**Exercise Participant Identification**

Participants can be recognized by a color-coded badge and/or vest by exercise function. *Note: these colors are examples and hospitals should modify this chart based on their internal procedures.*

|  |  |  |
| --- | --- | --- |
| **Exercise Role** | **Badge Color** | **Vest** |
| **Exercise Facilitator/Director** | **Blue** | **Orange** |
| **Controllers/Evaluators** | **Yellow** | **Orange** |
| **Actors** | **Orange** | **Orange** |
| **Exercise Safety** | **Red** |  |
| **Observers** | **Green** |  |
| **Players** | **White** |  |

Please wear your Exercise Participant Badge at all times during the exercise.

**Exercise Safety**

**– Accidents & Injuries –**

* All players have a basic responsibility to act as safety officers. Immediately report safety concerns, unsafe acts or conditions, injuries and accidents.
* Institution’s name: Exercise Safety Staff can be identified by a **RED BADGE**.

**Actual Emergencies**

* Real-world emergencies and participant safety take priority over exercise conduct.
* In a real-world emergency, notify the nearest Controller/Evaluator and state,

***“This is a real-world emergency.”***

* Cease all exercise play immediately, and comply with exercise control staff instructions.
* **Exercise Safety:**

**Name of Exercise Safety Officer**

**Phone # of Exercise Safety Officer**

**Media & Public Relations**

* All public information/media inquiries should be directed to:

**Name of PIO**

**Phone # of PIO**

**Exercise Schedule**

**– [enter date] –**

|  |  |  |
| --- | --- | --- |
| **Activity** | **Time** | **Location** |
| **Participants Arrive** | **Time** |  **Room** |
| **Participant Registration*****(Breakfast provided)*** | **Time** | **Room** |
| **General Exercise, Scenario & Safety Briefing** | **Time** | **Room** |
| **Start of Exercise (StartEx)** | **Time** | **Assigned Locations** |
| **End of Exercise (EndEx)** | **Time** | **Assigned Locations** |
| **Location-Based Hot wash**  | **Time** | **Assigned Locations** |
| **Main Hot wash** ***(Lunch provided)*** | **Time** | **Room** |
| **Multi-site Group Hot wash**  | **Time** | **Telephone/Web based information** |

**Exercise Locations**

Exercise play will take place at the following locations at institution’s name:

|  |  |
| --- | --- |
| **Assigned Response Function**  | **Physical Location** |
|  |  |
|  |  |
|  |  |
|  |  |



**Year Name of Institution**

[enter logo here]

**Name of Exercise**

**Type of Exercise**

**Date of Exercise**

**Year Institution’s Name and Type of Exercise Planning Team**

*List Planning Team Names*

**Further information regarding this exercise, please contact:**

**Trusted Agent’s Name (EPC)**

**Phone:**

**Email:**

****

****

**Exercise Overview**

The *year institution’s Name and name and type of exercise* is:

* Scheduled for approximately (e.g.) three (3) to four (4) hours, or until the Exercise Facilitator has determined that the exercise objectives have been fully addressed.

**Exercise Scenario**

Add in very brief scenario here that doesn’t give away the actual scenario (i.e. “life safety event in the NICU of institution’s name”)

* Designed to establish a learning environment for players to exercise emergency response plans, policies and procedures as they pertain to the management of an event that causes the NICU/PICU to evacuate or NICU/PICU to surge.

The *year institution’s Name and name and type of exercise* will be conducted in a no-fault learning environment and will evaluate existing plans policies and procedures as if players were responding to a real-world emergency.

This exercise should not be viewed as a test inspection of individual performance.

**Exercise Goal**

Assess the capability of institution’s name, in the context of an evacuation event, to:

* Exercise goal
* Exercise goal
* Exercise goal
* Exercise goal

**Communications**

Players will use routine systems to communicate during the exercise. Players will communicate and coordinate only with participating entities.

 **Exercise Objectives**

The year institution’s Name and name and type of exercise Planning Team has identified the following objectives:

* Exercise objective
* Exercise objective
* Exercise objective
* Exercise objective
* Exercise objective

**Assumptions & Artificialities**

The following exercise assumptions and artificialities apply in this exercise:

* Exercise communication/coordination will be limited to participating exercise locations
* Only institution’s existing communications equipment will be available to players
* Institution’s name may need to balance exercise play with real-world emergencies - real-world emergencies will take priority
* All communications/activities from external entities will be notionalized
* Type of patients will be notionalized by using life-sized mannequins

***All exercise transmissions must begin and end with the statement:***

***“This is an exercise message. This is an exercise message.”***

* Time jumps in the scenario may occur and will be conveyed to players by controllers

**During the Exercise**

* Please respond to the scenario as normally as possible.
* Follow all directions provided by Exercise Safety and Exercise Staff.
* You may encounter Actors/Simulators, who will act out a particular role, such as: hospital visitor or a patient’s family member. Please respond to them as realistically as possible.
* If you require clarification about the scenario, please ask your location’s Controller/Evaluator, the Exercise Facilitator or the Exercise Director.
* Your Controller/Evaluator may ask you to clarify the purpose of your activities; please respond to their questions.

**After the Exercise**

* Please participate in your exercise location’s hotwash immediately after exercise play concludes.
* After your location’s hotwash, please return to the room for the Main Participant hotwash. A light lunch will be served.
* Please submit copies of all documents generated during exercise play to a Controller/Evaluator. This includes any notes and evaluations.

Please complete the ***Participant Feedback Form*** distributed at the end of the exercise, and return it to a Controller/Evaluator.

Evaluators will complete their Exercise Guide (EEG) and return to the Controller

Please forward any additional feedback to:

Trusted Agent (EPC) Name

Title

Institution’s Name

Address

Phone:

Email:

**Thank you for your participation!**