patients to FHP is greater than their 10% surge capacity.
- Exercise communication and coordination are limited to participating exercise organizations, venues, and the SimCell.
- Only communication methods listed in the Communications Directory are available for players to use during the exercise.

Exercise Logistics

Safety

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

- A Safety Controller is responsible for ensuring the exercise is conducted in a safe environment; any safety concerns must be immediately reported to the Safety Controller. The Safety Controller and Exercise Director will determine if a real-world emergency warrants a pause in exercise play and when exercise play can be resumed.
- For an emergency that requires assistance, use the phrase **"real-world emergency."** The following procedures should be used in case of a real emergency during the exercise:

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

  - The controller aware of a real emergency will initiate the **"real-world emergency"** broadcast and provide the Safety Controller, Lead Controller, and Exercise Director with the location of the emergency and resources needed, if any. The Lead Controller will notify the EMS Agency AOD as soon as possible if a real emergency occurs.

Fire Safety

Standard fire and safety regulations relevant to the organization will be followed during the exercise.

Emergency Medical Services

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

Site Access

Security

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

and answer questions. Exercise participants should be advised of media and/or observer's presence.

Exercise Identification

Exercise staff may be identified by badges, hats, and/or vests to clearly display exercise roles; additionally, uniform clothing may be worn to show agency affiliation. Table 4 describes these identification items.

Group	Color
Controllers	[White]
Evaluators	[Red]
Support Staff	[Green]
Players	[Blue]
Safety Controller	[Orange]
Observer	[Gray]
Media	[Purple]
Actors	[Yellow]
VIP	[Black]

Table 3. Exercise Identification

Post-exercise Activities

Debriefings

Post-exercise debriefings aim to collect sufficient relevant data to support effective evaluation and improvement planning.

Hotwash

At the conclusion of exercise play, a controller or evaluator will lead a "Hot Wash" to allow players to discuss strengths and areas for improvement, and evaluators to seek clarification regarding player actions and decision-making processes. All participants may attend; however, observers are not encouraged to attend the meeting. The information gathered during a hotwash contributes to the AAR/IP and any exercise suggestions can improve future exercises.

Participant Feedback Forms

Participant Feedback Forms provide players with the opportunity to comment candidly on exercise activities and exercise design, and to share their observed strengths and areas for improvement. Participant Feedback Forms should be collected at the conclusion of the Hot Wash.

Participant Information and Guidance

Exercise Rules

The following general rules govern exercise play:

- Real-world emergency actions take priority over exercise actions.
- Exercise players will comply with real-world emergency procedures, unless otherwise directed by the control staff.
- All communications (including written, radio, telephone, and e-mail) during the exercise will begin and end with the statement **"This is an exercise."**

Players Instructions

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

Before the Exercise

- Review appropriate organizational plans, procedures, and exercise support documents.
- Be at the appropriate site at least 30 minutes before the exercise starts. Wear the appropriate uniform and/or identification item(s).
- Sign in when you arrive.
- Read your Exercise Information Handout if provided.

During the Exercise

- Respond to exercise events and information as if the emergency were real, unless otherwise directed by an exercise controller.
- Controllers will give you only information they are specifically directed to disseminate. You are expected to obtain other necessary information through existing emergency information channels.
- Do not engage in personal conversations with controllers or evaluators. If you are asked an exercise-related question, give a short, concise answer. If you are busy and cannot immediately respond, indicate that, but report back with an answer as soon as possible.
- If you do not understand the scope of the exercise, or if you are uncertain about an organization's participation in an exercise, ask a controller.
- All exercise communications will begin and end with the statement "This is an exercise." This precaution is taken so that anyone who overhears the conversation will not mistake exercise play for a real-world emergency.
- Speak when you take an action. This procedure will ensure that evaluators are aware of critical actions as they occur.

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

After the Exercise

- Participate in the Hotwash at your venue with controllers and evaluators.
- Complete the Participant Feedback Form. This form allows you to comment candidly on emergency response activities and exercise effectiveness. Provide the completed form to a controller or evaluator.
- Provide any notes or materials generated from the exercise to your controller or evaluator for review and inclusion in the AAR.

Controller Information and Guidance

Exercise Control Overview

Exercise control maintains exercise scope, pace, and integrity during exercise conduct. The control structure in a well-developed exercise ensures that exercise play assesses objectives in a coordinated fashion at all levels and at all locations for the duration of the exercise.

Exercise Control Documentation

Controller Package

The controller package consists of the C/E Handbook, activity logs, badges, and other exercise tools (e.g., MSEL) as necessary. Controllers must bring their packages and any additional professional materials specific to their assigned exercise activities.

Incident Simulation

Because the exercise is of limited duration and scope, certain details will be simulated. Venue controllers are responsible for providing players with the physical description of what would fully occur at the incident sites and surrounding areas. SimCell controllers will simulate the roles and interactions of nonparticipating organizations or individuals.

Scenario Tools

The MSEL outlines benchmarks and injects that drive exercise play. It also details realistic input to exercise players, as well as information expected to emanate from simulated organizations (i.e., nonparticipating organizations or individuals who usually would respond to the situation). The MSEL consists of the following two parts:

- **Timeline.** This is a list of key exercise events, including scheduled injects and expected player actions. The timeline is used to track exercise events relative to desired response activities.
- **Injects.** An individual event inject is a detailed description of each exercise event. The inject includes the following pieces of information: scenario time, intended recipient, responsible controller, inject type, a short description of the event, and the expected player action.

Exercise Control Structure

Control of the exercise is accomplished through an exercise control structure. The control structure is the framework that allows controllers to communicate and coordinate with other controllers at other exercise venues, the SimCell, or a Control Cell to deliver and track exercise information. The control structure for this exercise is shown in Figure 1.

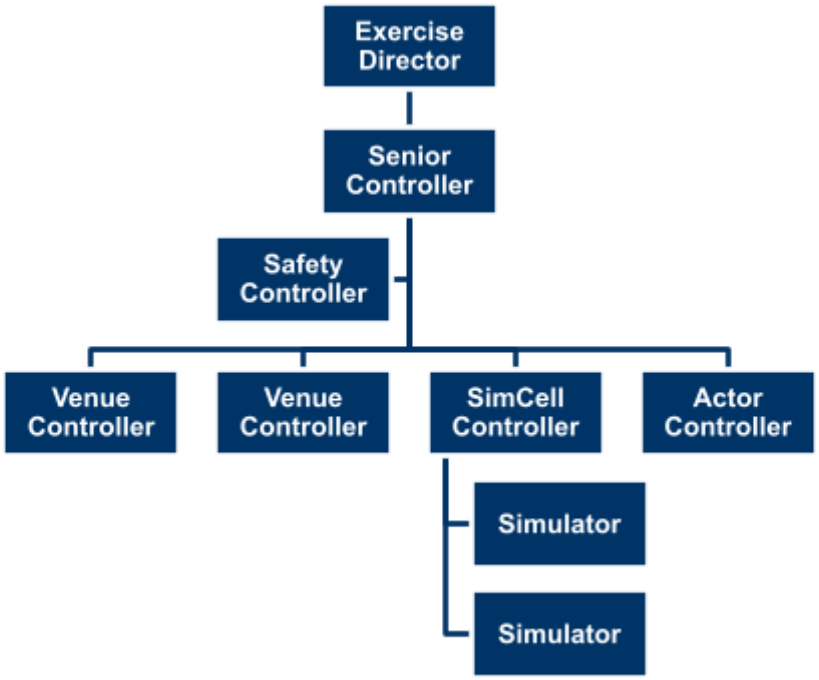

Figure 1. Sample Exercise Control Structure [edit as needed or delete if not applicable]

Controller Instructions

Before the Exercise

- Review appropriate emergency plans, procedures, and protocols.
- Review appropriate exercise package materials, including the objectives, scenario, injects, safety and security plans, and controller instructions.
- Attend required briefings.
- Report to the exercise check-in location at the time designated in the exercise schedule, meet with the exercise staff, and present the Player Briefing.
- Be at the appropriate location at least 15 minutes before the exercise starts.
- Obtain, locate and test necessary communications equipment.

During the Exercise

- Wear controller identification items (e.g., badge).
- Avoid personal conversations with exercise players.
- If you have been given injects, deliver them to appropriate players at the time indicated in the MSEL (or as directed by the Exercise Director). **Note:** If the information depends on some action to be taken by the player, do not deliver the inject until the player has earned the information by successfully accomplishing the required action.
- When you deliver an inject, notify the [Senior Controller or Control Cell] and note the time that you delivered the inject and player actions.
- Receive and record exercise information from players that would be directed to nonparticipating organizations.
- Observe and record exercise artificialities that interfere with exercise realism. If exercise artificialities interfere with exercise play, report it to the Exercise Director.
- Begin and end all exercise communications with the statement, **"This is an exercise."**
- Do not prompt players regarding what a specific response should be, unless an inject directs you to do so. Clarify information but do not provide coaching.
- Ensure that all observers and media personnel stay out of the exercise activity area. If you need assistance, notify the Exercise Director.
- Do not give information to players about scenario event progress or other participants' methods of problem resolution. Players are expected to obtain information through their own resources.

After the Exercise

- Distribute copies of Participant Feedback Forms and pertinent documentation.
- All controllers are expected to conduct a Hotwash at their venue and, in coordination with the venue evaluator, take notes on findings identified by exercise players. Before the Hotwash, do not discuss specific issues or problems with exercise players.
- At exercise termination, summarize your notes from the exercise and Hotwash, and prepare for the Controller and Evaluator Debriefing. Have your summary ready for the Exercise Director.

Controller Responsibilities

The following table details controller responsibilities. For controller assignment details, see [Appendix F].

Controller Responsibilities
Exercise Director
• Oversees all exercise functions • Oversees and remains in contact with controllers and evaluators • Oversees setup and cleanup of exercise, and positioning of controllers and evaluators
Senior Controller
• Monitors exercise progress • Coordinates decisions regarding deviations or significant changes to the scenario • Monitors controller actions and ensures implementation of designed or modified actions at the appropriate time • Debriefs controllers and evaluators after the exercise • Oversees setup and takedown of the exercise
Safety Controller
• Monitors exercise safety during exercise setup, conduct, and cleanup • Receives any reports of safety concerns from other controllers or participants
Public Information Officer (PIO)
• Provides escort for observers • Provides narration and explanation during exercise events, as needed • Performs pre-exercise and post-exercise public affairs duties • May act as media briefer and escort at exercise site • Serves as safety officer for his or her site
Venue Controller
• Issues exercise materials to players • Monitors exercise timeline • Provides input to players (i.e., injects) as described in MSEL • Serves as safety officer for his or her site
Simulation Cell (SimCell) Controller
• Role plays as nonparticipating organizations or individuals • Monitors exercise timeline • Provides input to players (i.e., injects) as described in MSEL

Table 4. Controller Responsibilities

Evaluator Information and Guidance

Exercise Evaluation Overview

Exercise evaluation assesses an organization's capabilities to accomplish a mission, function, or objective. Evaluation provides an opportunity to assess performance of critical tasks to capability target levels. Evaluation is accomplished by the following means:

- Observing the event and collecting supporting data.
- Analyzing collected data to identify strengths and areas for improvement; and
- Reporting exercise outcomes in the AAR.

Evaluation Documentation

Evaluator Package

The evaluator package contains this C/E Handbook, EEGs, and other items as necessary. Evaluators should bring the package to the exercise. They may reorganize the material so information that is critical to their specific assignment is readily accessible. Evaluators may bring additional professional materials specific to their assigned activities.

Exercise Evaluation Guides

EEGs provide a consistent tool to guide exercise observation and data collection. EEGs are aligned to exercise objectives and core capabilities and list the relevant capability targets and critical tasks. Data collected in EEGs by each evaluator will be used to develop the analysis of capabilities in the AAR.

Each evaluator is provided with an EEG for each capability that he/she is assigned to evaluate. Evaluators should complete all assigned EEGs and submit to the Lead Evaluator at the conclusion of the exercise. The Lead Evaluator and Senior Controller compile all evaluator submissions into the first working draft of the AAR.

After Action Report/Improvement Plan

The focus of the AAR is the analysis of core capabilities. For each core capability exercised, the AAR includes a rating of how the exercise participants performed, as well as strengths and areas for improvement.

Following completion of the draft AAR, elected and appointed officials confirm observations identified in the AAR, and determine which areas for improvement require further action. As part of the improvement planning process, elected and appointed officials identify corrective actions to bring areas for improvement to resolution and determine the appropriate organization with responsibility for those

actions. Corrective actions are consolidated in the IP, which is included as an appendix to the AAR.

Evaluator Instructions

General

- Avoid personal conversations with players.
- Do not give information to players about event progress or other participants' methods of problem resolution. Players are expected to obtain information through their own resources.

Before the Exercise

- Review appropriate plans, procedures, and protocols.
- Attend required evaluator training and other briefings.
- Review appropriate exercise materials, including the exercise schedule and evaluator instructions.
- Review the EEGs and other supporting materials for your area of responsibility to ensure that you have a thorough understanding of the core capabilities, capability targets, and critical tasks you are assigned to evaluate.
- Report to the exercise check-in location at the time designated in the exercise schedule and meet with the exercise staff.
- Obtain or locate necessary communications equipment and test it to ensure that you can communicate with other evaluators and the Exercise Director.

During the Exercise

- Wear evaluator identification items (e.g., badge).
- Stay in proximity to player decision-makers.
- Use EEGs to document performance relative to exercise objectives, core capabilities, capability targets, and critical tasks.
- Focus on critical tasks, as specified in the EEGs.
- Your primary duty is to document performance of core capabilities. After the exercise, that information will be used to determine whether the exercise capability targets were effectively met and to identify strengths and areas for improvement.

After the Exercise

- Participate in the Hotwash and take notes on findings identified by players. Before the Hotwash, do not discuss specific issues or problems with

participants. After the Hotwash, summarize your notes and prepare for the Controller and Evaluator Debriefing. Have your summary ready for the Lead Evaluator.

- Complete and submit all EEGs and other documentation to the Lead Evaluator at the end of the exercise.

Using Exercise Evaluation Guides

The EEGs are structured to capture information specifically related to the evaluation requirements developed by the Exercise Planning Team. The following evaluation requirements are documented in each EEG:

- **Core capabilities:** The distinct critical elements necessary to achieve a specific mission area (e.g., prevention). To assess both capacity and gaps, each core capability includes capability targets.
- **Capability target(s):** The performance thresholds for each core capability; they state the exact *amount* of capability that players aim to achieve. Capability targets are typically written as quantitative or qualitative statements.
- **Critical tasks:** The distinct elements required to perform a core capability; they describe *how* the capability target will be met. Critical tasks generally include the activities, resources, and responsibilities required to fulfill capability targets. Capability targets and critical tasks are based on operational plans, policies, and procedures to be exercised and tested during the exercise.
- **Performance ratings:** The summary description of performance against target levels. Performance ratings include both Target Ratings, describing how exercise participants performed relative to each capability target, and Core Capability Ratings, describing overall performance relative to entire the core capability.

For each EEG, evaluators provide a target rating, observation notes and an explanation of the target rating, and a final core capability rating. In order to efficiently complete these sections of the EEG, evaluators should focus their observations on the capability targets and critical tasks listed in the EEG.

Observation notes should include *if* and *how* quantitative or qualitative targets were met. For example, a capability target might state, "*Within 4 hours of the incident….*" Notes on that target should include the actual time required for exercise players to complete the critical tasks. Additionally, observations should include:

- How the target was or was not met;
- Pertinent decisions made and information gathered to make decisions;
- Requests made and how requests were handled;

- Resources utilized;
- Plans, policies, procedures, or legislative authorities used or implemented; and
- Any other factors contributed to the results.

Evaluators should also note if an obvious cause or underlying reason resulted in players not meeting a capability target or critical task. However, the evaluators should not include recommendations in the EEGs. As part of the after-action and improvement planning processes, elected and appointed officials will review and confirm observations documented in the AAR and determine areas for improvement requiring further action.

Note: Observation notes for discussion-based exercises will focus on *discussion* of the how critical tasks would be completed, rather than actual actions taken.

Based on their observations, evaluators assign a target rating for each capability target listed on the EEG. Evaluators then consider all target ratings for the core capability and assign an overall core capability rating. The rating scale includes four ratings:

- Performed without Challenge (P)
- Performed with Some Challenges (S)
- Performed with Major Challenges (M)
- Unable to be Performed (U)

Definitions for each of these ratings are included in the EEG.

Placement and Monitoring

Evaluators should be located so they can observe player actions and hear conversations without interfering with those activities. In certain conditions, more than one evaluator may be needed in a particular setting or area. For specific evaluator assignments, see [Appendix F]. For exercise site maps highlighting key locations, see [Appendix D].

Appendix A: Communications Plan

Controller Directory

Name	Agency	Location	Phone	Email
[Name]	[Agency]	[Location]	[Phone]	[Email]
[Name]	[Agency]	[Location]	[Phone]	[Email]
[Name]	[Agency]	[Location]	[Phone]	[Email]
[Name]	[Agency]	[Location]	[Phone]	[Email]
[Name]	[Agency]	[Location]	[Phone]	[Email]
[Name]	[Agency]	[Location]	[Phone]	[Email]

Simulation Cell Directory

Name	Simulating Agency	Phone	Email
TBD	All Provider Agencies	TBD	TBD
[Name]	[Agency]	[Phone]	[Email]
[Name]	[Agency]	[Phone]	[Email]
[Name]	[Agency]	[Phone]	[Email]
[Name]	[Agency]	[Phone]	[Email]
[Name]	[Agency]	[Phone]	[Email]

Evaluator Directory

Name	Agency	Location	Phone	Email
[Name]	[Agency]	[Location]	[Phone]	[Email]
[Name]	[Agency]	[Location]	[Phone]	[Email]
[Name]	[Agency]	[Location]	[Phone]	[Email]
[Name]	[Agency]	[Location]	[Phone]	[Email]
[Name]	[Agency]	[Location]	[Phone]	[Email]
[Name]	[Agency]	[Location]	[Phone]	[Email]

Appendix B: Exercise Participants

Participating Organizations
County
Medical Alert Center
[County Participant]
[County Participant]
City
[City Participant]
[City Participant]
[City Participant]
[Jurisdiction A]
[Jurisdiction A Participant]
[Jurisdiction A Participant]
[Jurisdiction A Participant]
[Jurisdiction B]
[Jurisdiction B Participant]
[Jurisdiction B Participant]
[Jurisdiction B Participant]

Appendix C: Exercise Schedule

[**Note:** Because this information is updated throughout the exercise planning process, appendices may be developed as stand-alone documents rather than part of the ExPlan.]

Day 1: Thursday, November 19, 2026	Personnel	Activity	Location
[Time]	Controllers and exercise staff	Check-in for final instructions and communications check	[Location]
[Time]	Media	Media Briefing	[Location]
[Time]	VIPs and selected exercise staff	VIP Controller Briefing	[Location]
[Time]	Controllers and evaluators	Controllers and evaluators in starting positions	[Location]
[Time]	All	Controllers provide player briefs	[Location]

Appendix D: Exercise Site Maps

Figure D.1: [Map Title]

[Insert map]

Figure D.2: [Map Title]

[Insert map]

Appendix E: Exercise Scenario

Pre-Exercise: 2028 Summer Olympics are underway. Local law enforcement has issued a "Be on the Lookout" (BOLO) alert to the community requesting anyone observing suspicious Unmanned Aircraft System (UAS) - drone activity to report it to authorities. There has been an increase in threats to critical infrastructure sectors in the Los Angeles area. Specifically, to power plants, sports stadiums, and the medical and health sector. The BOLO is to remain in place for the duration of the Olympic Games.

Day of Exercise: An Unmanned Aircraft System (UAS) drone attack at Olympic event near your facility. Many victims with mild to moderate injuries self-dispatch to nearby clinics and hospitals. The Fire Department arrives on scene and initiates an MCI with the Medical Alert Center (MAC) and activates a FOAC. Victims are transported by ground ambulance resulting in a patient surge to emergency departments.

This is immediately followed by a targeted UAS strike at a local electric sub-station forcing your facility on back-up generator or resulting in total power loss.

Major Events

[Venue Name]

- [Insert a list of major exercise events at each venue, including both simulated scenario events and important expected player actions.]
- [Insert event description.]
- [Insert event description.]

APPENDIX F: CONTROLLER AND EVALUATOR ASSIGNMENTS

[Note: This is a sample list of controller and evaluator assignments. The positions should be modified based on the type and scope of the exercise. For example, if the exercise will not include a Simulation Cell, then a controller does not need to fulfill that function. Both controllers and evaluators may be assigned to a second area if play has been completed in the first.]

Name	Role	Position	Exercise Venue Name
[Name]	Controller	Exercise Director	
[Name]	Controller	Senior Controller	
[Name]	Controller	Safety Controller	
[Name]	Evaluator	Lead Evaluator	
[Name]	Controller	Site safety officer	
[Name]	Controller	[Function/venue] controller	
[Name]	Controller	[Function/venue] controller	
[Name]	Evaluator	[Function/venue] evaluator	
[Name]	Evaluator	[Function/venue] evaluator	
[Name]	Controller	Site safety officer	
[Name]	Controller	[Function/venue] controller	
[Name]	Controller	[Function/venue] controller	
[Name]	Evaluator	[Function/venue] evaluator	
[Name]	Evaluator	[Function/venue] evaluator	
[Name]	Controller	Lead SimCell controller, Master Scenario Events List (MSEL) manager	
[Name]	Controller	[Function/organization] simulator	
[Name]	Controller	[Function/organization] simulator	

Appendix G: Acronyms

Acronym	Term
DHS	U.S. Department of Homeland Security
ASPR	Administration of Strategic Preparedness and Response
EMS Agency	Los Angeles County Emergency Medical Services Agency
ExPlan	Exercise Plan
HHS	U.S. Department of Health and Human Services
HPP	Hospital Preparedness Program
HSEEP	Homeland Security Exercise and Evaluation Program
MAC	Medical Alert Center
MCI	Multi-Casualty Incident
SME	Subject Matter Expert
USGS	United States Geological Survey
ARES	Amateur Radio Emergency Services