

1 operating under the ICS or Unified Command to effectively and efficiently respond to,  
2 and recover from, an incident. An FSE focuses on implementing and analyzing the plans,  
3 policies, and procedures developed in discussion-based exercises and honed in previous,  
4 smaller, operations-based exercises. The events are projected through a scripted exercise  
5 scenario with built-in flexibility to allow updates to drive activity. It is conducted in a  
6 real-time, stressful environment that closely mirrors a real incident. First responders and  
7 resources are mobilized and deployed to the scene where they conduct their actions as if a  
8 real incident had occurred (with minor exceptions). An FSE simulates the reality of  
9 operations in multiple functional areas by presenting complex and realistic problems that  
10 require critical thinking, rapid problem solving, and effective responses by trained  
11 personnel in a highly stressful environment. Other entities that are not involved in the  
12 exercise, but that would be involved in an actual incident, should be instructed not to  
13 respond.

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15 An FSE provides an opportunity to execute plans, procedures, and MAAs in response to a  
16 simulated live incident in a highly stressful environment. Typical FSE attributes include  
17 the following:

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- 19 1. Activating personnel and equipment.
- 20 2. Allocating resources and personnel.
- 21 3. Analyzing memorandums of understanding (MOUs), SOPs, plans, policies, and  
22 procedures.
- 23 4. Assessing equipment capabilities.
- 24 5. Assessing interjurisdictional cooperation.
- 25 6. Assessing organizational and individual performance.
- 26 7. Demonstrating interagency cooperation.
- 27 8. Exercising public information systems.
- 28 9. Testing communications systems and procedures.
- 29

### 30 **HSEEP - HPP Connectivity**

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32 The Homeland Security Exercise and Evaluation Program (HSEEP) is a capabilities and  
33 performance-based exercise program that provides a standardized methodology and  
34 terminology for exercise design, development, conduct, evaluation, and improvement  
35 planning.

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37 The Homeland Security Exercise and Evaluation Program (HSEEP) constitute a national  
38 standard for all exercises. Through exercises, the National Exercise Program supports  
39 organizations to achieve objective assessments of their capabilities so that strengths and  
40 areas for improvement are identified, corrected, and shared as appropriate prior to a real  
41 incident.

42  
43 Continuing for FY11, exercise programs funded all or in part by HPP CA funds must  
44 meet the intent of the HSEEP practices for exercise program management, design,  
45 development, conduct, evaluation and improvement planning. This means if a healthcare  
46 entity **participates** in an exercise sponsored by another agency, they must ensure the

1 exercise is HSEEP compliant. If the healthcare entity sponsors the exercise the  
2 following four distinct performance requirements must be evidenced:  
3

4 **1. Participating healthcare entities are required to conduct annual Training and**  
5 **Exercise Plan Workshops (T& EPW), and maintain a Multi-year Training and**  
6 **Exercise Plan (MYT&EP). This includes:**

- 7 a) Training and exercise priorities based on overarching strategy and previous  
8 improvement plans.  
9 b) Capabilities from the Target Capabilities List (TCL) that the facility will train  
10 for and exercise against.  
11 c) A multi-year training and exercise schedule which:  
12 (1) Reflects the training activities which will take place prior to an  
13 exercise, allowing exercises to serve as a true validation of  
14 previous training.  
15 (2) Reflects all exercises in which the facility participates.  
16 (3) Validates planning from previous training and exercises conducted.  
17 (4) Employs a “building-block approach” in which training and  
18 exercise activities gradually escalate in complexity.  
19 d) A new or updated Multi-year Training and Exercise plan must be formalized  
20 and implemented within **60 days** of the T& EPW.  
21 e) The Multi-year Training and Exercise Plan must be updated on an annual  
22 basis (or as necessary) to reflect schedule changes.  
23

24 \*The Homeland Security’s Exercise and Evaluation Program website contains several job  
25 aids that can be of assistance in conducting and completing a MYT&EP workshop and  
26 plan, and is available at: [https://hseep.dhs.gov/pages/1001\\_HSEEP7.aspx](https://hseep.dhs.gov/pages/1001_HSEEP7.aspx).  
27

28 \*HHS' ASPR, through a partnership with the Agency for Healthcare Research and  
29 Quality has published an emergency-preparedness pocket guide  
30 (<http://www.ahrq.gov/prep/hospex.htm>) that provides resources to help hospitals design,  
31 conduct and evaluate their own emergency-preparedness exercises, with the aim of  
32 improving response capabilities. The guide also contains a searchable atlas of resources  
33 and tools.  
34

35 The guidebook addresses preparedness exercise related requirements for Federal funding  
36 and hospital accreditation. It is intended for use in planning, conducting, and evaluating  
37 such exercises, with the goal of improving hospital emergency preparedness programs. It  
38 also can serve as a resource for senior leadership to help increase institutional  
39 commitment to provide the necessary resources for successful preparedness exercises.  
40

41 The Hospital Preparedness Exercises Guidebook is available at:  
42 <http://www.ahrq.gov/prep/hospexguide/>.  
43

44 **2. Participating healthcare entities should plan and conduct exercises that are:**

- 45 a) Consistent with the entity’s Multi-year Training and Exercise Plan.  
46 b) Based on capabilities and their associated critical tasks, which are contained

1 within the Exercise Evaluation Guides (EEGs). For Example, if a facility,  
 2 based on its risk/vulnerability analysis, determines that it is prone to  
 3 hurricanes, it may want to validate its evacuation capabilities. In order to  
 4 validate this capability it would first refer to the “Citizen Evacuation and  
 5 Shelter-In-Place” EEG.

- 6 c) Tasks associated with this capability include: “*make the decision to evacuate*  
 7 *or shelter in place;*” “*identify and mobilize appropriate healthcare workers;*”  
 8 *and activate approved traffic control plan.*”
- 9 d) Facilities may wish to create their own Simple, Measurable, Achievable,  
 10 Realistic, and Task-oriented (S.M.A.R.T.) objectives based on its specific  
 11 plans/procedures associated with these capabilities and tasks, such as: 1)  
 12 “Examine the ability of local response agencies to conduct mass evacuation  
 13 procedures in accordance with Standard Operating Procedures; and 2)  
 14 Evaluate the ability of local response agencies to issue public notification of  
 15 an evacuation order within the timeframe prescribed in local Standard  
 16 Operating Procedures.
- 17 e) Tailored toward validating the capabilities, and based on the facility’s  
 18 risk/vulnerability assessment.
- 19 f) Exercise planners should develop the following documents to support exercise  
 20 planning, conduct, evaluation, and improvement planning:
  - 21 (1) For Discussion-based Exercises:  
 22 – Situation Manual (SITMAN)
  - 23 (2) For Operations-based Exercises this requires:  
 24 – Exercise Plan (EXPLAN)  
 25 – Player Handout  
 26 – Master Scenario Events List (MSEL)  
 27 – Controller/Evaluator Handbook (C/E Handbook)
- 28 Templates and samples of these documents can be found in HSEEP  
 29 Volume VI: Sample Templates and Formats, are available on the  
 30 HSEEP website at [https://hseep.dhs.gov/pages/1001\\_HSEEP7.aspx](https://hseep.dhs.gov/pages/1001_HSEEP7.aspx).
- 31 g) Reflective of the principles of the NIMS.

32  
 33 **3. Developing and submitting a properly formatted After-Action**  
 34 **Report/Improvement Plan (AAR/IP). Format is found in HSEEP Volume III.**

- 35 a) AAR/IPs created for each exercise conducted must conform to the templates  
 36 provided in *HSEEP Volume III: Exercise Evaluation and Improvement*  
 37 *Planning*.
- 38 b) Following each exercise, a draft AAR/IP must be developed based on the  
 39 information gathered through the use of EEGs.
- 40 c) Following every exercise, an After-Action Conference (AAC) must be  
 41 conducted, in which:
  - 42 (1) Key healthcare workers, and the exercise planning team are  
 43 presented with findings and recommendations from the draft  
 44 AAR/IP.
  - 45 (2) Corrective actions addressing a draft AAR/IP’s recommendation  
 46 are developed and assigned to responsible parties with due dates

for completion.

- d) A final AAR/IP with recommendations and corrective actions derived from discussion at the AAC must be completed **within 60 days** following the completion of each exercise.

4. **Tracking and implementing corrective actions identified in the AAR/IP.**

- a) An improvement plan will include broad recommendations from the AAR/IP organized by target capability as defined in the TCL.
- b) Corrective actions derived from ACC are associated with the recommendations and must be linked to a capability element as defined in the TCL.
- c) Corrective actions included in the improvement plan must:
  - (1) Be measurable.
  - (2) Designate a projected start and completion date.
  - (3) Be assigned to a facility and a point of contact (POC) within that facility.
  - (4) Identify any supporting entity or agency whose participation or involvement is essential to achieving full implementation and identify an individual point of contact to assist in the implementation process.
- d) Corrective actions are acted upon and tracked to ensure corrective actions from exercises, policy discussions and real-world events are effectively implemented and incorporated in future planning, training and exercise schedules, and individual exercises, as part of a Corrective Action Program.
- e) An individual should be responsible for managing the overall Corrective Action Program to ensure corrective actions resulting from exercises, policy discussions and real-world events are effectively implemented, and incorporated into the subsequent planning, training and exercise activities.