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# CHEMICAL STOCKPILE EMERGENCY PREPAREDNESS PROGRAM

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## EXERCISE POLICY & GUIDANCE

June 19, 2009

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

**June 19, 2009**

**U.S. Department of the Army  
Office of the Assistant Secretary of the Army  
(Acquisition, Logistics and Technology)  
and  
Department of Homeland Security  
Federal Emergency Management Agency  
Technological Hazards Division**

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## ACRONYMS AND ABBREVIATIONS

AAR	After Action Report
ABC	Airway, Breathing, Circulation
A & N	Alert and Notification
ACP	Access Control Point
ADP	Automated Data Processing
AEGL	Acute Exposure Guideline Level
AMC	Army Materiel Command
CAIRA	Chemical Accident or Incident Response and Assistance
CA	Cooperative Agreement
CAP	Corrective Action Program
CENL	Chemical Event and Notification Level
CERCLA	Comprehensive Environmental Response, Compensation, and Liability Act
CLA	Chemical Limited Area
CMA	Chemical Materials Agency
C/E Handbook	Controller and Evaluator (C/E) Handbook (formerly the Control Staff Instructions [COSIN])
CPR	Cardio-Pulmonary Resuscitation
CSEPP	Chemical Stockpile Emergency Preparedness Program
DHS	Department of Homeland Security
DA	Department of the Army
DoD	Department of Defense
EAA	Event Administering Authority
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
EOP	Emergency Operations Plan
EPZ	Emergency Planning Zone
ERO	Emergency Response Outcome
ETO	Exercise and Training Officer
ExPlan	Exercise Plan
FAX	Facsimile
FE	Function exercise
FEMA	Federal Emergency Management Agency
FOSC	Federal On-Scene Coordinator
FRCA	Finding Requiring Corrective Action
FSE	Full-Scale Exercise
GPD	Grant Programs Directorate
HSEEP	Homeland Security Exercise and Evaluation Program

**ACRONYMS AND ABBREVIATIONS cont'd**

HSPD-5	Homeland Security Presidential Directive 5: Management of Domestic Incidents
HSPD-8	Homeland Security Presidential Directive 8: National Preparedness
IAS	Indoor Alert Warning System(s)
IC	Incident Commander
ICS	Incident Command System
IED	Improvised Explosive Device
IPE	Integrated Performance Evaluation
IRF	Initial Response Force
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
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
MSEL	Master Scenario Events List
NCP	National Contingency Plan
NEXS	National Exercise Schedule
NIMS	National Incident Management System
NRC	National Response Center
OSC	On-Scene Coordinator
PAD	Protective Action Decision
PAM	Pamphlet
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
RCRA	Resource Conservation and Recovery Act
RRT	Regional Response Team
RTAP	Real Time Analytical Platform
SE	Scalable Exercise
SIP	Shelter-in-Place
SitRep	Situation Report
StartEx	The start of the exercise
SimCell	Simulation Cell
SOP	Standard/Standing Operating Procedure
TAR(s)	Tone alert radio(s)
TCL	Target Capabilities List

**ACRONYMS AND ABBREVIATIONS cont'd**

TCP	Traffic control point
T&EPW	Training & Exercise Plan Workshop
TTX	Table Top Exercise
XPA	Extent of Play Agreement

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# 1 INTRODUCTION

## 1.1 PURPOSE

This document provides program guidance and supporting information for implementation of the Chemical Stockpile Emergency Preparedness Program (CSEPP) exercise program. It replaces the exercise program document, *Exercise Policy and Guidance for Chemical Stockpile Emergency Preparedness Program Exercise* (September 7, 2004), known as the “Blue Book.” This document includes the following information in appendices: After Action Report Guidelines (Appendix A), CSEPP Public Information Plan for Real-world Media 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), optional NIMS/ICS Exercise Structure (Appendix E), Background and Overview of CSEPP Remediation and Recovery Outcome Evaluation (Appendix F), CSEPP Exercise Program Glossary (Appendix G), Timeline Guidance and Templates (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 Chemical Materials Agency (CMA) CSEPP, Bldg. E1946, Aberdeen Proving Ground, Maryland 21010-5424 and/or to the CSEPP Exercise Coordinator, Department of Homeland Security (DHS), Federal Emergency Management Agency (FEMA), Technological Hazards Division (THD), 1800 South Bell St, Arlington, VA 20598-3025.

## 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 CSEP Program. The CSEP Program will result in improved preparedness at the remaining U. S. Army installations storing the unitary chemical stockpile and the surrounding civilian communities. The term “CSEPP Community,” as used in this document, is the combined area of one military installation, surrounding local jurisdictions/agencies, and the State(s) agencies involved in executing CSEPP for that area. 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 DHS/FEMA will help program managers evaluate the emergency response plans and capabilities of the CSEPP Communities.

Under CSEPP, exercises managed by FEMA and the Army began in 1991. These exercises demonstrate the ability of the communities to respond to a chemical accident/incident (CAI) at an Army chemical stockpile storage site. Participation in exercises includes representatives from the Department of the Army (DA), DHS/FEMA, other federal agencies, state and local governments, the Army installations, and civilian volunteer agencies.

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. Some location-specific adaptations may be necessary to accommodate the varied response structures of the CSEPP Communities.

In addition to satisfying CSEPP exercise criteria; these exercises satisfy Army regulatory requirements for exercises and the state and local government exercise requirements under the FEMA Cooperative Agreement (CA), which funds CSEPP and other emergency management activities. The CSEPP exercise approach incorporates the Homeland Security Exercise and Evaluation Program (HSEEP) methodologies and concepts, as presented in chapter 3.

The CSEPP exercise evaluation methodology is organized around a standard set of eight Emergency Response Outcomes (EROs). Exercise Evaluation Guides (EEGs) have been developed for each ERO (see Appendix C). Army and DHS/FEMA exercise management staff will monitor developments in other national exercise programs and will recommend review and revision of the CSEPP exercise methodology as required.

## 2 BACKGROUND

### 2.1 EXERCISE REQUIREMENT

The President delegated to the Army 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 Section 9604). The Department of Defense Authorization Act for 1986 (Public Law 99-145) directs the Department of Defense to ensure “maximum protection for the environment, the general public, and the personnel who are involved in the destruction of the lethal chemical agents and munitions....” 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, Tribal and local response systems and procedures through the design, conduct, and evaluation of exercises” (DA/FEMA 2004).

Homeland Security Presidential Directive 5 (HSPD-5) directs the Secretary of Homeland Security to develop and administer a National Incident Management System (NIMS). This system will provide “a consistent nationwide approach for Federal, State, and local governments to work effectively and efficiently together to prepare for, respond to and recover from domestic incidents, regardless of cause, size, or complexity.” (HSPD-5, 2003, paragraph 15). DHS NIMS guidance states that “To improve NIMS performance, emergency management/response personnel should . . . participate in realistic exercises—including multidisciplinary, multijurisdictional incidents, and NGO and private-sector interaction—to improve coordination and interoperability.” (DHS *National Incident Management System*, December 2008, Component I: Preparedness, section B.4.c.) Exercises are an important element in assessing the adequacy of plans and procedures, capabilities of response organizations, availability of equipment, and coordination among the response elements. Exercises also identify needed improvements and possible new funding requirements.

With the successful elimination of chemical weapons through the Chemical Demilitarization Program, significant reductions to the nation’s stockpile have been realized. In order to accomplish the MOU and HSPD requirements cited above, CSEPP exercise design needs to evolve to reflect the perception of a risk to the Communities. To meet the needs of the CSEPP Community, the exercise initiating event may not be able to drive the needs of the entire community. Therefore, Supplemental Events and Evaluated Out-of-Sequence Demonstrations may be used.

- Supplemental Events may be used to drive off-post exercise play and will be demonstrated in sequence. If used, Supplemental Events must be related to an ERO, should not interfere with the CSEPP mission, should be smaller in scale than the CSEPP

event, and should be hazardous materials (HazMat)–oriented, and should have symptomology similar to, or related to, an existing CSEPP hazard.

- Evaluated Out-of-Sequence Demonstrations do not tie into the initiating event or supplemental events. Evaluated Out-of-Sequence Demonstrations should be kept at a minimum and require the approval of the Exercise Planning Committee and Co-Directors. Every effort should be made to reach a consensus of the Exercise Planning Committee; however, if a consensus cannot be reached, the Co-Directors have final decision-making authority.

The exercise program provides information for DHS/FEMA’s assessment of the emergency preparedness of communities around the installations and is the basis for DHS/FEMA’s recommendations to the Army about its effectiveness. The DHS/FEMA Regional Offices serving the chemical stockpile sites review off-post planning as well as the capability to implement those plans. Off-post planning and preparedness is reviewed against the *CSEPP Planning Guidance* (June 2008), as amended, the *DHS National Incident Management System*, (December 2008) and other guidance that may be issued by the Secretary of Homeland Security through the National Preparedness Directorate.

## **2.2 CSEPP EXERCISE PROGRAM ORGANIZATIONS**

### **2.2.1 Department of the Army**

CMA has responsibility for appointing the Army Exercise Co-Director who conducts, evaluates, and reports on the exercise, and tracks Army exercise Findings. Each CMA installation/activity commander appoints an exercise planning coordinator who plans the exercise. The DA, jointly with DHS/FEMA headquarters representatives, has oversight of the CSEPP exercise program. The lead oversight office for the DA is the Office of the Deputy Assistant Secretary of the Army for the Elimination of Chemical Weapons (DASA [ECW]).

### **2.2.2 Department of Homeland Security/Federal Emergency Management Agency**

The DHS/FEMA CSEPP Office administers the off-post portion of CSEPP, including the exercise program, through DHS/FEMA HQ and the Regional Offices. DHS/FEMA HQ oversees the exercise program in coordination with CMA. For each exercise, the DHS/FEMA Regional Program Manager appoints the DHS/FEMA Exercise Co-Director, who takes the off-post lead in planning, conducting, evaluating, and reporting on the exercise.

### **2.2.3 States**

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. The State CSEPP Manager and staff implement the CSEPP by coordinating multi-jurisdictional exercise program activities. As negotiated with the Army and FEMA Co-Directors, the State may choose to designate a State Co-Director to assume responsibility for defined aspects of exercise planning, conduct, and evaluation.



#### **2.2.4 Recommending Groups**

Recommendations for the CSEPP Exercise Program are developed by the national Exercise Integrated Process Team (EIPT) and the site-specific Integrated Process Teams (IPT). The EIPT membership is drawn from, and represents, participating counties, states, Army installations, DHS/FEMA Regional Offices, and DHS/FEMA/Army program managers. It meets on an as-needed basis to address issues that affect national CSEPP exercise policy.

The Army/DHS/FEMA Exercise Co-Directors 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 DHS/FEMA Regional CSEPP Manager, and the State Directors before being presented to the national oversight offices for approval.

#### **2.2.5 The CSEPP Community**

For the exercise program, the “CSEPP Community” is defined as the geographic area made up of the installation, state(s) and local jurisdictions, and other organizations/agencies 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.

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.

#### **2.2.6 The CSEPP Exercise Planning Team**

Each CSEPP Exercise is developed by a planning team. The exercise planning team includes the Exercise Co-Directors (DHS/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.

### **2.3 IMPLEMENTATION OF NIMS**

FEMA and the Army provide leadership in implementation of NIMS for the exercise program. Following the principal of “exercise as you respond,” as CSEPP organizations implement NIMS and the NIMS Incident Command System (ICS), exercises should reflect the new terms, positions, organizational frameworks, and practices as they are adopted. For purposes of this guidance, NIMS and NIMS ICS concepts and terminology will be used to the extent practical. For instance, this document will use Public Information Officer (PIO) almost exclusively, even though the Army uses Public Affairs Officer (PAO) to describe this position during other than emergency response.

Application of NIMS and NIMS ICS terminology comes into play particularly with respect to the expected outcomes, tasks, and steps described in the EEGs in Appendix C. Since the original

publication of this guidance, the EEGs have been updated repeatedly to better reflect what an exercise evaluator should expect to see at exercises, based on current practice. As NIMS doctrine is further developed and implemented in CSEPP, the EEGs will be updated to reflect those changes.

A suggested NIMS/ICS exercise structure is available in Appendix E.

### **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 exercise planners, is given in Section 4.

#### **3.1 PURPOSE OF CSEPP EXERCISES**

The purpose of CSEPP exercises is to provide the CSEPP community the opportunity to demonstrate the ability to execute response plans, and to practice use of CSEPP-provided equipment 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. 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**

There are three types of federally-managed CSEPP Exercises: full-scale exercises (FSE), functional exercises (FE) which are scalable, and tabletop exercises (TTX). They are discussed below. An FSE is held every other year; FEs are held in the years in between FSEs. TTXs are conducted as required to meet programmatic needs at either the national or community needs.

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 report will satisfy IRFX reporting requirements.

Installations have an Army-mandated schedule of exercises (e.g., quarterly CAIRA exercises). Current Army regulations require at least two CAIRA exercises per calendar year that will incorporate the appropriate government and/or non-government off-installation emergency response authorities/agencies identified in plans as having jurisdiction in the Immediate Response Zone (IRZ). The CSEPP exercises are conducted annually to test the entire emergency response effort (to include select off installation emergency response capabilities), evaluate the interaction of all components, and demonstrate the ability of communities to respond to a CAI in concert with installation procedures. CSEPP exercise staff will assess on and off-installation response procedures in accordance with established exercise objectives. Off-post jurisdictions are encouraged to participate in those or other exercises they consider appropriate.

In addition to FSEs and FEs, installations and off-post responders may conduct tabletop remediation and recovery exercises (see ERO 8 and Appendix F). Tabletop exercises do not include field play and typically do not involve use of a Simulation Cell (SimCell) (see Glossary).

The exercise planning team, under the lead of the Army and DHS/FEMA Co-Directors, is responsible for exercise planning. The Army and DHS/FEMA Co-Directors are responsible for exercise conduct, evaluation, and the After-Action Report.

States and other participating jurisdictions and entities may demonstrate emergency response functions for CSEPP exercise credit at other times (e.g., actual events, CAIRA exercises, Radiological Emergency Preparedness Program [REPP] exercises, Homeland Security Exercise

Evaluation Program [HSEEP] or other DHS/FEMA Grant Programs Directorate (GPD) funded exercises) in accordance with established DHS/FEMA policy and as approved by the DHS/FEMA Exercise Co-Director. This will be documented in the annual CSEPP Exercise Report.

### **3.2.1 Full-Scale Exercise**

A Full-Scale Exercise is a mandatory, federally-evaluated demonstration of a community's full capabilities to respond to a chemical emergency. 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 an FSE is developed to ensure that the community, as a whole, will address all applicable CSEPP EROs (see Section 3.3.3 and Appendix C).

Credit must be requested in writing to the respective FEMA Exercise Co-Director and must describe the activity demonstrated and the specific correlating CSEPP exercise response outcome. Credit derived from an actual event response should be requested as soon thereafter as possible so the Co-Director can make an informed decision. Credit sought from participation in a separate exercise must be coordinated in advance with the Co-Director, who may need to observe play in order to grant CSEPP credit.

An FSE provides a comprehensive evaluation of a community's emergency response system. The FSE involves mobilization of emergency service and response agencies, activation of communications centers and emergency facilities such as Emergency Operations Centers (EOC) and command posts, and field play. Each jurisdiction's XPA will reflect its involvement in the exercise activities. Thus, each jurisdiction will demonstrate for evaluation all actions required to support the scenario in accordance with plans, procedures, and the 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 Functional Exercise (FE)**

FEs are federally managed and are held every other year, during years when a FSE does not take place. The scale of the exercise will be determined by the community and the Co-Directors. Like the FSE, an FE initiating event should be related to the stockpile.

For a non-FSE year, the exercise can be a tabletop, a functional exercise, a series of evaluated out-of-sequence demonstrations, or an FSE. All CSEPP jurisdictions should participate in the FE. An FE can be used to:

- Train staff.
- Evaluate Emergency Operation Plans (EOP) and Standard Operating Procedures (SOP).
- Evaluate procedures for new equipment or resources.
- Validate corrections to outstanding Findings.
- Address other issues.

In accordance with HSEEP, field elements do not have to be demonstrated during an FE.

### 3.2.3 Tabletop Exercise (TTX)

A Tabletop Exercise can be used to assess plans, policies, and procedures or to assess types of systems needed to guide the *prevention* of, *response* to, or *recovery* from a defined incident. HSEEP guidance should be consulted for conduct of a Table Top Exercise.

## 3.3 THE EXERCISE PROCESS

### 3.3.1 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. 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. (For a suggested schedule of exercise planning activities, see Figure 4-1 below on p. 21.)

Each jurisdiction's participation is based on the premise that the CSEPP Community demonstrates applicable emergency response plans and procedures. The planning team should identify scenario parameters that will provide the opportunity for the Community to demonstrate the full range of emergency capabilities as reflected in the EROs specified in Appendix C. (This means that each jurisdiction does not have to demonstrate all EROs each year. The Community will demonstrate the capabilities as a whole, with the concurrence of the Co-Directors.) The Exercise Co-Directors will ensure that the initiating event is plausible and that supplemental event(s) development drives off-post participation.

For storage installations, the exercise initiating event is a CAI. This CAI must be within the CMA accident planning base and therefore must have a frequency of occurrence exceeding one in one million per year. At sites where HD (mustard) is the only chemical agent, igloo fires, and fires in general involving HD are low probability events which cause difficult time restrictions (24-hour standoff) for the Army to demonstrate during a CSEPP exercise. While not intended to restrict using fire scenarios in exercises, communities are encouraged to consider higher probability (more likely to occur) events when planning their CSEPP exercises. The CSEPP Co-Directors should work to create the scenario that achieves the goals they are trying to accomplish. This scenario should ensure that alert and notification among applicable off-post jurisdictions is demonstrated. In nearly all cases, the remaining mustard CAIs within the accident planning base do not produce sufficient effects to drive off-post exercise play at previously existing levels. Thus, communities can use supplemental events and out-of-sequence demonstrations to meet the XPA and exercise objectives. Supplemental events must have relevance to the CSEPP hazard and utilize CSEPP-provided training and equipment to demonstrate the Community's CSEPP response capabilities. For example, a transportation HazMat accident in close proximity to the installation is an acceptable supplemental event; a school shooting scenario is not. The combination of supplemental events, demonstrations, and response to the on-post initiating event should, in total, provide the off-post jurisdictions the ability to fully demonstrate the community's capabilities. Supplemental events and demonstrations cannot adversely affect the storage installation's ability to demonstrate their response to the credible events of the CAI. To remain within the intent of CSEPP guidance and policy, and also the "spirit" of CSEPP exercises, supplemental events must have relevance to the

CSEPP planned response and must utilize CSEPP training and equipment to the level necessary to demonstrate the Community's response capabilities.

During the planning phase, the exercise planning team will develop a timeline outlining anticipated response actions. The Timeline contains key points/times in the response, such as transmission and receipt of important messages, activation of facilities, protective action decisions, activation of warning systems, and the like. During the exercise, evaluators and controllers note when these events occur. After the exercise, the actual times of significant events is compiled and provided to the evaluators to assist in analysis of exercise play. Guidance and templates for the Timeline are provided in Appendix H. The Timeline includes, at a minimum, the following items or types of items:

- Initial Report of the chemical accident
- Classification of the emergency
- Hazard Analysis
- On-Post Protective Action Decisions (PAD)
- Notifications of the Incident (heads-up call)
- Communication of Off-Post Protective Action Recommendations (PAR)
- Activation of Alert and Notification Systems On-Post
  - Sirens
  - Tone alert radios (TAR)
  - Route alerting, if applicable
- Activation of Alert and Notification Systems Off-Post
  - Sirens
  - TARs emergency alert radio systems (EAR)
  - Route alerting, if applicable
  - Emergency Alert System (EAS) messages
- Off-Post PADs
- EOC Activation
- Joint Information Center (JIC) Activation and Operational Periods
- News conference(s)
- Declaration of Emergency
- Establishment of traffic control points (TCPs) and access control points (ACPs)
- Activation of decontamination site(s)
- Establishment of reception center(s) and shelter(s)
- Notification of medical facilities
  - Establishment of decontamination sites at hospitals
  - Establishment of EOC at hospitals, if applicable
- Notification of schools and special-population facilities
  - Establishment of overpressurization

A proactive public information plan for accommodating real-world media coverage of the exercise will be developed in connection with CSEPP exercises.<sup>1</sup> A sample CSEPP Public

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<sup>1</sup> The relevant guidance is contained in CSEPP Policy Paper #9: *Public Information in Connection with CSEPP Exercises*, (April 1993).

Information Plan for Real-world Media Coverage of an Exercise is included as Appendix B to this document.

### **3.3.2 HSEEP Compliance**

#### **3.3.2.1 Training and Exercise Plan Workshop (T&EPW)**

Each CSEPP Community Integrated Process Team (IPT) will conduct an annual T&EPW. Results of the Community IPT's T&EPW will be forwarded to the State/Regional T&EPWs. *The (an) annual Training and Exercise Plan Workshop (T&EPW) provides an opportunity to develop, review, or update an entity's Multi-Year Training and Exercise Plan. The T&EPW also provides a forum for determining how an entity will execute its multi-year plan in a given year. The purpose of the T&EPW and the Multi-Year Training and Exercise Plan is to translate strategic goals and priorities into specific training and exercise activities, and to coordinate and deconflict all training and exercise activities on a schedule. (HSEEP Volume I).*

Note: Public Law 104-201 [National Defense Authorization Act for FY 1997], Section 1076, dated September 23, 1996, directs the Army to use IPTs as a management tool for CSEPP. Also see HQDA/FEMA Joint Memorandum for the Record, *Use of Integrated Process Teams (IPTs)*, dated 21 May 1998. For the purpose of this document, the community IPT will serve as the T&EPW.

The Community IPT will provide the exercise schedules to the applicable FEMA Region for inclusion into the Regional T&EPW. Each community will provide DHS/FEMA Headquarters with their planned exercise dates, requests for contractor-provided, on-site medical education and training, requests for biannual CSEPP Public Affairs Training, applications for students wishing to attend the Medical Information and Information Technology Courses, for deconfliction and inclusion into the National Exercise Schedule (NEXS).

#### **3.3.2.2 National Exercise Schedule (NEXS)**

HSEEP guidance calls for a *five*-year exercise schedule for inclusion into the NEXS. The National Exercise Schedule (NEXS) is the Nation's online comprehensive tool that facilitates scheduling, deconfliction, and synchronization of all National-level, Federal, State, and local exercises. Each Community CSEPP Exercise and its information will be entered into NEXS.

#### **3.3.2.3 Exercise Planning and Conduct**

Each CSEPP Community will plan and conduct an annual CSEPP Exercise in accordance with approved guidance. Exercise planning meetings include, but are not limited to the Initial Planning Conference (IPC), Mid Planning Conference (MPC), Final Planning Conference (FPC), and Master Scenario Events List (MSEL) Conference. Some communities may require more planning meetings. The Concepts and Objectives Meeting (C&O) can be held concurrently with the IPC. The C&O Meeting is held to ensure that exercise planners agree upon the already-identified type, *scope, capabilities, objectives, and purpose* of the exercise. The community exercise planning meeting dates will be included in NEXS.

#### **3.3.2.4 After-Action Reporting**

Each CSEPP Community will publish an After-Action Report in accordance with published guidance. An After-Action Conference will be held within seven days of the exercise in which the Draft After-Action Report (Exercise Report) will be delivered to the community. Improvement Plans will be developed and managed by the State or Army, as applicable.

#### **3.3.2.5 Corrective Action Program (CAP) System**

The States will use the HSEEP Corrective Action Program (CAP) to track all CSEPP exercise Findings. The CAP System is a Web-based tool that enables Federal, State, and local emergency response and Homeland Security officials to develop, prioritize, track, and analyze corrective actions following exercises or real-world incidents. The primary goal of the system is to help officials resolve preparedness gaps or deficiencies in a systematic manner, ultimately strengthening national preparedness. Users should use existing DHS/CAP guidance to implement this program. States will brief the status of their Corrective Actions during scheduled IPT Meetings. DHS/FEMA – CSEPP HQs will be selected as the Event Administering Authority (EAA). The FEMA Regional Exercise Co Director shall be selected as the Exercise Sponsor in the CAP system.

#### **3.3.2.6 Lessons Learned Information Sharing (LLIS)**

Lessons Learned Information Sharing (LLIS.gov) is the national network of Lessons Learned and Best Practices for emergency response providers and Homeland Security officials. Go to <https://www.llis.dhs.gov/> for registration. This secure, restricted-access information is designed to facilitate efforts to prevent, prepare for and respond to acts of terrorism and other incidents across all disciplines and communities throughout the US. CSEPP is an LLIS Partner. The CSEPP Community is encouraged to join LLIS, regularly review its contents, and submit items that foster good practices and enhance emergency management.

#### **3.3.3 Demonstration of Emergency Response Plans and Procedures**

The jurisdictions within the CSEPP community will be required to demonstrate applicable emergency response plans and procedures. As noted above, a standard set of eight EROs is used to plan and evaluate each exercise. A series of component tasks has been identified for each ERO. Each task, in turn, has been divided into a series of component steps to aid the evaluator in collecting the data needed to determine if each response function was successfully demonstrated.

Appendix C provides detailed information on the tasks that comprise each ERO. For each task, there is a (generally one-page) Exercise Evaluation Guide (EEG) that includes the task name, expected outcome(s) of the task, which individuals or groups of staff perform the task, the task's component steps, and applicable references. The EEGs are to be used before and after the exercise to assist in evaluation and analysis of the community response. Evaluators should observe the activities and use the EEGs as guides rather than as a checklist.

#### **3.3.4 Conducting the Exercise**

The Exercise Co-Directors are responsible for the conduct of the exercise and use an organizational structure that is responsible to them for executing the exercise. ICS is the preferred structure (see Appendix E). Controllers establish and maintain the scenario structure and ensure compliance with simulations and Extent of Play Agreements at all exercise locations,



for example, in the field or from the SimCell. The Exercise Co-Directors are responsible for ending the exercise after ensuring that the community has reasonable opportunity to demonstrate its emergency response capabilities and after at least 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. At the discretion of the Exercise Co-Directors, jurisdictions may reduce staff at various locations while the overall play of the exercise continues. *Any participant can suspend exercise play for a real-world emergency or if safety is compromised.* This action will be immediately reported to the Exercise Co-Directors and/or Safety Controller, as applicable.

### 3.3.5 Evaluation

All CSEPP exercises will be evaluated. The Army Co-Director coordinates evaluation of the Army response, and the DHS/FEMA Co-Director coordinates evaluation of off-post response. The Army and DHS/FEMA Co-Directors jointly manage evaluation of the overall community response. Army, Federal, State, and local agencies may provide evaluators for activities on-post or off-post.

Evaluators observe player actions and collect data required to analyze performance at both the jurisdiction and community level. 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 among evaluators, controllers, and players. This evaluation involves comparing performance against applicable regulations and guidance from the Army, DHS/FEMA and other federal agencies; the jurisdiction's response plans and procedures; CSEPP guidance documents and policy papers; and good response practices, using the exercise EEGs as a roadmap. After the exercise, evaluation teams and controllers hold a series of meetings to determine what took place during the exercise and analyze the results.

As part of the evaluation process, the Exercise Co-Directors will determine which EROs were successfully demonstrated and develop a list of strengths, observations, and findings, based on evaluator and player input and any other information available. Strengths, observations, and findings are defined as follows:

- **Strength:** A demonstrated capability to obtain one or more expected outcomes in an exceptional manner (e.g., more quickly, more effectively, more safely, or more efficiently than required to meet the standard). To qualify as a Strength, the capability should be incorporated in operations as a fundamental practice integral to the response. The definition of a Strength is not just doing the job, it is doing the job better than expected – with increased protection to the public. The Exercise Co-Directors determine whether a described capability warrants reporting as a Strength in the report.
- **Observation:** Emergency responses and actions that in the judgment of the evaluator could be improved. While an Observation does not require an Improvement Plan similar to a Finding, the community IPT should work to improve those actions as necessary. It is the responsibility of each community IPT to develop the appropriate format to address each Observation.
- **Finding:** A Finding that indicates a significant weakness in protection for chemical workers, the public, or the environment that warrants a formal improvement plan to

remedy. A Finding usually, but not necessarily, involves deviation from applicable laws, regulations, policies, standards, plans, or other written requirements. Findings are most often life-safety issues; a recurring Observation may become a Finding when the Observation has not been corrected by the jurisdiction. However, mere deviation from written requirements or plans need not constitute a Finding if the related outcome demonstrated during the exercise was judged to be satisfactory. The Exercise Co-Directors determine whether a deviation is significant enough and the outcome lacking enough for the Observation to be reported as a Finding.

### **3.3.6 After-Action Reports and Improvement Plans**

The evaluation of each CSEPP exercise is detailed in an After-Action Report/Improvement Plan (AAR/IP). The Exercise Co-Directors are responsible for production of the report. AAR/IPs provide timely feedback that enables exercise participants to continually improve emergency preparedness.

Improvement Plans (IP), former called Corrective Action Plans, are part of the AAR/IP (Section 4). IPs list the Finding number, the person responsible for the Improvement Plan, the date the Finding will be corrected, and the Improvement Plan.

The draft AAR/IP must be clearly identifiable as a draft document, with *draft* written on the cover of the document and as part of the file name. The final AAR/IP must be clearly identifiable as a final document, with *final* appearing on the cover page and in the file name.

The AAR/IP(s) will closely conform to the HSEEP guidance current at the time the draft AAR/IP is produced. The AAR/IP will reflect CSEPP-specific guidance and methodologies.

A draft AAR/IP should be given to the jurisdictions within seven 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 AAR/IP are due to the State and the off-post Exercise Co-Director 30 calendar days after jurisdictions receive the draft After-Action Report; otherwise, the jurisdiction will be assumed to have agreed with the draft report.

Improvement Plans addressing the Findings follow the same procedure outlined above. Improvement Plans will address all Findings identified and will be coordinated with the appropriate Exercise Co-Director. See Appendix A, Fig. A-1 for the Improvement Plan format. If a jurisdiction does not agree with a Finding or recommendation for correction of a Finding, the Improvement 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 final After-Action Report will be issued 30 calendar days after the Exercise Co-Directors receive the comments to the draft After-Action Report. The report will include the final Improvement Plans. The Exercise Co-Directors are responsible for the timely conduct of reviews and will track the progress of corrective actions.

### 3.4 EXERCISE SCHEDULE

All CSEPP jurisdictions exercise annually. Under this concept, an FSE, which demonstrates a community's full capability, will be scheduled in alternating years.

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 via CSEPP exercise management staff 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 DHS/FEMA exercises must be factored into the scheduling. Exercise dates will be coordinated through the T&EPW. DHS/FEMA will submit CSEPP exercise dates to NEXS. Some exercises or out-of-sequence demonstrations may be held after normal working hours or on weekends to accommodate volunteer emergency response organizations.

The communities currently scheduled for FSEs are indicated below. A schedule of actual exercise dates for a five-year period will be published annually. This is an HSEEP/NEXS requirement. The schedule will be developed using the rules described below.

#### FSE schedule through Fiscal Year (FY) 2012:

- FY 09 and 11:
  - Blue Grass, Kentucky
  - Pueblo, Colorado
  - Umatilla, Oregon/Washington
- FY 10 and 12
  - Pine Bluff, Arkansas
  - Anniston, Alabama
  - Deseret, Utah

#### Scheduling rules:

1. There will be a minimum of three weeks between exercises.
2. Avoid scheduling the exercise or on-site evaluation 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.
3. 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 DHS/FEMA HQ exercise managers for approval. Dates are due by March 1, two years prior to the exercise (e.g., March 1, 2010, for fiscal year 2012).
4. If a schedule cannot be established using dates provided by the community, the EIPT will recommend a schedule to the Army (CMA) and DHS/FEMA HQ exercise managers, who are responsible for making the final decision.
5. If dates are not provided by March 1, exercise dates will be assigned by the EIPT for approval by the Army and DHS/FEMA HQ exercise managers.
6. If an exercise schedule cannot be agreed upon, the Army and DHS/FEMA HQ exercise managers will present options to the DHS/FEMA HQ and Army Program Managers for resolution.
7. 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 3.5.11.

### **3.5.1 Exercise Co-Directors**

The Exercise Co-Directors 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.

### **3.5.2 Planning Team**

The planning team is responsible for planning each CSEPP exercise. The members of the planning team will include, but may not be limited to, the Exercise Co-Directors, an installation representative appointed by the Installation Commander, the State CSEPP ETO or other State representative, Tribal representatives, and emergency management representatives and/or CSEPP planners from the affected jurisdictions and agencies. The participation of State, local, Tribal, 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. 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 other representatives of participating jurisdictions and agencies who wish to attend. Trusted agent meetings dealing with scenario development are open only to trusted agents.

### **3.5.3 Trusted Agents**

Trusted agents are representatives of Federal, State, Tribal, 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, and injects. They should ensure that the injects accurately reflect their jurisdiction’s plans and procedures, and represent a realistic situation in a CAI. They also should be available during the exercise to assist in control of the scenario. It is preferred that trusted agents should not participate as players in the exercise, and certainly not as a key player. If a trusted agent from a jurisdiction or agency is also on the roster as a responder in that organization, it is preferred that he or she be excused from play in the exercise and the organization or agency provide an alternate to play the role. There is no assurance that everyone who is trained to be a responder will be available when an incident occurs, so this tradeoff is reasonable.

### **3.5.4 Players**

Players respond to simulated events. They are expected to be familiar with their organization’s 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. Players 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 cadre of CSEPP evaluators, knowledgeable in specific response functions and having completed evaluator training, will be drawn from the Army, DHS/FEMA, other federal agencies, appropriate state and local agencies, and 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,
- CSEPP guidance documents,
- The exercise scenario, ExPlan, Controller and Evaluator (C/E) Handbook and injects,
- The exercise Emergency Response Outcomes and EEGs,
- The exercise evaluation and control organization.

As part of work plan negotiations, CSEPP-funded employees should be encouraged to be trained and participate as evaluators in other sites' CSEPP exercises. The federal Exercise Co-Directors will coordinate travel funding and reimbursement for members of the evaluation team. For the Off Post, the FEMA Co-Director will coordinate travel funding through FEMA Headquarters.

At the direction of the Exercise Co-Directors, an evaluator also may serve as a controller.

### **3.5.6 Controllers**

Controllers are used by the Co-Directors to initiate and oversee exercise play. They depict the scenario and simulated consequences to the players as realistically as possible. They simulate organizations/people not participating in the exercise (e.g., government offices that would be contacted in an emergency or the general public). CSEPP controllers should:

- Be knowledgeable of the exercise scenario, the ExPlan, the Controller and Evaluator (C/E) Handbook and the appropriate injects.
- 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.
- Attend the site visit (or other visit as directed by the Co-Director/Trusted Agent) with the Lead Evaluator.

Controllers have a specific responsibility for safety at their exercise locations and authority to direct exercise play as delegated by the Co-Directors. 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; DHS/FEMA, Army and contractor personnel; and personnel from installations, states, and communities around other installations.

Controllers are stationed at operations centers and field locations and at a centralized SimCell, which serves as a control hub for the exercise. Controllers depicting outside organizations or persons (e.g., the governor of a state, businesses in the area, DHS/FEMA headquarters, or citizens affected by the emergency) are located in the SimCell. Some “mock media” personnel also operate from the SimCell (see Section 3.5.8 for further information on mock media).

At the conclusion of the exercise, selected controllers will join the appropriate evaluation team. They will assist in the analysis by conveying players’ responses to the injects. 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 controllers in other sites’ CSEPP exercises. The federal Exercise Co-Directors will coordinate travel funding and reimbursement for controllers. For the Off Post, the FEMA Co-Director will coordinate travel funding through FEMA Headquarters.

### **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, information technology support, logistics, audio-visual support, site set-up, public information, safety, 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**

Mock Media work for the Exercise Co-Directors. Mock Media are controllers acting in the role of real-world media such as local and national television networks, radio stations, newspapers, and magazines. These simulated media representatives interact with player organizations only during the exercise. Mock Media will not interact with the real-world media and must not “play” when in the presence of real-world media. Mock Media typically interact with exercise participants at the JIC, at exercise locations open to public access, at EOCs and medical treatment facilities to the extent agreed to by players, and from the SimCell.

### **3.5.9 Very Important People (VIPs)/ Observers/Visitors**

Exercise VIPs/Observers/Visitors’ attendance is requested through the Exercise Co-Directors, who coordinate their presence with the jurisdictions. They will not play in the exercise and may pose questions only to their designated point of contact. These attendees are “invisible” to players.

### **3.5.9.1 VIPs**

The Co-Directors will provide distinctive identification/badges. Any special requirements will be brought to the attention of the Co-Directors.

The Co-Directors will provide escort for, and respond to, queries from VIPs. Additionally, in coordination with players, the Co-Directors will provide VIPs with a tour.

VIPs will be informed where to meet and be provided a tour of selected exercise locations. A VIP Tour Schedule will be prepared by the Co-Directors and coordinated with the jurisdictions to be visited. VIPs will be escorted by public affairs/information representatives or individuals familiar with CSEPP and the site.

### **3.5.9.2 Observers**

The Co-Directors will provide distinctive identification/badges for all observers. Any special requirements will be brought to the attention of the Co-Directors. Observers are usually of two types: observers of one or more processes at a single location and observers of the same process at multiple locations.

Observers who stay in one location are normally sponsored and managed by the appropriate player organization, with a list of observers provided to the Co-Directors.

Observers visiting multiple locations can be sponsored by a player or control element. They will submit their proposed agenda to the Co-Directors for approval. The Co-Directors will coordinate with the planning team for unescorted visits. Planning team members are responsible for observer approval within their organization.

### **3.5.9.3 Visitors**

Usually, visitors are nominated by player organizations. The nominations are presented to the Co-Directors. The FEMA Co-Directors has final approval on nominations by non-Army organizations, and the Army Co-Directors has final approval on nominations by Army organizations. An agenda for visitors may be prepared if the visitors are escorted. Unescorted visitors and visitor escorts will coordinate in advance with the jurisdictions to be visited.

### **3.5.10 Real-World Media**

Real-world news media may observe play at selected locations during the exercise. Invitations to, and arrangements for, real-world media should be made before the exercise and approved by the Exercise Co-Directors. 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.

### 3.5.11 Safety Controller (formerly known as Exercise Safety Officer)

The safety controller is responsible for monitoring exercise safety from the time the evaluators/controllers arrive in the Community until they return to their home duty station. All exercise *evaluators* and *controllers* assist the safety controller by reporting any safety concerns; they have the authority to stop unsafe acts. The safety controller should not be confused with the player organization(s) safety officer(s), identified by the incident commander(s) during exercise play. (HSEEP Vol. 1, B-28)

The Safety Controller is a member of the Exercise Command Staff responsible for monitoring and assessing safety hazards or unsafe situations and for developing measures for ensuring personnel safety. This responsibility includes ensuring the safety of all exercise staff, observers, and visitors during exercise activity, from staff arrival and check-in through preparatory meetings, site visits, exercise activity, and to demobilization.

The Safety Controller's function is to develop and recommend measures for ensuring personnel safety, and to assess and/or anticipate hazardous and unsafe situations. The Safety Controller has the full authority of the Co-Directors. The Safety Controller has emergency authority to stop and/or prevent unsafe acts. The Safety Controller may have Assistant Safety Controllers as necessary. Assistant Safety Controllers may have specific responsibilities such as air operations, hazardous materials, or for specific geographic or functional areas of the incident.

Specific duties of the Safety Controller include but are not limited to:

- Identification of actual and potential hazardous situations associated with the incident.
- Review of the ExPlan for safety implications.
- Advance coordination with exercise participant agency safety officers to develop joint safety procedures for exercise venues.
- Advance coordination with local officials to determine possible safety and security issues.
- Preparation of a site safety and control plan for all exercise facilities, including but not limited to, evacuation and medical emergency procedures.
- Implementing and monitoring an accountability procedure for all staff and role players, including emergency contact and recall procedures.
- Exercise of emergency authority to stop or prevent unsafe acts and communication of such exercise of authority to the Co-Directors.
- Investigation of accidents/incidents involving exercise staff or role players.
- Conducting and preparing an Incident Safety Analysis as appropriate.
- Developing and communicating an incident safety message as appropriate.

### 3.5.12 Volunteers

Volunteers are frequently used in CSEPP exercises to enhance the realism of exercise play and facilitate performance demonstrations. Volunteers may serve in a variety of roles to include, but not limited to: evacuees at shelters, victims to be decontaminated, hospital "patients", etc. Guidance regarding compensation for exercise volunteers has been developed.<sup>2</sup>

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<sup>2</sup> See: *CSEPP Programmatic Guidance*, (June 2008), Ch. 6, sec. B; and CSEPP Policy Paper #11: *Compensation for Volunteer CSEPP Exercise Participants* (Revised), November 1995.



## 4 PLANNING, CONDUCTING, EVALUATING, AND REPORTING EXERCISES

Each exercise is unique; flexibility is required in exercise development. Figure 4-1 below shows a suggested schedule for exercise planning and conduct.

X Days Before/After Exercise	Activity
1 Mar of the previous FY	Confirm exercise date.
1 May of the previous FY	Develop the contractor tasking form and submit to DHS/FEMA.
-330	Hold Initial Planning Conference of exercise planning team. Initiate logistical arrangements.
-310	Propose on-post and off-post XPAs.
-270	Complete XPAs. Develop evaluator and controller organizations.
-210	Complete draft scenario. Initiate development of public information plan, injects and the Timeline. Begin evaluator/controller recruitment.
-180	Mid-Planning Conference. Develop site-specific CSEPP public information plan for real-world media participation in exercise ( <i>see Appendix B, Attachment B-2 for detailed timeline for Public Information Support to CSEPP exercises</i> ).
-150	Begin injects development; sign XPAs.
-90	In-progress review of exercise planning and injects.
-60	Complete inject revisions. Train Evaluators (if needed). Finalize logistical arrangements. Develop schedule for exercise week.
-30	Complete and distribute ExPlan. Distribute evaluator information. Distribute real-world media advisory.
-15	Complete scenario and Controller and Evaluator Handbook.
-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	Prepare draft After-Action Report.
+ 7	Draft After-Action Report distribution and After-Action Conference.
+ 37	Co-Directors receive comments from jurisdictions on draft After-Action Report and Improvement Plan(s).
+ 67	Complete After-Action Report and send to jurisdictions.

**Fig. 4-1 Suggested Schedule of Activities for CSEPP Exercises**

## 4.1 OPERATIONAL PERIODS 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 (EndEx).
- **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 After Action Report.

## 4.2 PRE-EXERCISE PHASE ACTIVITIES

### 4.2.1 Initiate Planning

The exercise process for a specific CSEPP exercise begins with the Initial Planning Conference 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 injects are developed by the jurisdictions, 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 injects fit the scenario and reflect how the jurisdictions 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. The Exercise Co-Directors will define their requirements for personnel, equipment, and facilities. These requirements are relayed to their organizations, which arrange for the identified resources to be provided by the exercise support contractor, appropriate government agencies, or military commands. The Army Co-Director will coordinate with the installation and make arrangements for Army resource support. The DHS/FEMA Co-Director will coordinate with the DHS/FEMA exercise coordinator to confirm contractor, DHS/FEMA, and other government agency resource support.

To initiate contractor support, the Co-Directors will jointly prepare the "CSEPP Exercise Co-Director Tasking Form" and submit it by May 1<sup>st</sup> of each year, through the DHS/FEMA 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 submit their requirements for Mock Media, controllers to apply moulage, security evaluators, 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 Evaluation Team Leaders be permitted to remain at the exercise location after the exercise in order to complete their written evaluation reports (AAR/IP input) to the satisfaction of the Exercise Co-Directors. (DHS/FEMA employees should review DHS/FEMA overtime/compensatory time off policy, published separately.)
- Special staff personnel must include public 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 restricted areas.
- Computer resources must include software packages that will facilitate production of pre-exercise orientation materials during exercise scenario tracking and After Action 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 two (2) days) after the end of the exercise.
- Exercise facilities should be conveniently located, safe, and readily accessible to all exercise participants. Expenses not authorized include: Separate exercise support contracts; expenses for observers; overtime for state/county personnel.
- Authorized 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. Reimbursement for volunteers is limited to meals and transportation costs and does not cover salaries and benefits.

#### **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. Co-Directors should review their needs for assistance with management and coordination of report preparation, and recruit personnel to provide any needed support. This could include one or more Report Coordinators.

The Exercise Co-Directors, using the local plans, procedures, and agreements (e.g., Memoranda of Understanding [MOU] and Memoranda of Agreement [MOA]), XPAs, objectives, and scenario as a basis, identify the locations and functions to be evaluated. They then determine the number of evaluators and the expertise needed. Evaluator recruitment should begin nine 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 Outcome Teams to participate in the community analysis and report development process.

#### **4.2.4 Develop Extent of Play Agreements**

The XPA is a contract between the exercise participants and the Exercise Co-Directors that formally outlines the jurisdiction's scope of play. 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 capabilities they don't have.

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. Hospitals will complete an XPA tailored to show exactly what the hospital will demonstrate.

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

Because 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, an XPA should be completed by approximately 270 days prior to the exercise and signed no later than 150 days prior to the exercise.

Detailed instructions and templates for preparing XPAs are provided in Appendix D.

#### **4.2.5 Develop and Review Exercise Scenario**

The scenario, as previously defined, is the on-post initiating event (the CAI) and all supplemental events and demonstrations created by the planning team. The exercise scenario provides the framework for the exercise response to take place. The exercise planning team has responsibility for development of the scenario. The scenario is built to meet the exercise objectives and capabilities that are to be tested by the community and the installation. Any sensitivity that the installation or surrounding communities may have regarding contamination of certain areas, particular initiating events, or other restrictions should be discussed during the scenario development.

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 and supplemental events and demonstrations.
- Victims.
- Diagram of CAI site.
- Initial hazard assessment(s).
- Ground truth hazard assessment(s).

#### 4.2.6 Inject Development

Injects are written descriptions of controller actions used to stimulate player actions or introduce simulations. Injects should describe play acting, moulage and symptom cards, messages (oral, written, telephonic), memoranda, letters, weather, props, etc. The information on the inject 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 inject 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), ERO, and a summary (e.g., “A *New York Times* reporter asks the JIC media call taker about the incident”).

The jurisdictional Trusted Agents are responsible for development of the injects. The Exercise Planning Team may provide input into the development.

#### 4.2.7 Develop the Exercise Plan

The ExPlan provides an overview and plan for the exercise. It may be distributed to participants and includes the purpose of the exercise, a list of EROs, 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. The ExPlan may contain the following information:

- **Introduction.** This section describes how this exercise fits into the overall exercise program and the purpose of the ExPlan. This section gives the name, type of exercise, date, hours of play, and may include 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 a Service Response Force Exercise).

- **Exercise Simulations.** This section may describe conditions that will be simulated during the exercise, including 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. This section gives instructions for identifying exercise message traffic and distinguishing it from real emergency messages.
- **List of Exercise Participants.** This section lists the expected state, local, and private (e.g., hospitals, American Red Cross) organizations, as well as the installation groups and Army augmentation forces, participating in the exercise. This section also describes the roles of Controllers, Evaluators and other exercise staff.
- **Safety.** This section describes the general safety measures to be followed by all participants in the exercise.
- **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 Control.** This section summarizes the control mechanism that will be used for the exercise and describes the identification system (color-coded badges) that will be used to identify different groups of exercise participants.
- **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.
- **After Action Report.** This section briefly describes the post-exercise report that will be generated and describes responsibility for its preparation.

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

- **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, including any artificiality, such as demonstrating an activity out of sequence, simulations, and any limitations imposed.
- **Procedures for Observers.** This annex provides details on procedures and arrangements for observers.
- **Public Information 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 administration of the exercise, such as location of administrative functions and specific administrative support provided.
- **Acronyms.** The annex is a standard list of acronyms from *Exercise Policy and Guidance for the Chemical Stockpile Emergency Preparedness Program*
- **Maps.** This annex includes maps providing directions to the exercise locations.

#### 4.2.8 Develop Controller and Evaluator Handbook

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 Controller and Evaluator (C/E) Handbook developed, the Exercise Co-Directors finalize the number of controllers/evaluators and types of expertise needed. To the maximum extent possible, local jurisdictions are encouraged to provide personnel to act as controllers in the SimCell. Because of their local knowledge and understanding of the community, local participation aids in portraying realistic simulations.

The Controller and Evaluator (C/E) Handbook provides instructions and information required only by the exercise control staff. It also includes the EEGs. To avoid an artificial exercise response, the scenario will not be divulged to players in advance, with the possible exception of trusted agents. Release of any portion of the Controller and Evaluator (C/E) Handbook to players or unauthorized persons is prohibited.

Each C/E Handbook is structured to reflect the requirements and design of a specific exercise. The C/E Handbook usually contains the following:

- Introduction
- Overview of Exercise
- Exercise Control and Management
- Orientation, Training, and Meetings
- Control Communication
- Exercise Site Description
- Exercise Evaluation and Documentation
- Scenario
- Timeline
- Scenario
- Controller Checklist for Significant Events and Status Reports to SimCell
- Safety analysis and concerns

#### 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.
- **Controller/Evaluator 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 and VIPs

The Co-Directors will develop detailed plans to accommodate observers and VIPs. An itinerary will be developed and coordinated by the Co-Directors with all impacted organizations. The itinerary will include a point of contact and phone number for that person at each location. The

escort will serve as the Safety Officer/Controller; therefore, the escort should coordinate with the Lead Evaluator/Safety Officer at each location. 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/VIPs. Observers/VIPs will follow the guidance provided by their assigned escorts.
- Observers/VIPs will not play in the exercise and may pose questions only to their designated point of contact. Observers/VIPs are "invisible" to players.
- Controllers at locations visited by observers/VIPs should provide assistance to ensure that the observers' needs are met without interfering with exercise play.
- The Exercise Co-Directors will provide distinctive identification for all observers/VIPs. Any special requirements of observers/VIPs will be brought to the attention of the Exercise Co-Directors.
- Observers/VIPs will be provided with travel information to include transportation, lodging, and meals. Observers/VIPs will be responsible for making their own travel, lodging and meal arrangements.
- Observers/VIPs may be provided briefing materials, handouts, and possible special exhibits or demonstrations as appropriate.

#### **4.2.11 Develop Plan for Real-World Media Coverage of Exercises**

A detailed exercise public information plan for real-world media coverage of exercises will be developed for each exercise. The Army, DHS/FEMA, installation, Tribal, State, and local public information 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 information 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 for 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, Internet access) 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 packets will be prepared for attendees as appropriate. 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 EEGs and XPAs) also may be provided. Electronic copies of ExPlans, Controller and Evaluator (C/E) Handbook, 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, necessary equipment, 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 and/or Security (general and site-specific information).
- Injects.
- Exercise scenario, including initiating event, supplemental event(s) and expected impact.
- Basic demography, geography, political boundaries, and emergency planning zones.
- Location of various facilities and field activities.
- Overview of emergency response plans and procedures.
- Evaluation and control team structure.
- Operation of the 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, content, and approval process.
- Real-world public information plan, telephone numbers for CSEPP real-world public information 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 Player Briefing**

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.
- Introduction of the evaluation/control team and structure.
- Timeframe of exercise.
- Safety and/or Security.

- Exercise weather information.
- Description of evaluation process.
- Procedures for any variations to the XPA and guidelines for simulations.
- Explanation of purpose of exercise control and SimCell.
- Distribution of player's communications directories and explanation of their use.
- Description of identification system (badges) for evaluators, controllers, and observers, and their interactions, if any, with players.
- Status of previous Findings.
- Current EOPs/SOPs/MOUs/MOAs.
- Public information plan for real-world media coverage.
- Role of the Mock Media.
- Schedule for and explanation of post-exercise meetings (e.g., exit interviews and briefing, players' self-assessment, and hot washes).
- Arrangements for player data collection for use in analysis and report writing.
- Schedule for issuing exercise report.

#### **4.2.17 Site Visit**

Evaluators and controllers who will be working at player facilities (rather than the SimCell) should arrange for, and carry out, a site visit prior to the exercise. The site visit allows them to meet the players, confirm the location of activity, and verify communications, protocols, and understandings of the extent of play prior to the start of the exercise. Site visits may include the following:

- Confirmation of the XPA.
- Review Preparedness (ERO 1) activities.
- Clarification of items in emergency operations plans which are unclear or have been modified.
- Identify parking location for evaluators and controllers.
- Arrival times for evaluators and controllers at all locations.
- Security and/or sign-in procedures.
- Time clock location/synchronization (e.g., using [www.time.gov](http://www.time.gov)).
- Verify phone numbers, check date/time of fax machines.
- Verify SimCell phone numbers and ability to contact SimCell, including fax number.
- Working and break locations for evaluators and controllers during exercise.
- Verify phone and computer availability for use by controllers/evaluators during exercise.
- Identifying point of contact and phone number for clarification or verification after EndEx.
- Follow-on field location visits.
- Confirm arrangements for player data collection.
- Hospital/decontamination site-specific issues, as required

## **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/Evaluators input the information (injects, messages, accident site setup, condition of victims, etc.) developed during the pre-exercise planning phase. Controllers/Evaluators relay administrative information on the exercise progress to the players and inform them when play ends. Controllers/Evaluators also relay information on the timing of significant events demonstrated by the jurisdictions to the SimCell to ensure proper timing of injects and keep the Co-Directors informed of exercise progress.

### **4.3.2 Evaluator Activities**

Evaluators observe the players' activities, make appropriate notes, and record the time they occurred. During the exercise and after the exercise has ended (EndEx), the evaluators collect copies of all documents and records produced by players at all locations (Field, EOC, JIC, etc.). These include sign-in sheets, player and computer logs, Emergency Alert System (EAS) messages, emergency declarations, incoming/outgoing faxes, news releases, etc. Audio and video copies should be collected, if available.

## **4.4 POST-EXERCISE PHASE**

### **4.4.1 Hot Wash**

The evaluation team will meet with the players to discuss the exercise. The meeting will 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 impressions on their portion of the exercise and should stress that the information provided during the hot wash is preliminary. However, evaluators should tell players when they think an issue was strong enough potentially to be a Finding. 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 Controller/Evaluator Debrief**

As soon as feasible, each evaluator and controller will collect, collate, assemble, and review collected player data. Subsequently, each jurisdictional team will meet to review and discuss the collected data and evaluators' notes. This review also includes responses to implementers and from the SimCell jurisdictional table leads. Information generated by observation of facility, field, and out-of-sequence play is correlated. Data discrepancies and contradictions are identified and 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 team meeting to exchange and validate information and to provide preliminary identification of inter-jurisdictional issues.

#### **4.4.4 Submit Timeline**

Jurisdictional times for the Timeline should be captured during the exercise by the evaluators. The list is compiled as soon as possible after the exercise so as to be available to support the evaluators' analysis by the morning after the exercise. See Section 3.3.2 and Appendix H for further information about significant events/the Timeline.

#### **4.4.5 After-Action Report**

The CSEPP After-Action Report documents the results of the exercise. The report provides a means for recommending improvements, tracking performance, and addressing Findings noted in prior exercises. The exercise evaluation and development of the After-Action 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 among the evaluators, controllers, and players. The formats for and guidelines concerning content of the exercise report are found in Appendix A. For FSEs, the Army and DHS/FEMA Co-Directors are responsible for developing and publishing the After-Action Report. The Exercise Co-Directors have the flexibility to include additional information in the After-Action Report that will be of use to the jurisdictions.

#### **4.4.6 Analysis and Draft After-Action Report Development**

The jurisdictional team initiates analysis of the jurisdictions' performance by ERO and begins to draft the report. The information for this analysis will come from the evaluators' notes, collected player documentation, jurisdictional timelines, and additional information obtained in post-exercise meetings. Evaluators should identify potential Strengths, Observations, and Findings (see Section 3.3.5). Potential Findings, Strengths 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, one or more Report Coordinators will be recruited to assist the Co-Directors in collecting, reviewing, and editing jurisdictional and community narrative summaries. The Report Coordinators and/or Co-Directors discuss the exercise results with the jurisdictional team leaders to ensure that the Strengths, Observations, and Findings noted are valid and consistent with the XPAs and other factors.

As with the jurisdictional report, the Report Coordinators and/or Co-Directors and community Outcome team leaders should discuss the potential Strengths, Observations, and Findings before they finalize their draft community outcome narrative summaries.

#### **4.4.7 After-Action Conference**

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 After Action Report. Potential Strengths, Observations, and Findings identified during the exercise may be discussed. This meeting also provides an opportunity for group discussion of recommendations for resolving the Findings. If a joint conference is not held, the Co-Directors

will meet with the jurisdictions to provide their preliminary analysis of the exercise and deliver the draft After-Action Report. Because the draft After-Action Report may contain unresolved issues, it is considered a working document and must be held in confidence by participating organizations.

#### **4.4.8 Final After-Action Report**

The report review period is described in Section 3.3.6. The draft After-Action Report requires review and comment by the playing organizations and development of an Improvement Plan to correct Findings. Improvement Plans and comments from off-post jurisdictions shall be submitted to the State and the off-post Co-Director for incorporation in the final After-Action Report. The installation Improvement Plan will be provided to the Army Co-Director. Improvement Plans will be incorporated into the final After-Action Report. The Exercise Co-Directors sign the final report and authorize its release and distribution.

#### **4.4.9 Track Findings**

All Findings will be assigned an identifying number (see Appendix A) and be listed in the exercise report. The CSEPP community will implement the Improvement Plans. When planning starts for the next exercise, the Exercise Planning Team should consider including opportunities to demonstrate emergency response capabilities that may clear Findings remaining open from previous exercises.

Additionally, the States will use the HSEEP Corrective Action Program (CAP) to track all Findings. The CAP System is a Web-based tool that enables Federal, State, and local emergency response and homeland security officials develop, prioritize, track, and analyze corrective actions following exercises or real-world incidents. The primary goal of the system is to help officials resolve preparedness gaps or deficiencies in a systematic manner, ultimately strengthening national preparedness. Users should use existing DHS/CAP guidance to implement this program.

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## APPENDIX A

### AFTER-ACTION REPORT GUIDELINES

This appendix is provided as guidance for preparing the After-Action Report. 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.

The Report will contain an executive summary, the scenario, the Timeline, a Community Analysis, Jurisdictional Analyses and Improvement Plans. The Report may also contain Appendices (see guidelines below).

#### **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 Findings. For each Finding, Strength and Observation cited, a short title, a discussion that substantiates what occurred, and a reference to a plan, policy or guidance provision is to be provided. For each Finding and Observation, a recommendation should be provided to address the issue.

#### **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 Findings, Strengths and Observations should be described, documented, and related to a specific reference (as applicable). For each Finding, Strength and Observation cited, a short title, a discussion that substantiates what occurred, and a reference to a plan, policy or guidance provision is to be provided. For each Finding, a recommendation should be provided to address the issue.

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, Washington)
- PAZ Counties in state where the Army Installation is not located (Washington) (alphabetical order)
- State where the Army Installation is not located (Washington)
- Joint Information System/Joint Information Center and any other jurisdiction
- Tribal Nation

## Findings and Improvement Plans

This section should include:

- A brief listing, in table format, of Findings by jurisdiction.
- The Improvement Plans, in table format, developed by the jurisdictions. The table format follows. This compilation of Improvement Plans will serve as the basic tracking document. The initial date is noted and remains until the Finding(s) is/are cleared. The fact that the activity was not demonstrated in the subsequent years also will be noted (i.e., 2007, 2008, etc.).
  - Note: A number will be assigned to each Finding for identification purposes throughout the report. The Finding will be numbered as follows: XX094.1. The “XX” is a two-letter identification of the jurisdiction to which the Finding applies; “09” 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 Finding under the outcome.

Finding Number	Name	Primary Organization & Action Officer	Date Due/ Completed
XX07.2.1	Hazard Analysis	Emergency Manager Tom Smith	May 30, 2008
<b>Target Capability:</b> (See <i>Target Capabilities List</i> , Figure A-2) Planning Responder Safety & Health			
<b>Capability Element:</b> (See <i>Target Capabilities List</i> , Figure A-2) Planning Equipment			
<b>Corrective Action:</b> All OC personnel will continue to participate in online training funded by CMA. A process will be mapped out for all personnel to follow in determining the proper PAR and disseminating it to the off-post jurisdictions. Each shift will be evaluated on these procedures on a monthly basis and during future CAIRA exercises.			

**Fig. A-1 Example of an Improvement Plan for a Jurisdiction**

<p><b>Common Capabilities</b>                  Planning                  Communications                  Community Preparedness and Participation                  Risk Management                  Intelligence and Information Sharing and Dissemination</p> <p><b>Prevent Mission Capabilities</b>                  Information Gathering and Recognition of Indicators and Warning                  Intelligence Analysis and Production                  Counter-Terror Investigation and Law Enforcement                  CBRNE Detection</p> <p><b>Protect Mission Capabilities</b>                  Critical Infrastructure Protection                  Food and Agriculture Safety and Defense                  Epidemiological Surveillance and Investigation                  Laboratory Testing</p> <p><b>Respond Mission Capabilities</b>                  On-Site Incident Management                  Emergency Operations Center Management                  Critical Resource Logistics and Distribution</p>	<p>Volunteer Management and Donations                  Responder Safety and Health                  Emergency Public Safety and Security                  Animal Disease Emergency Support                  Environmental Health                  Explosive Device Response Operations                  Fire Incident Response Support                  WMD and Hazardous Materials Response and Decontamination                  Citizen Evacuation and Shelter-in-Place Isolation and Quarantine                  Search and Rescue (Land-Based)                  Emergency Public Information and Warning                  Emergency Triage and Pre-Hospital Treatment                  Medical Surge                  Medical Supplies Management and Distribution                  Mass Prophylaxis                  Mass Care (Sheltering, Feeding and Related Services)                  Fatality Management</p> <p><b>Recover Mission Capabilities</b>                  Structural Damage Assessment                  Restoration of Lifelines                  Economic and Community Recovery</p>
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**Figure A-2 Target Capabilities List**

**Appendices:** May include the following:

Community Profile: The profile is a community assessment prepared at least 45 days before the exercise and incorporated into the ExPlan and Final After-Action Report.

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 After-Action Report.

Acronyms and Abbreviations: This list should include all acronyms and abbreviations used in the AAR/IP.

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 AAR/IPs will be distributed. The majority of final AAR/IPs will be distributed in an electronic format. The final AAR/IP will be posted on the CSEPP Portal.

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## APPENDIX B

### EXAMPLE CSEPP PUBLIC INFORMATION PLAN FOR REAL-WORLD MEDIA COVERAGE OF EXERCISES

#### B.1 Purpose

The purpose of the Public Information 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 effect 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 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 (including discussion of the reduced risk because of successful demilitarization efforts);
- 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 information 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 PIOs. 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 demonstrate the use of CSEPP provided equipment, 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 respond to real-world media interest without affecting exercise play and with only the minimal involvement of exercise participants, including public information exercise players (see Attachment B-3).
- In coordination with the exercise planning team, the real-world media may 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 on post, they must be cleared by post security prior to the day of the exercise. Areas to consider for visits or tours include:
  - Joint Information Center (JIC)
  - County Emergency Operating Center (EOC)
  - Installation EOC
  - Traffic Control Point (TCP) and Access Control Point (ACP)
  - Reception Center/Shelter
  - Decontamination Site
  - Hospitals

- The PIOs from other CSEPP Communities, because of their knowledge and experience, can serve as real-world media escorts if local 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 any other Mock Media activities or interactions with the players..
- 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 real-world media to view the exercise as well as get briefings and interviews without interrupting the exercise..

### **B.5 Pre-Exercise, Real-World Media Release**

A news release/media advisory should be prepared jointly by the on post PIO and the host off post jurisdiction staffs announcing the time, date, location, purpose, and general scope of the exercise. The news release also should include supplementary details on the exercise, planning, exercise preparations, participants, and facilities of interest. The news release will be coordinated among other participating organizations prior to being issued. Agreement should be reached on who issues the initial news release/media advisory. 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.

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## Attachment B-1

### Recommended Public Information Activities

#### PRE-EXERCISE

**Real-world Media Advisory:** A news 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.

**Itinerary:** Develop an itinerary for the real-world media and the Observers. This itinerary should be coordinated with the jurisdictions so that they are aware of the anticipated visits/activities. This itinerary should be published in the ExPlan and provided to the Lead Evaluator/Controller at each location.

**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 and 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, the JIC, etc. Consider any site that 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 Information Support to CSEPP Exercise

**Recommend No. of  
Days Before/After  
Exercise**

ED-270	Complete XPA and review others.
ED-180	Develop site-specific CSEPP public information plan for real-world media participation in exercises.
ED-90	CSEPP Community 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 information 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 distribute post-exercise news release.

## **Attachment B-3**

### **Real-world Media Kits**

A real-world media kit may include the following material and be packaged appropriately:

- A copy of the news release/media advisory 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.
- Appropriate fact sheets and brochures.
- Expected timeline for the exercise.
- Badges.

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## APPENDIX C

### CSEPP EMERGENCY RESPONSE OUTCOMES AND EXERCISE EVALUATION GUIDES

#### CONTENTS

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## **C.1 OVERVIEW OF CSEPP EXERCISE EVALUATION**

### **C.1.1 IPE Method**

This appendix describes the Integrated Performance Evaluation (IPE) method of observing, analyzing, and reporting on annual CSEPP exercises. The IPE method provides a comprehensive summary of a community's exercise demonstration through the observation and evaluation of Emergency Response Outcomes (EROs).

### **C.1.2 Outcomes and EEGs**

A series of component tasks has been identified for each ERO. Each task, in turn, has been divided into a series of component steps to aid the evaluator in collecting the data needed to determine if each response function was successfully demonstrated in the exercise.

This Appendix provides detailed information on the tasks that comprise each ERO. For each task there is a one-page Exercise Evaluation Guide (EEG) that includes the task name, expected outcome(s) of the task, which individuals, teams, or groups of staff perform the task, the task's component steps, and applicable references. The EEGs are to be used before and after the exercise to assist in evaluation and analysis of the community response. Section C.2 provides a list of the EEGs, and the EEGs themselves are provided in section C.3.

The EEGs describe the types of activities that are expected to be carried out by staff at specific locations in order to achieve the desired Outcomes. However, they are not intended to be used as a checklist during the exercise. It is recommended that during the exercise, evaluators observe activities and take notes as to what occurred and when.

### **C.1.3 Timeline**

The jurisdictional evaluation team will develop a consolidated jurisdiction timeline from collected player data and evaluators' notes, using the software template provided during exercise preparation. This Timeline must accurately depict the jurisdiction's response times and actions taken. Each entry will identify the applicable Emergency Response Outcome. The contractor will combine all jurisdictional timeline into a Master Timeline for use in writing the report.

### **C.1.4 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 performances;
- Identify problems in performance of the responding organizations, including those that have a potential impact on the health and safety of workers, public health, or the environment;

- 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.

On each worksheet, the evaluator 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 problems identified. The evaluator should describe and document each observation and indicate his/her opinion as to whether it is a strength, observation or Finding. However, the final recommendation for classification of observations is the responsibility of the Exercise Co-Directors, who also will consider information received from other evaluators.

### **C.1.5 Submission of Completed Evaluation Forms**

Jurisdictional Team Leaders will submit their completed 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.2 LIST OF EROs AND EEGs**

This section lists the eight outcomes and their associated Tasks. The detailed EEGs for each Task are provided in Section C.3. The Tasks are arranged in approximate chronological order by location where they are performed.

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).

### **Outcome 1: Preparedness**

- A.1.6.E Decide on Daily Operations and Inform Off-Post Warning Points
- A/C.1.1.E Maintain Coordinated Emergency Plans
- A/C.1.2.E Maintain an Active Exercise Program
- A/C.1.3.E Maintain a Continuing Education Program for Responders
- A/C.1.4.E Maintain Public Outreach and Public Education Programs
- A/C.1.5.E. Maintain the CSEPP Emergency Response Physical Infrastructure in an Operational Status
- C.1.6.E Confirm Readiness to Respond

### **Outcome 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.E Coordinate Response Phase Monitoring and Sampling

### **Outcome 3: Emergency Management**

- A.3.1.E Activate, Expand, and Operate the EOC
- A.3.2.E Stand Up and Command the Initial Response Force (IRF)
- A.3.3.E Perform Duties as the Federal On-Scene Coordinator (FOSC)
- A.3.4.E Direct and Control Distribution of Supplies and Equipment
- A.3.5.E Request and Coordinate Additional Response Support
- C.3.1.E Alert and Mobilize EOC Staff
- C.3.2.E Activate and Operate the EOC
- C.3.3.E Provide Support to the Storage Installation
- C.3.4.E Request Supplementary Assistance

### **Outcome 4: Hazard Mitigation**

- A.4.1.F Make Immediate Incident Reports
- A.4.2.F Conduct Firefighting Operations at the Incident Site
- A.4.3.E Direct and Control Field Response Operations
- A.4.4.F Provide Direction and Control at the Incident Site
- A.4.5.E Direct and Coordinate Preservation of Evidence and Records of Decisions
- A.4.6.F Preserve Evidence at the Incident Site
- A.4.7.F Stage Response Teams
- A.4.8.F Operate a Personnel Decontamination Station
- A.4.9.F Operate an Equipment Decontamination Station
- A.4.10.F Conduct Agent Containment Operations
- A.4.11.F Mitigate the Effects of the Agent Release

### **Outcome 5: Protection**

- A.5.1.E Make On-Post Protective Action Decisions
- A.5.2.E Activate On-Post Alert and Notification Systems
- A.5.3.E Direct and Control Protection of the Post Population
- A.5.4.F Evacuate and Secure the Predicted Hazard Area
- A.5.5.F Control On-Post Population Evacuation
- A.5.6.F Assemble, Screen, and Account for the On-Post Population
- A.5.7.F Provide Transportation for Evacuation
- A.5.8.E Coordinate Support Services for the Army Community
- A.5.9.E. Coordinate Claims Services for the Affected Population
- C.5.1.E Make Off-Post Protective Action Decisions
- C.5.2.E Select or Prepare Protective Action Messages
- C.5.3.E Activate Off-Post Alert and Notification Systems
- C.5.4.F Conduct Route Alerting
- C.5.5.E Direct and Control Activation of Traffic and Access Control Points
- C.5.6.F Activate Traffic and Access Control Points



- C.5.7.E Direct and Control Protective Actions for Schools and Day Care Centers
- C.5.8.F Implement Protective Actions for Schools and Day Care Centers
- C.5.9.E Direct and Control Protection of Special Populations
- C.5.10.F Implement Protection of Special Populations
- C.5.11.E Direct and Control Reception Center Activation and Operations
- C.5.12.F Operate Reception Centers
- C.5.13.E Direct and Control Shelter Activation and Operations
- C.5.14.F Operate Shelters

### **Outcome 6: Victim Care**

- A.6.1.F Provide Immediate Emergency Aid at the Incident Site
- A.6.2.F Prepare Medical Treatment Facility to Receive Patients
- A.6.3.F Provide Emergency Triage, Treatment, and Stabilization in the Field
- A.6.4.F Make Victim Status Reports
- A.6.5.E Track the Location and Status of Victims
- A.6.6.F Decontaminate Patients in the Field
- A.6.7.F Transport Patients to a Medical Treatment Facility
- A.6.8.F Treat Patients at a Medical Treatment Facility
- A.6.9.E Notify Next of Kin
- A.6.10.F Collect and Decontaminate Human Remains
- A.6.11.E Coordinate Disposition of Human Remains
- C.6.1.E Communication
- C.6.1.F Communication
- C.6.2.F Prepare Medical Treatment Facility to Receive Patients
- C.6.3.F Pre-Decontamination Triage
- C.6.4.F Decontamination and Post Decontamination Triage
- C.6.5.F Transport Evacuees/Patients to a Shelter or Medical Treatment Facility
- C.6.6.F Treat Patients at a Medical Treatment Facility
- C.6.7.F Collect and Decontaminate Human Remains
- C.6.8.E Track the Location of Evacuees, Patients and Fatalities

### **Outcome 7: Emergency Public Information**

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

### **Outcome 8: Remediation and Recovery**

- A.8.1.E Initiate Environmental Remediation
- A.8.2.E Initiate Accident Investigation
- A.8.3.E Provide Support Services to the Army Community
- A/C.8.1.E Make Recovery-Phase Protective Action Decisions
- A/C.8.2.E Coordinate Recovery-Phase Monitoring and Sampling

- A/C.8.3.E/J Provide Recovery Information to the Media and the Public
- A/C.8.4.E Provide Claims Services to the Affected Population
- A/C.8.5.E Implement Unrestricted Re-entry
- C.8.1.E Limit Access to Restricted Areas
- C.8.2.E Make and Implement Ingestion Pathway Protective Action Decisions
- C.8.3.E Arrange Post-Emergency Medical Screening
- C.8.4.E Arrange Temporary Shelter for Evacuees
- C.8.5.E Secure Disaster Assistance for Affected Communities

### **C.3 COMPLETE EROs AND EEGs**

The following pages contain a complete set of EROs and their component task EEGs. Each ERO also contains, at the beginning, a brief introduction and an Evaluation Map. The Evaluation Map shows the flow of tasks and whether they are accomplished on post, off post, within facilities or out in the field.

## **Outcome 1: Preparedness**

Within the limits of the CSEPP exercise program, this Outcome encompasses tasks associated with preparedness to respond to a chemical accident or incident at an Army chemical storage site. This includes maintaining coordinated emergency plans; participating in an active exercise program; conducting comprehensive training programs; maintaining active public outreach and education programs; and ensuring the readiness of the emergency response physical infrastructure (e.g., facilities, vehicles, equipment, supplies, and alert and notification systems). This Outcome also includes daily consideration by the Army for the impact of ongoing operations on preparedness, and the exchange of information between the Army and off-post jurisdictions concerning these operations.

The CSEPP exercise program does not require a comprehensive and detailed review of preparedness activities described in the first five Exercise Evaluation Guides in this Emergency Response Outcome. The exercise evaluation process will focus only on preparedness activities incidental to the scope of extent-of-play agreements and the dynamics of the scenario, as well as interviews and document reviews on-site associated with preparation to conduct the exercise. If the results of this cursory review or player responses during the exercise indicate a specific shortcoming in plans, programs, the physical infrastructure, then evaluators will make a more detailed inquiry to establish and report on the extent of the problem.

Prevention considerations are not included in Outcome 1 because Army safety and security programs to prevent chemical accidents and incidents are independent of the CSEPP and not evaluated during CSEPP exercises.

It is understood that the opportunity to fully evaluate all plans, programs, and the emergency response physical infrastructure in conjunction with a CSEPP exercise is severely constrained by the brief time and limited number of qualified evaluators available, as well as the small number of staff in response organizations to support an in-depth evaluation process. The dynamics of the scenario further reduce opportunities to demonstrate certain capabilities. Thus, evaluation of preparedness will be based largely on interviews with responsible officials and a cursory review of evidence that the steps in the first five Exercise Evaluation Guides in this Emergency Response Outcome are being accomplished. This will be done primarily prior to StartEx and may be continued after EndEx.

Other activities, such as inspections, reviews, exercises, and assistance visits by higher Army headquarters, the oversight of prevention and preparedness by the Community IPT, and the community assessment reflected in the Community Profile can help identify weaknesses in preparedness that might not be identified during the macro-level review of preparedness characteristic of a CSEPP Exercise.

**Outcome 1: Preparedness  
EVALUATION MAP**

INSTALLATION		STATE/COUNTY	
Field	EOC	Field	EOC
	A/C.1.1.E Maintain Coordinated Emergency Plans		A/C.1.1.E Maintain Coordinated Emergency Plans
	A/C.1.2.E Maintain an Active Exercise Program		A/C.1.2.E Maintain an Active Exercise Program
	A/C.1.3.E Maintain a Continuing Education Program for Responders		A/C.1.3.E Maintain a Continuing Education Program for Responders
	A/C.1.4.E Maintain Public Outreach and Public Education Programs		A/C.1.4.E Maintain Public Outreach and Public Education Programs
	A/C.1.5.E. Maintain the CSEPP Emergency Response Physical Infrastructure in an Operational Status		A/C.1.5.E. Maintain the CSEPP Emergency Response Physical Infrastructure in an Operational Status
	A.1.6.E Decide on Daily Operations and Inform Off-Post Warning Points		C.1.6.E Confirm Readiness to Respond

**Task:** Maintain Coordinated Emergency Plans

**Evaluated Components:** Incident Commander, Command Staff, General Staff, emergency management officials, Emergency Operations Center staff, Joint Information Center staff, Public Information Officers, CSEPP planners and coordinators, hospital administrators, and law enforcement officials.

**Expected Outcomes:** Emergency plans related to the possibility of a CAI are current, coordinated, and available where needed.

**Steps:**

1. Emergency plans are revised as necessary following each CSEPP exercise, following publication of new guidance, or when changes are made to local emergency response capabilities or agreements.
2. Related plans are reviewed when an individual plan is revised to ensure that they remain compatible.
3. Emergency plans are written to be consistent with Army and CSEPP policy and guidance.
4. Emergency plans are written to incorporate the National Incident Management System.
5. Emergency plans relating to protective action provide for both temporary shelter-in-place and evacuation.
6. Implementing SOPs, check lists, and job aids are reviewed and revised as necessary whenever the emergency plan that they are based on is revised.
7. Appropriate authorities formally approved all emergency plans.
8. Emergency plans are distributed to all locations where they might be needed.
9. Contact phone lists are reviewed and revised regularly.

**References:**

1. AR 360-1, *Army Public Affairs Program*, September 2000, paragraph 12-3
2. Community JIC/JIS Plan
3. *CSEPP Planning Guidance*, June 2008, chapter I, Section A; II, sections C and D, chapter III, sections E and F, and chapter VII, sections A and B
4. CSEPP Policy Paper #1: *Definition of Maximum Protection*, May 1991
5. CSEPP Policy Paper #20: *Adoption of Acute Exposure Guideline Levels (AEGLs)* (Revised), February 2003
6. *CSEPP Programmatic Guidance*, June 2008, chapter IV, section A
7. *CSEPP Shelter-in-Place Protective Action Guide Book*, May 2006, section 2.1
8. DA Pam 50-6: *CAIRA Operations*, March 2003, chapters 2, 3, 6, and Appendix J
9. Jurisdiction CAIRA/CSEPP Plan and supporting agreements and procedures
10. National Contingency Plan

**Task:** Maintain an Active Exercise Program

**Evaluated Components:** Emergency Operations Center staff, Joint Information Center staff, CSEPP planners and coordinators, and CSEPP Community IPT members.

**Expected Outcomes:** An active joint on-post /off-post exercise program is in place.

**Steps:**

1. Lessons learned from previous exercises are incorporated in emergency plans and capabilities.
2. On-post and off-post responders participate regularly in joint exercises in addition to annual CSEPP exercises.
3. The CSEPP Community IPT actively supports and oversees the local exercise program.
4. Exercises incorporate relevant NIMS standards, guidelines, processes, and protocols.

**References:**

1. AR 50-6: *Chemical Surety*, July 2008, paragraph 10-2
2. Community JIC/JIS Plan
3. *CSEPP Planning Guidance*, June 2008, chapter III, section I
4. *CSEPP Programmatic Guidance*, June 2008, chapter VI, section B
5. DA Pam 50-6: *CAIRA Operations*, March 2003, paragraph 17-4
6. Extent-of-play descriptions and lessons learned from exercises other than annual CSEPP exercises
7. Jurisdiction CAIRA/CSEPP Plan and supporting agreements and procedures

A/C.1.3.E

**Task:** Maintain a Continuing Education Program for Responders

**Evaluated Components:** Emergency Operations Center staff, Joint Information Center staff, CSEPP planners and coordinators, training officers, and emergency responders

**Expected Outcomes:** Emergency responders are identified, trained, and certified as required.

**Steps:**

1. Formal training and refresher training is provided to responders consistent with their duties.
2. Training reflects relevant NIMS standards, guidelines, processes, and protocols.
3. Individual training records are maintained and are conveniently accessible for inspection and management review.

**References:**

1. Community JIC/JIS Plan
2. *CSEPP Planning Guidance*, June 2008, chapter III, section H
3. *CSEPP Programmatic Guidance*, June 2008, chapter VI, section A
4. DA Pam 50-6: *CAIRA Operations*, March 2003, paragraphs 2-8f, 3-4, 12-3, and 17-2
5. Jurisdiction CAIRA/CSEPP Plan and supporting agreements and procedures
6. Training records

A/C.1.4.E

**Task:** Maintain Public Outreach and Public Education Programs

**Evaluated Components:** CSEPP Planners, Public Information Officers, Outreach Office staff, and CSEPP Community IPT members.

**Expected Outcomes:** Public Outreach and Public Education Programs are in place and materials are distributed to inform the public about CSEPP emergency preparedness.

**Steps:**

1. CSEPP community Public Outreach and Public Education Programs provide public events, handout materials, public service announcements, information displays, and other initiatives to increase the level of protective action knowledge in the community.
2. CSEPP community Public Outreach and Public Education programs are routinely assessed by the CSEPP Community IPT for adequacy and effectiveness.
3. An awareness program is operated to inform the public about the testing of sirens, indoor alerting systems, and other alert and notification systems, and their use during an actual emergency.

**References:**

1. AR-360-1: *Army Public Affairs Program*, September 2000, paragraph 8-1
2. *CSEPP Planning Guidance*, June 2008, chapter III, section D
3. *CSEPP Programmatic Guidance*, June 2008, chapter V, section A
4. *CSEPP Public Affairs Planning Guidance Compendium Workbook*, June 2005
5. *CSEPP Shelter-in-Place Protective Action Guide Book*, May 2006, section 2.2
6. DA Pam 50-6: *CAIRA Operations* March 2003, chapter 8 and Appendix E
7. Jurisdiction CAIRA/CSEPP Plan and supporting agreements and procedures
8. Public Outreach and Public Education Program documents



A/C.1.5.E

**Task:** Maintain the CSEPP Emergency Response Physical Infrastructure in an Operational Status

**Evaluated Components:** Emergency Operations Center staff, Joint Information Center staff, emergency managers, Public Information Officers, CSEPP planners and coordinators, hospital administrators, and law enforcement officials.

**Expected Outcomes:** All components of the CSEPP emergency response physical infrastructure (e.g., facilities, vehicles, equipment, supply stockpiles, and alert and notification systems) are checked, tested, and maintained on a regular basis. All components of the infrastructure are available and operational.

**Steps:**

1. EOC and JIC equipment (e.g., radios, telephones, fax machines, recorders, collective protection systems, computer systems, backup power systems, and electronic displays) and alert and notification systems (e.g., computer systems, sirens, indoor alerting systems, EAS, and reader boards) are checked or tested periodically for operability, functionality and time synchronization.
2. EOC equipment, (to include outdoor meteorological instruments), JIC equipment, and alert and notification systems are maintained serviceable.
3. Primary and back-up communication links between and among designated on-post and off-post notification points are tested daily.
4. Facilities, vehicles, equipment, and supplies dedicated to or planned to be used for CSEPP emergency response not covered in steps 1, 2, and 3 above (e.g., mobile systems used to support the Incident Command System and air sampling capabilities) are checked, tested, and maintained at regular intervals established in local plans. This includes dedicated special purpose and general purpose facilities, vehicles, equipment and supplies identified in local plans for use during emergency response.
5. Records of checks, tests, and maintenance on components of the CSEPP emergency response physical infrastructure are maintained and are available for review.

**References:**

1. Community JIC/JIS Plan
2. *CSEPP Planning Guidance*, June 2008, chapter IV, sections B and C; chapter V, section B
3. *CSEPP Programmatic Guidance*, June 2008, chapter II, sections B and D, and chapter III, sections E and F
4. DA Pam 50-6: *CAIRA Operations*, March 2003, paragraph 9-3a
5. Jurisdiction CAIRA/CSEPP Plan and supporting agreements and procedures
6. Records of checks, tests, and maintenance

A.1.6.E

**Task:** Decide on Daily Operations and Inform Off-post Warning Points

**Evaluated Components:** Emergency Operations Center staff

**Expected Outcomes:** Only operations deemed an acceptable risk are conducted. Planning information about these operations is provided daily to off-post jurisdictions to expedite response should an accident or incident occur.

**Steps:**

1. Identify operations scheduled to be conducted and determine the MCE associated with each storage operation.
2. Consider the impact on the off-post community for each operation scheduled for the day, and postpone those for which the risk is unacceptable under the conditions and circumstances at the time.
3. Develop a work plan that identifies the operation that has the potential for the greatest impact in off-post jurisdictions.
4. Send the work plan to off-post warning points before beginning daily operations.

**References:**

1. Army Material Command Memorandum dated 30 April 1997, Subject: Maximum Credible Events (MCE) for Daily Chemical Operations
2. AR 385-61, *Toxic Chemical Agent Safety Standards*, December 2008, chapter 6
3. *CSEPP Planning Guidance*, June 2008, chapter III, section B
4. *CSEPP Programmatic Guidance*, June 2008, chapter IV, section D
5. DA Pam 50-6: *CAIRA Operations*, March 2003, paragraph 3-4
6. Installation CAIRA Plan and supporting agreements and procedures

C.1.6.E

**Task:** Confirm Readiness to Respond

**Evaluated Components:** Off-post Warning Point staff or Emergency Operations Center staff

**Expected Outcomes:** Information about planned operations is available at Off-post Warning Points or Emergency Operations Centers. Someone with authority is immediately available to decide PADs and activate alert and notification systems promptly should the Army report a Community Emergency.

**Steps:**

1. Receive the work plan from the Army and consider the impact to off-post response, e.g., are there any conditions or circumstances in the community that would prevent or interfere with actions to protect the population in the event of an accident or incident at the chemical storage site?
2. Confirm that someone with authority is immediately available to decide PADs and activate alert and notification systems promptly.

**References:**

1. *CSEPP Planning Guidance*, June 2008, chapter III, section B
2. *CSEPP Programmatic Guidance*, June 2008, chapter IV, section D
3. Jurisdiction CSEPP Plan and supporting agreements and procedures

## 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.E Coordinate Response Phase Monitoring and Sampling
A.2.9.F Conduct Monitoring and Sampling Operations			

A.2.1.E

**Task:** Collect Input for Hazard Analysis

**Evaluated Component:** Emergency Operations Center staff

**Expected Outcomes:** Hazard analysts are able to receive, confirm, request, and analyze information about a reported CAI in order to support the development of accurate and timely hazard assessments and predictions throughout the course of the event and to archive data for reference and subsequent use.

**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 meteorology changes or new information about the event 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: *CAIRA Operations*, March 2003, paragraphs 3-5, 11-2, 11-3, and 11-4
2. Installation CAIRA Plan and supporting agreements and procedures

**Task:** Make Hazard Assessments and Predictions

**Evaluated Component:** Emergency Operations Center staff

**Expected Outcomes:** On an ongoing basis throughout the event, hazard analysts are able to prepare hazard area plots showing risk areas and a predicted hazard risk envelope; identify populations at risk; prepare protective action options; provide monitoring guidance; and, provide information on projected plume behavior.

**Steps:**

1. Upon receipt of a report of a chemical event, a hazard analyst determines the area of the on-post and off-post predicted hazard area, based initially on the protective action zones affected by the risk envelope. Daily work plan can be used if parameters match the CAI.
2. A hazard analyst recommends an appropriate Community Event Notification Level (CENL) and on-post and off-post protective action recommendations (PAR) to an Army official authorized to declare a CENL, issue an on-post protective action decision (PAD), and send PARs to off-post warning points.
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 CAI site mitigation efforts.
6. Conduct analyses to support protective action recommendations for when and how to end shelter-in-place for each emergency response zone affected by the initial and any subsequent protective action recommendations and/or decisions issued by the installation.
7. 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.
8. Confirm the validity and reliability of model outputs.

**References:**

1. *CSEPP Planning Guidance*, June 2008, chapter V, section A
2. *CSEPP Shelter-In-Place Protective Action Guide Book*, May 2006, section 3.1
3. CSEPP Policy Paper #1: *Definition of Maximum Protection* May 1991
4. CSEPP Policy Paper #20: *Adoption of Acute Exposure Guideline Levels (AEGLS)* (Revised), February 2003
5. DA Pam 50-6: *CAIRA Operations* March 2003, paragraphs 3-5, 11-2, 11-3, 11-4 and 13-6
6. Installation CAIRA Plan and supporting agreements and procedures

A.2.3.E

**Task:** Determine CENL and Off-Post PAR

**Evaluated Component:** Emergency Operations Center staff/Incident Commander

**Expected Outcomes:** On an ongoing basis throughout the CAI, the Incident Commander or designated Command Staff representative reviews hazard analyses, chooses an appropriate CENL, and decides the optimum PARs for at-risk populations off-post.

**Steps:**

1. Incident Commander or designated Command Staff 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. Incident Commander or designated Command Staff representative considers consequence management scenarios to determine their influence on the PAR for the off-post population.
3. The Incident Commander or designated Command Staff representative decides the PAR for the off-post area.
4. The Incident Commander declares the CENL and off-post PAR.
5. The Incident Commander or designated Command Staff representative adjusts or cancels the CENL and PAR as appropriate after considering new hazard analyses.
6. The Incident Commander or designated Command Staff representative decides when and how to end shelter-in-place for each emergency response zone affected by the initial and any subsequent PARs.

**References:**

1. *CSEPP Planning Guidance*, June 2008, chapter V, section A
2. *CSEPP Shelter-In-Place Protective Action Guide Book*, May 2006, section 5.1
3. DA Pam 50-6: *CAIRA Operations* March 2003, paragraphs. 3-4 and 3-5
4. Installation CAIRA Plan and supporting agreements and procedures

A.2.4.E

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

**Evaluated Component:** Emergency Operations Center staff

**Expected Outcomes:** The Installation EOC staff notifies off-post 24-hour warning points or EOCs of the initial CENL and PAR, any additional PARs, and subsequent changes to the CENL and PARs 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, if provided for by local agreement. (Note: This does not specifically satisfy CAI notification requirements. Nor does it start the notification time clock.)
2. An authorized Army official considers the advice of the hazard analyst, then reports the CENL and PARs to the appropriate off-post warning points within the prescribed time and provides 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. Provide model and analysis results to surrounding communities.
6. Repeat these steps for each change or cancellation of a CENL or PAR.
7. Contact the off-post EOCs or 24-hour warning points and notify them of the Incident Commander’s or designated Command Staff representative’s recommendation for when and how to end shelter-in-place for each emergency response zone affected by the initial and any subsequent PARs.

**References:**

1. *CSEPP Planning Guidance*, June 2008, chapter V, section A
2. *CSEPP Shelter-In-Place Protective Action Guide Book*, May 2006, section 5.1
3. DA Pam 50-6: *CAIRA Operations*, March 2003, paragraph 3-5
4. Installation CAIRA Plan and supporting agreements and procedures



A.2.5.E

**Task:** Notify Government Agencies and Officials

**Evaluated Component:** Depot/Arsenal staff

**Expected Outcomes:** On an ongoing basis throughout the event, Depot/Arsenal staff fulfills Federal, State, and local notification requirements. The Governor's office, 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, the Governor's office, and local Congressional offices of significant changes to the situation and prior to news releases concerning the incident. In cases where health and safety reasons preclude prior notification of these off-post officials, the news release and notification of these off-post officials may occur simultaneously.

**References:**

1. AR 50-6: *Chemical Surety*, July 2008, chapter 11
2. DA Pam 50-6: *CAIRA Operations* March 2003, paragraphs 3-4 and 3-5
3. Installation CAIRA Plan and supporting agreements and procedures

A.2.6.E

**Task:** Report Events and Decisions to Headquarters

**Evaluated Component:** Depot/Arsenal/Emergency Operations Center staff and Incident Commander

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

**Steps:**

1. EOC staff prepares reports for submission to headquarters.
2. The Incident Commander 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. AR 50-6: *Chemical Surety*, July 2008, paragraph 11-3
2. DA Pam 50-6: *CAIRA Operations* March 2003, paragraph 3-5 and appendix B
3. Installation CAIRA Plan and supporting agreements and procedures

**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. *CSEPP Programmatic Guidance*, June 2008, chapter IV, section A.
2. DA Pam 50-6: *CAIRA Operations*, March 2003, paragraphs 3-5, 11-2 and 11-3
3. Installation CAIRA Plan and supporting agreements and procedures

A.2.8.E

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

**Evaluated Component:** Emergency Operations Center staff

**Expected Outcomes:** Monitoring and sampling teams are deployed safely 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 on-post field operations. Provide dispatch instructions that include safe routes to each monitoring and sampling location.
5. Dispatch monitoring and sampling teams off post, as requested. Provide dispatch instructions that include safe routes to each monitoring and sampling location and access protocol 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 Incident Commander.
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. *CSEPP Programmatic Guidance*, June 2008, chapter IV, section A
2. DA Pam 50-6: *CAIRA Operations*, March 2003, paragraphs 3-5, 11-2, 11-3 and 13-6
3. Installation CAIRA Plan and supporting agreements and procedures

**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 in accordance with monitoring protocols.
6. Assay samples in the field in accordance with sample collection protocols.
7. Deliver samples for assay to approved laboratories in accordance with sample collection and analysis protocols.

**References:**

1. *CSEPP Programmatic Guidance*, June 2008, chapter IV, section A
2. DA Pam 50-6: *CAIRA Operations*, March 2003, paragraphs 3-5, 11-2, 11-3 and 13-6
3. Installation CAIRA Plan and supporting agreements and procedures

C.2.1.E

**Task:** Receive CENL and PAR from Installation EOC

**Evaluated Component:** 24-Hour Warning Point staff or Emergency Operations Center staff

**Expected Outcomes:** Installation notification is received and verified.

**Steps:**

1. Receive official notification information, CENL, PAR, and recommendation for when and how to end shelter-in-place for each emergency response zone affected by the initial and any subsequent PARs from appropriate installation authority.
2. Verify the information following established procedures.
3. Assess the notification; inform the Incident Commander/designee and other specified staff following established procedures.

**References:**

1. *CSEPP Planning Guidance*, June 2008, chapter V, section A
2. *CSEPP Programmatic Guidance*, June 2008, chapter IV, section B
3. *CSEPP Shelter-In-Place Protective Action Guide Book*, May 2006, section 5.1
4. FEMA CPG 101: *Developing and Maintaining State, Territorial, Tribal, and Local Government Emergency Plans*, March 2009, chapter 4, p. 4-9; appendix C, p. C-16
5. Jurisdiction CSEPP Plan and supporting agreements and procedures

C.2.2.E

**Task:** Coordinate Response Phase Monitoring and Sampling

**Evaluated Component:** Emergency Operations Center staff

**Expected Outcomes:** Determine if response phase monitoring will be required in the jurisdiction; coordinate the request and deployment of installation monitoring and sampling teams; determine if qualified observers will accompany installation monitoring and sampling teams; and assemble and brief any observers.

**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 as needed for monitoring and sampling teams.
5. Determine if the jurisdiction will send qualified observers to accompany monitoring and sampling teams. 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. Receive periodic reports from observer teams according to established plans and procedures.

**References:**

1. *CSEPP Programmatic Guidance*, June 2008, chapter IV, section A; chapter VI, section A
2. Jurisdiction CSEPP Plan and supporting agreements and procedures

### 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
			C.3.1.E Alert and Mobilize EOC Staff
	A.3.1.E Activate, Expand, and Operate the EOC		C.3.2.E Activate and Operate the EOC
	A.3.2.E Stand Up and Command the Initial Response Force (IRF)		
	A.3.3.E Perform Duties as the Federal On-Scene Coordinator (FOSC)		
	A.3.4.E Direct and Control Distribution of Supplies and Equipment		
			C.3.3.E Provide Support to the Storage Installation
	A.3.5.E Request and Coordinate Additional Response Support		C.3.4.E Request Supplementary Assistance



## A.3.1.E

**Task:** Activate, Expand, and Operate the EOC

**Evaluated Component:** Emergency Operations Center staff and Incident Commander

**Expected Outcomes:** EOC full operational status is quickly achieved and maintained the duration of the response. A common understanding of the status of current response operations and future operational plans and needs is developed and maintained for the duration of the response.

**Steps:**

1. The Incident 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. The Incident Commander or designated official coordinates the exchange of information with off-post EOCs, higher Army Headquarters, and any other jurisdictions/organizations supporting the response to the CAI to develop a common understanding of the status of current response operations and future operational plans and needs.
5. The Incident Commander or designated official initially briefs the EOC staff on the status of CAIRA operations and other off-post response operations and briefs at regular intervals thereafter.
6. Post and distribute information about on-post and off-post events and decisions within the EOC. Archive the information for subsequent analysis, investigation, or preparation of official reports.
7. Establish and maintain uninterrupted EOC facility safety and security, considering threats from the CAI.
8. Confirm that primary and alternate EOC communications systems are operational. Maintain an uninterrupted communications capability for the duration of the incident. Immediately correct communication system malfunctions.
9. Plan for 24-hour operations and publish appropriate schedules.
10. Maintain continuous EOC operations during rest, meal breaks, and shift changes. Conduct shift transition briefings.

**References:**

1. *CSEPP Planning Guidance*, June 2008, chapter II, section B
2. DA Pam 50-6: *CAIRA Operations March 2003*, paragraphs 2-7, 3-5
3. Installation CAIRA Plan and supporting agreements and procedures

A.3.2.E

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

**Evaluated Component:** Emergency Operations Center staff and Incident Commander

**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 command representative stands up the IRF and assumes the role of the Incident Commander/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 national-level response assets.
3. The Incident Commander/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. *CSEPP Programmatic Guidance*, June 2008, chapter IV, section A
2. DA Pam 50-6: *CAIRA Operations*, March 2003, paragraphs 2-7, 2-8, 2-10, 3-4, 3-5
3. Installation CAIRA Plan and supporting agreements and procedures

A.3.3.E

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

**Evaluated Component:** Incident Commander

**Expected Outcomes:** The Incident Commander, as the FOSC, discharges all DoD obligations under the National Contingency Plan (NCP).

**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. Ensure that public and private interests are kept informed and that their concerns are considered throughout the response.
9. Fulfill duties of the FOSC until all DoD obligations are met or until the IRF is integrated into national-level response assets. The national-level Incident Commander assumes the role and responsibilities of the FOSC.

**References:**

1. *CSEPP Programmatic Guidance*, June 2008, chapter IV, section A
2. DA Pam 50-6: *CAIRA Operations*, March 2003, paragraphs. 2-8, 2-10, 2-11, 2-12, 2-13, 3-2, 3-5
3. Installation CAIRA Plan and supporting agreements and procedures
4. 29 CFR 1910.120: *Hazardous Waste Operations and Emergency Response* par. (f) and (g)
5. 40 CFR 300: *National Contingency Plan*, Secs. 300.5 and 300.120

A.3.4.E

**Task:** Direct and Control Distribution of Supplies and Equipment

**Evaluated Component:** Emergency Operations Center staff

**Expected Outcomes:** Sufficient supplies, equipment, and vehicles 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 CAI site.
2. Verify that supplies and equipment are tested, inspected, and repackaged for issue to response teams.
3. Monitor response operations and verify that supplies are issued to responders on demand.
4. Maintain records to track supply and equipment usage rates and accurately account for costs associated with the response. Factor contamination losses for durable and nonexpendable supplies and equipment used at the CAI site when compiling usage rates.
5. Verify that motor pool or facility engineer personnel have equipment and vehicles identified for release control and mitigation operations prepared for use.

**References:**

1. *CSEPP Planning Guidance*, June 2008, chapter IV
2. DA Pam 50-6: *CAIRA Operations*, March 2003, paragraphs 3-5, 9-2, 9-3 and 9-4
3. Installation CAIRA Plan and supporting agreements and procedures

A.3.5.E

**Task:** Request and Coordinate Additional Response Support

**Evaluated Component:** Emergency Operations Center staff

**Expected Outcomes:** Identify shortfall in supplies, equipment, and personnel needed for response support, request additional needed items, and arrange for arrival and deployment of the additional response support supplies, equipment, and personnel.

**Steps:**

1. Solicit information about usage rates for supplies and equipment from the Forward Command Post and within the 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 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. Coordinate with the staff in off-post EOCs, as necessary, to facilitate movement of response augmentees, equipment, and supplies to the installation.
7. Arrange for the receipt and internal distribution of supplies and equipment to sustain response operations.
8. Arrange for the arrival, transportation, messing, and lodging of IRF augmentees. Assign augmentees to tasks and shifts.

**References:**

1. *CSEPP Planning Guidance*, June 2008, chapter IV
2. DA Pam 50-6: *CAIRA Operations*, March 2003, paragraphs 3-5, 9-2, 9-3 and 9-4
3. Installation CAIRA Plan and supporting agreements and procedures

C.3.1.E

**Task:** Alert and Mobilize EOC Staff

**Evaluated Component:** Emergency Operations Center staff and Incident Commander

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

**Steps:**

1. Based on CENL and PAD, the Incident Commander 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*, June 2008, chapter II, section A
2. Jurisdiction CSEPP Plan and supporting agreements and procedures

## C.3.2.E

**Task:** Activate and Operate the EOC

**Evaluated Component:** Emergency Operations Center staff and Incident Commander

**Expected Outcomes:** EOC full operational status is quickly achieved and maintained for the duration of the response. A common understanding of the status of current response operations and future operational plans and needs is developed and maintained for the duration of the response.

**Steps:**

1. Upgrade facility from current to emergency status.
2. Follow procedures for removing equipment from storage locations; ensure equipment is operating properly; prepare facility for emergency use; review plans and procedures appropriate for the CAI.
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. The Incident Commander or designated official coordinates the exchange of information with the installation, other off-post EOCs, and any other jurisdictions/organizations supporting the response to the CAI to develop a common understanding of the status of current response operations and future operational plans and needs.
5. Brief EOC staff on the status of the CAI and current response activities on-post and off-post upon their arrival and at regular intervals thereafter.
6. Provide command, control, coordination, and leadership of emergency response activities.
7. Establish and maintain EOC security throughout the response.
8. Promptly post information about on-post and off-post events and decisions in the EOC. The information is archived for subsequent analysis, investigation, and preparation of official reports.
9. Plan for uninterrupted 24-hour operations to include publication of schedules that cover all shifts with adequate staff.
10. Maintain continuous EOC operations during rest, meal breaks, and shift changes. Conduct shift transition briefings in accordance with plans and procedures.
11. Make CAI notification to medical support entities such as hospitals, clinics, Health Departments, etc.

**References:**

1. *CSEPP Planning Guidance*, June 2008, chapter II, sections A, B and D
2. Jurisdiction CSEPP Plan and supporting agreements and procedures

C.3.3.E

**Task:** Provide Support to the Storage Installation

**Evaluated Component:** Emergency Operations Center staff

**Expected Outcomes:** Additional response resources for the installation are routed without delay.

**Steps:**

1. In response to installation requests, provide support to facilitate expeditious movement of emergency supplies and equipment to staging areas and/or operational areas.
2. In response to installation requests, facilitate movement of response augmentees from arrival sites to staging areas and/or operational areas.

**References:**

1. *CSEPP Planning Guidance*, June 2008, chapter II, section B
2. Jurisdiction CSEPP Plan and supporting agreements and procedures



C.3.4.E

**Task:** Request Supplementary Assistance

**Evaluated Component:** Emergency Operations Center staff

**Expected Outcomes:** Resource shortfalls are identified and local, State and Tribal 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(s) 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. *CSEPP Planning Guidance*, June 2008, chapter II, sections A and B, and chapter IV
2. *CSEPP Programmatic Guidance*, June 2008, chapter IV, section A
3. Jurisdiction CSEPP Plan and supporting agreements and procedures

### Outcome 4: Hazard Mitigation

This outcome, demonstrated exclusively on post, includes all activities related to reporting the event, fighting fires, preserving evidence and records of decisions, and controlling and mitigating the hazard. It does not include any activities at the incident site specifically associated with the *Victim Care* outcome.

#### OUTCOME EVALUATION MAP

INSTALLATION		STATE/COUNTY	
Field	EOC	Field	EOC
A.4.1.F Make Immediate CAI Reports			
A.4.2.F Conduct Firefighting Operations at the CAI Site			
A.4.4.F Provide Direction and Control at the CAI Site	A.4.3.E Direct and Control Field Response Operations		
A.4.6.F Preserve Evidence at the CAI Site	A.4.5.E Direct and Coordinate Preservation of Evidence and Records of Decisions		
A.4.7.F Stage Response Teams			
A.4.8.F Operate a Personnel Decontamination Station			
A.4.9.F Operate an Equipment Decontamination Station			
A.4.10.F Conduct Agent Containment Operations			
A.4.11.F Mitigate the Effects of the Agent Release			

A.4.1.F

**Task:** Make Immediate CAI Reports

**Evaluated Component:** Chemical workers, security forces, and facility personnel

**Expected Outcomes:** Prompt and accurate reports are made from the CAI site.

**Steps:**

1. Witnesses quickly obtain essential elements of information (EEI) that describe the incident:
  - a. Location and time of the event.
  - b. Description and magnitude of the CAI (spill, fire, explosion).
  - c. Type and quantity of agent and/or munitions involved.
  - d. Number and extent of injuries.
2. Witnesses communicate the EEI available to them initially to the operations center. The report includes the name and location of person(s) reporting the event.
3. Witnesses continue to obtain EEI concerning any changes to the initial conditions and circumstances at the CAI site. This includes deployment of Initial Entry Parties as soon as possible.
4. Witnesses communicate updates of EEI concerning the CAI as promptly and accurately as the initial report.

**References:**

1. *CSEPP Planning Guidance*, June 2008, chapter V, section A
2. DA Pam 50-6: *CAIRA Operations*, March 2003, paragraphs 3-5c(3) and 7-2d
3. Installation CAIRA Plan
4. Installation Physical Security Plan and Guard Orders
5. Memorandum, Office of the Deputy Chief of Staff, DAMO-SSD, 19 January 2006, Subject: Explosive Ordnance Disposal (EOD) Support During Emergency Response Activities at US Army Chemical Materials Agency (CMA) Storage and Disposal Facilities
6. Operational SOPs

A.4.2.F

**Task:** Conduct Firefighting Operations at the CAI Site

**Evaluated Component:** Installation firefighters

**Expected Outcomes:** Fires at the CAI site are fought safely.

**Steps:**

1. The senior firefighter present directs all firefighting activities.
2. Firefighters act to protect and equip themselves for their mission.
3. Firefighters and firefighting equipment deploy to the CAI site to suppress or extinguish fires and provide support to response operations.
4. Fires at the CAI site are extinguished, controlled, or allowed to burn out according to good firefighting practices. Care is taken to avoid causing unnecessary migration of released agent or release of additional agent. Fires involving explosives are not fought.
5. The senior firefighter keeps the Field Operations Branch Chief and/or EOC staff informed of the status of firefighting operations.

**References:**

1. DA Pam 50-6: *CAIRA Operations*, March 2003, paragraph 3-5c(6)
2. DA Pam 385-61: *Toxic Chemical Agent Safety Standards*, December 2008, paragraph 12-10
3. Installation CAIRA Plan
4. Installation Firefighting Plan

A.4.3.E

**Task:** Direct and Control Field Response Operations

**Evaluated Component:** Emergency Operations Center staff

**Expected Outcomes:** Activities of responders in the field are directed, controlled, and coordinated to ensure maximum safety and efficiency.

**Steps:**

1. Assist the Field Operations Branch Chief and staff in developing and implementing CAI plans and alternate plans to contain the release.
2. Monitor communication between responders and the Field Operations Branch Chief and receive reports regarding the status of containment operations. Make recommendations to the EOC Operations Branch Chief, the Field Operations Branch Chief and the Operations Section Chief regarding adjustments to these operations based on the situation presented.
3. Direct the dispatch of available additional responders if field operations are beyond the capabilities of responders at the CAI site.
4. Direct the dispatch of specialized responders (e.g., firefighters, heavy equipment operators, and EOD technicians) if such assets are required to support field operations.
5. Assist the Field Operations Branch Chief and staff in developing and implementing mitigation plans.
6. Monitor communication between responders and the Field Operations Branch Chief and receive reports regarding the status of mitigation operations. Make recommendations to the EOC Operations Branch Chief, the Field Operations Branch Chief and the Operations Section Chief regarding adjustments to these operations based on the situation presented.

**References:**

1. DA PAM 50-6: *CAIRA Operations*, March 2003, paragraphs 3-3 and 3-5
2. Installation CAIRA Plan
3. Installation SOPs for field operations
4. 29 CFR 1910.120

A.4.4.F

**Task:** Provide Direction and Control at the CAI Site

**Evaluated Component:** Senior responder and Field Operations Branch Chief

**Expected Outcomes:** Activities of responders in the field are properly coordinated to ensure maximum safety and efficiency of response operations.

**Steps:**

1. The first qualified responder at the CAI site establishes initial expedient direction and control by:
  - a. Expediting the care and transportation of injured or exposed personnel.
  - b. Establishing an initial hazard area based on preliminary information or pre-established criteria, and consultation with hazard analysts.
  - c. Selecting the initial locations for Personnel Decontamination Station (PDS) and Equipment Decontamination Station (EDS) operations and staging areas on the upwind perimeter of the hazard area.
  - d. Collecting and assessing additional information about conditions at the CAI site.
  - e. Directing expedient containment and mitigation operations to the extent that this can be done safely with available assets.
  - f. Organizing and directing the arrival of additional response teams.
  - g. Keeping the EOC staff informed about field operations.
2. A Field Command Post is set up and operated in a safe and convenient location.
3. The Field Operations Branch Chief assumes direction and control in the field as soon as communications with response teams are established and enough EEI is available to sustain this effort. The Field Operations Branch Chief:
  - a. Coordinates, directs, and controls response operations to assess, contain and mitigate the release safely and efficiently.
  - b. Adjusts locations for PDS and EDS operations, staging areas, and other field operations according to conditions and circumstances at the CAI site.
  - c. Ensures that real-time, low-level monitoring is done at the PDS and EDS, certain staging areas, ACPs, and other places where unprotected persons are allowed to be present at the perimeter of the predicted hazard area.
  - d. Adjusts the security cordon to accommodate revised hazard area predictions and operational needs in the field.
  - e. Requests and deploys additional equipment, personnel, and supplies.
  - f. Keeps the Operations Section Chief informed about field operations.

**References:**

1. DA Pam 50-6: *CAIRA Operations*, March 2003, paragraphs 3-3, 3-5, 5-4, 7-2, 7-3, 13-2, 13-3, and 13-5
2. Installation CAIRA Plan
3. 29 CFR 1910.120

A.4.5.E

**Task:** Direct and Coordinate Preservation of Evidence and Records of Decisions

**Evaluated Component:** Emergency Operations Center staff

**Expected Outcomes:** Information about the CAI and the Army response is collected, secured, and preserved.

**Steps:**

1. Security officer, legal officer, safety officer, and environmental officer provide advice and recommendations to the Operations Section Chief regarding physical evidence to document and preserve at the CAI site and elsewhere.
2. Operations Section Chief considers CAI site preservation recommendations when directing and controlling containment and mitigation operations at the CAI site.
3. Operations Section Chief directs that conditions at the CAI site be documented as thoroughly as the situation allows throughout the response. This includes eyewitness statements, sketches, photographs, and audio and video recordings.
4. Operations Section Chief confirms that all handwritten notes; duty logs; status boards; equipment maintenance records; maps; media releases; communications logs, recordings, and transcripts; electronic files; and records of decisions and operations associated with the response are collected and archived as a permanent record for subsequent analysis, investigation, and official reports.

**References:**

1. AR 385-10: *The Army Safety Program*, revised November 2008, chapter 3
2. DA Pam 50-6: *CAIRA Operations*, March 2003, paragraphs 3-5b(2), 3-7, 10-4, 14-2, and 14-3 and Appendix B
3. DA Pam 385-40: *Army Accident Investigation and Reporting*, March 2009
4. Installation CAIRA Plan

A.4.6.F

**Task:** Preserve Evidence at the CAI Site

**Evaluated Component:** Field Operations Branch staff and field response teams

**Expected Outcomes:** Evidence from the CAI site and records of the Army field response are collected, secured, and preserved.

**Steps:**

1. Responders, to the greatest extent possible, avoid disturbing equipment, materials, and conditions at the CAI site other than as required to rescue victims, fight fires, render explosives safe, secure chemical material, and mitigate the release.
2. Responders document conditions at the CAI site as thoroughly as the situation allows throughout the response (sketches, eye-witness reports, written narratives, photographs, and audio or video recordings).
3. Responders document their decisions and response activities in a permanent record as soon as possible.
4. The Field Operations Branch staff collects and protects all information about the conditions at the CAI site and records of decisions and operations for subsequent analysis, investigation, and official reports.

**References:**

1. AR 385-10: *The Army Safety Program*, revised November 2008, chapter 3
2. DA Pam 50-6: *CAIRA Operations*, March 2003, paragraphs 3-5b(2), 3-7 and 10-4 and Appendix B
3. Installation CAIRA Plan



A.4.7.F

**Task:** Stage Response Teams

**Evaluated Component:** Field Operations Branch staff and field response teams

**Expected Outcomes:** Emergency responders are readily available and properly deployed for task assignments.

**Steps:**

1. Security forces, fire and rescue teams, medical personnel, chemical workers, EOD technicians, and other emergency responders deploy promptly to appropriate staging areas.
2. Responders perform pre-operation checks and prepare PPE, vehicles, and equipment.
3. Field Operations Branch staff or immediate supervisors brief emergency responders on the status of response operations, provide safety directives, and assign tasks.
4. Responders adjust their readiness postures as field operations evolve by relocating to different staging areas or modifying the level of PPE worn.

**References:**

1. DA Pam 50-6: *CAIRA Operations*, March 2003, paragraphs 5-4 and 7-4.
2. DA Pam 385-61: *Toxic Chemical Safety Standards*, December 2008, paragraph 4-2 and chapter 7
3. Installation CAIRA Plan

**Task:** Operate a Personnel Decontamination Station

**Evaluated Component:** Chemical workers at the PDS

**Expected Outcomes:** Personnel and PPE are determined to be free from contamination before leaving the predicted hazard area. Containers holding contaminated PPE or other contaminated materials are packaged properly for storage, treatment, or disposal.

**Steps:**

1. Chemical workers set up the PDS to provide for safe and efficient operations within the contamination reduction area. The location is confirmed free from contamination.
2. Chemical workers confirm that sufficient personnel, materials, and supplies are available to assist responders exiting from within the predicted hazard area and to sustain personnel decontamination operations for the duration of the response.
3. Chemical workers operate the PDS safely and efficiently.
4. All persons who exit from the predicted hazard area depart through the PDS.
5. Permanent records of the name, time, decontamination method, post-decontamination monitoring results, and monitoring instruments used are maintained for all persons processed through the PDS.
6. Containers holding PPE and other contaminated material are closed, sealed, confirmed to be free from external contamination, and marked appropriately for storage, treatment, or disposal.
7. PDS supervisor reports the status of decontamination operations at regular intervals to the Field Operations Branch Chief.

**References:**

1. DA Pam 50-6: *CAIRA Operations*, March 2003, paragraphs 3-5c(8), 5-4, 13-2, 13-5 and 13-6
2. Installation CAIRA Plan

**Task:** Operate an Equipment Decontamination Station

**Evaluated Component:** Chemical workers at the EDS

**Expected Outcomes:** Vehicles, supplies, material, tools and equipment are determined to be free from contamination before leaving the predicted hazard area. Containers holding contaminated material are packaged properly for storage and disposal.

**Steps:**

1. Chemical workers set up the EDS to provide for safe and efficient operations within the contamination reduction area. The location is confirmed free from contamination.
2. Chemical workers confirm that sufficient personnel, materials, and supplies are available to process vehicles, supplies, material, tools and equipment from within the predicted hazard area and to sustain decontamination operations for the duration of the response.
3. Chemical workers operate the EDS safely and efficiently.
4. All vehicles, supplies, material, tools, and equipment removed from the predicted hazard area depart through the EDS.
5. Permanent and unique identifiers are affixed to all supplies, material, tools, equipment, and containers processed through the EDS.
6. Permanent records of each vehicle and other objects and materials processed through the EDS are maintained. The record includes the identity, time and decontamination method, post-decontamination monitoring results, and monitoring instrument used.
7. All vehicles and other objects and materials are permanently marked to show their decontamination status. Containers holding contaminated material are closed, sealed, confirmed to be free from external contamination, and marked appropriately for storage and disposal.
8. EDS supervisor reports the status of decontamination operations at regular intervals to the Field Operations Branch Chief.

**References:**

1. DA Pam 50-6: *CAIRA Operations*, March 2003, paragraphs 3-5c(8), 5-4, 13-2, 13-5 and 13-6
2. Installation CAIRA Plan

A.4.10.F

**Task:** Conduct Agent Containment Operations

**Evaluated Component:** Field Operations Branch staff and field response teams

**Expected Outcomes:** The amount of agent released is limited to the smallest possible quantity over the smallest possible area. The release is terminated promptly at its source as soon as this can be done safely.

**Steps:**

1. Field Operations Branch staff and response team leaders assess the situation and develop plans for collecting and containing the release.
2. Field Operations Branch Chief and/or Incident Commander approve work plans prior to beginning release control operations.
3. Responders properly don appropriate PPE before working in potentially hazardous environments.
4. Responders contain liquid agent spills by using methods or equipment that will obtain expedient results, e.g., closing or plugging containers, over-packing leaking containers, covering the source container, or using absorbent or neutralizing materials.
5. Firefighters suppress vapor releases by using firefighting foam, hazardous materials foam, or other vapor barrier materials.
6. If the leak or spill is in a storage structure, responders close the door and install a filter unit on the rear vent.
7. If munitions with explosive components are damaged or exposed to impact or fire, EOD technicians render the munitions safe before they are moved or packaged. The Incident Commander approves alternate techniques if EOD technicians cannot safely render the munitions safe using standard procedures.
8. Response team leaders keep the Field Operations Branch Chief and EOC staff informed about containment operations.

**References:**

1. DA Pam 50-6: *CAIRA Operations*, March 2003, paragraphs 3-5c(8), 7-2, 7-3, 13-2, 13-3, 13-5 and 13-6
2. DA Pam 385-61: *Toxic Chemical Agent Safety Standards*, December 2008
3. Installation CAIRA Plan

A.4.11.F

**Task:** Mitigate the Effects of the Agent Release

**Evaluated Component:** Field Operations Branch staff and field response teams

**Expected Outcomes:** Contaminated facilities and materials are safely decontaminated, sealed, or packaged, and are disposed of safely and legally.

**Steps:**

1. Response team leaders and Field Operations Branch staff assess the situation and develop plans for mitigating the effects of the release.
2. Field Operations Branch Chief and/or Incident Commander approve mitigation plans prior to beginning operations.
3. Response teams properly don appropriate PPE before proceeding to begin mitigation operations.
4. Response teams absorb, neutralize, or collect residual liquid agent and aerosol deposition.
5. Chemical workers collect and package contaminated tools and equipment, decontamination byproducts, materials, and soil. Items are processed through the EDS for appropriate disposal.
6. If the release occurred in a storage structure, the structure is thoroughly decontaminated or sealed.
7. Response teams continuously monitor all areas within the Contamination Reduction Area and sample for agent residue and hazardous decontamination by-products.
8. Response teams record and archive monitoring and sampling results for response records.
9. Response team leaders keep the Field Operations Branch Chief and EOC staff informed about clean-up operations.
10. Response team members request additional personnel or equipment from the Field Operations Branch Chief or EOC staff, as needed.

**References:**

1. DA Pam 50-6: *CAIRA Operations*, March 2003, paragraphs 3-5c(8), 7-2, 7-3, 13-3, 13-5 and 13-6
2. DA Pam 385-61: *Toxic Chemical Agent Safety Standards*, December 2008
3. Installation CAIRA Plan

## Outcome 5: Protection

This outcome includes all activities related to protecting the on-post and off-post populations, including special populations, by making appropriate protective action decisions, activating alert and notification systems, disseminating protective action messages, providing access control and security, activating and operating reception centers and mass care shelters and coordinating support services for affected populations.

### OUTCOME EVALUATION MAP

INSTALLATION		STATE/COUNTY	
Field	EOC	Field	EOC
	A.5.1.E Make On-Post Protective Action Decisions		C.5.1.E Make Off-Post Protective Action Decisions
			C.5.2.E Select or Prepare Protective Action Messages
	A.5.2.E Activate On-Post Alert and Notification Systems		C.5.3.E Activate Off-Post Alert and Notification Systems
A.5.4. Evacuate and Secure the Predicted Hazard Area	A.5.3.E Direct and Control Protection of the Post Population	C.5.4.F Conduct Route Alerting	
A.5.5. F Control On-Post Population Evacuation		C.5.6.F Establish Traffic and Access Control Points	C.5.5.E Direct and Control Activation of Traffic and Access Control Points
A.5.6.F Assemble, Screen, and Account for the On-Post Population		C.5.8.F Implement Protective Actions for Schools and Day Care Centers	C.5.7.E Direct and Control Protective Actions for Schools and Day Care Centers
A.5.7. F Provide Transportation for Evacuation		C.5.10.F Implement Protection of Special Populations	C.5.9.E Direct and Control Protection of Special Populations
	A.5.8.E Coordinate Support Services for the Army Community	C.5.12.F Operate Reception Centers	C.5.11.E Direct and Control Reception Center Activation and Operations
	A.5.9.E. Coordinate Claims Services for the Affected Population	C.5.14.F Operate Shelters	C.5.13.E Direct and Control Shelter Activation and Operations

## A.5.1.E

**Task:** Make On-Post Protective Action Decisions

**Evaluated Component:** Emergency Operations Center staff and Incident Commander,

**Expected Outcomes:** Optimum protective action decisions to protect the at-risk populations on post are made quickly. Decisions to adjust or cancel PADs are made as conditions warrant.

**Steps:**

1. Upon receipt of a report of a CAI, a hazard analyst determines the perimeter of the on-post predicted hazard area, considering current and predicted meteorology; hazard plume plots; the potential for aerosol deposition; the Short Term Exposure Limit risk envelope for chemical workers and unprotected emergency responders; potential explosives fragmentation hazards; pre-planned locations for the PDS and EDS; and the risk envelope for all at-risk post populations, and recommends on-post protective action decisions (PAD) to an Army official authorized to implement on-post PADs.
2. An authorized Army official considers the advice of the hazard analyst, then decides the appropriate PADs for the on-post population, to include persons near the CAI site who are not essential to, or associated with, the response.
3. The Incident Commander assesses reports concerning the status of the protection of the at-risk population in the predicted hazard area and makes new or different PADs when reports indicate problems in implementation of protective actions.
4. Hazard analysts and the Incident Commander repeat the above steps when meteorology changes occur or new information about the event becomes available, thus adjusting or cancelling on-post PADs as appropriate. This includes recommending the relocation from shelters at times that minimize exposure to infiltrated vapors.

**References:**

1. *CSEPP Planning Guidance*, June 2008, chapter III, section B
2. *CSEPP Programmatic Guidance*, June 2008, chapter IV, sections D and E
3. *CSEPP Shelter-In-Place Protective Action Guide Book*, May 2006, sections 3.2 and 5.2
4. CSEPP Policy Paper #1: *Definition of Maximum Protection* May 1991
5. CSEPP Policy Paper #20: *Adoption of Acute Exposure Guideline Levels (AEGLS)* (Revised), February 2003
6. DA Pam 50-6: *CAIRA Operations*, March 2003, paragraphs 3-4 and 3-5
7. Installation CAIRA Plan and supporting agreements and procedures

A.5.2.E

**Task:** Activate On-Post Alert and Notification Systems

**Evaluated Component:** Emergency Operations Center staff and Incident Commander

**Expected Outcome:** All persons initially in the on-post predicted hazard area are instructed on protective actions appropriate for their specific location (within the planned timeframe) of the PAD.

**Steps:**

1. Prepare protective action messages to be broadcast over indoor and outdoor alert and notification systems. If a location other than the EOC activates these systems, EOC staff ensures the correct protective action messages are broadcast.
2. Activate indoor and outdoor alert and notification systems with sufficient lead time so that initial instructions are received within the planned timeframe.
3. Activate auxiliary warning systems and devices.
4. Confirm that the alert and notification systems functioned properly and broadcast the correct messages. They immediately notify the Incident Commander of any failure of alert and notification systems or devices.
5. EOC staff immediately activates backup notification systems to cover any area where alert and notification systems or devices failed. Backup systems include route alerting by security forces and radio and telephonic notification to selected facilities.
6. Incident Commander determines the impact of delayed dissemination of protective action instructions and adjusts subsequent response actions accordingly.
7. Reactivate 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 Incident Commander.

**References:**

1. *CSEPP Planning Guidance*, June 2008, chapter V, section A
2. *CSEPP Shelter-In-Place Protective Action Guide Book*, May 2006, sections 3.3 and 5.3
3. DA Pam 50-6: *CAIRA Operations*, March 2003, paragraphs 3-4 and 3-5
4. Installation CAIRA Plan and supporting agreements and procedures



A.5.3.E

**Task:** Direct and Control Protection of the Post Population

**Evaluated Component:** Emergency Operations Center staff and Incident Commander

**Expected Outcomes:** Arrangements are made to secure the on-post predicted hazard area, and move the at-risk population to safe locations.

**Steps:**

1. Review selected evacuation routes consistent with PADs. Identify situations 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 consistent with PADs 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 security forces to provide traffic and access control with appropriate vehicles, equipment, and materials to specified control points.
4. Coordinate on-post traffic and access control activities with off-post jurisdictions.
5. Direct the repositioning of traffic or access control points as PADs change.
6. Track the status of persons who took temporary shelter within the predicted hazard area and arrange their relocation at times that minimize exposure to infiltrating vapors.
7. Track the assembly of evacuees at pre-designated locations to account for all of the at-risk population. Direct actions to account for known or suspected missing persons, and to treat potential agent exposure victims arriving at assembly points.
8. Arrange transportation for at-risk personnel who lack the means to move to safe locations.

**References:**

1. *CSEPP Planning Guidance*, June 2008, chapter III, sec. B and chapter IV, section B
2. *CSEPP Programmatic Guidance*, June 2008, chapter IV, sec. E
3. *CSEPP Shelter-In-Place Protective Action Guide Book*, May 2006, section 5.2
4. DA Pam 50-6: *CAIRA Operations*, March 2003, paragraphs 3-5, 5-2, 5-3, 5-4, and 13-2
5. Installation CAIRA Plan and supporting agreements and procedures

A.5.4.F

**Task:** Evacuate and Secure the Predicted Hazard Area

**Evaluated Component:** Security forces, chemical workers, and facility personnel

**Expected Outcomes:** Non-essential personnel are removed from the predicted hazard area and a security cordon is established and enforced around this area.

**Steps:**

1. Security guards and non-essential workers in the predicted hazard area properly don appropriate PPE and acknowledge alarms.
2. Field Operations Branch Chief or the senior responder in the field promptly identifies the boundaries of the on-post predicted hazard area in consultation with hazard analysts in the EOC and security supervisors. The perimeter of the on-post predicted hazard area considers: the Short Term Exposure Limit risk envelope; potential explosives fragmentation hazard; the risk envelope; pre-planned locations for the PDS and EDS; and locations for effective access control points (ACP).
3. Security guards survey their areas of responsibility and direct the evacuation of non-essential personnel from within the predicted hazard area.
4. Security guards set up a security cordon around the predicted hazard area.
5. Supervisors ensure no guards are positioned inside the predicted hazard area unless they are dressed in appropriate PPE.
6. Security guards set up and operate ACPs for all responders entering or leaving the predicted hazard area, including at least one ACP near the PDS and the EDS.
7. Security guards maintain accountability of all responders within the security cordon.
8. Security supervisor reports the status of security operations at regular intervals to the Field Operations Branch Chief and EOC staff.
9. Security guards relocate promptly if circumstances warrant change in the size or shape of the predicted hazard area, the location of the PDS and EDS, or security requirements.

**References:**

1. *CSEPP Planning Guidance*, June 2008, chapter III, section B
2. DA Pam 50-6: *CAIRA Operations*, March 2003, paragraphs 3-5, 5-2, 5-3, 5-4, and 13-2
3. Installation Guard Orders
4. Installation Physical Security Plan
5. Installation CAIRA Plan

**Task:** Control On-Post Population Evacuation

**Evaluated Component:** Security forces

**Expected Outcomes:** Traffic control points and unstaffed barricades are in place outside of the predicted hazard area in time to expedite prompt and orderly evacuation from the predicted hazard area. The at-risk post population is evacuated safely and expeditiously.

**Steps:**

1. Set up barricades and operate traffic control points outside of the predicted hazard area.
2. Conduct route alerting in select areas if requested by the Incident Commander.
3. Security forces make regular communications checks and report progress in evacuation activities to the EOC staff.
4. Direct evacuees to safe locations and expedite their movement. Priority is given to emergency vehicles.
5. Report incidents of potential agent exposure among evacuees, and arrange transport for at-risk persons who lack transportation.
6. Promptly relocate TCPs as needed. TCPs might be set up close to the incident site initially, then relocated as the size and shape of the predicted hazard area changes over time.

**References:**

1. *CSEPP Planning Guidance*, June 2008, chapter III, section B
2. *CSEPP Programmatic Guidance*, June 2008, chapter IV, section E
3. DA Pam 50-6: *CAIRA Operations*, March 2003, paragraphs 3-5 and 5-4
4. Installation CAIRA Plan and supporting agreements and procedures

A.5.6.F

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

**Evaluated Component:** Supervisors and heads of families at assembly points

**Expected Outcomes:** The on-post population is assembled, accounted for, and screened for agent exposure. This population is ready to evacuate if directed.

**Steps:**

1. Upon receipt of instructions to evacuate from the predicted hazard area, designated supervisors and heads of families open assembly points for their facility or area.
2. Supervisors and heads of families account for all personnel by name and category (i.e., employee, visitor, contractor, or resident).
3. Supervisors and heads of families attempt to locate and warn unaccounted-for persons. Consideration is given to those who might have taken temporary shelter as a protective action, and will need to be accounted for and screened after ending temporary shelter.
4. Supervisors and heads of families report the status of personnel in their facility or area to the Evacuation Coordinator in the EOC.
5. Supervisors and heads of families screen personnel for potential agent exposure, based on their location when the release occurred, their travel route to the assembly point, or if they are presenting symptoms of agent exposure. Arrangements are made for treatment and transport of potential agent exposure victims.

**References:**

1. *CSEPP Planning Guidance*, June 2008, chapter III, section B
2. *CSEPP Programmatic Guidance*, June 2008, chapter IV, section E
3. *CSEPP Shelter-In-Place Protective Action Guide Book*, May 2006, section 5.2
4. DA Pam 50-6: *CAIRA Operations*, March 2003, paragraph 3-5
5. Installation CAIRA Plan and supporting agreements and procedures

**Task:** Provide Transportation for Evacuation

**Evaluated Component:** Transportation workers at assembly points

**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. Individuals who have access to vehicles evacuate without assistance when directed.
2. Upon notification of evacuation requirements, designated evacuation drivers ensure that vehicles are serviceable with sufficient fuel to support the mission prior to leaving for assembly points.
3. Drivers have or obtain maps and communications equipment to support their mission.
4. Drivers configure vehicles to accommodate special populations, if applicable.
5. Drivers form evacuation convoys at the assembly points.
6. Evacuees load on vehicles, and are accounted for by a vehicle manifest or some other positive means. This information is passed to the Evacuation Coordinator in the EOC.
7. Evacuees are transported to appropriate safe locations, which might be off post.

**References:**

1. *CSEPP Planning Guidance*, June 2008, chapter III, section B
2. *CSEPP Programmatic Guidance*, June 2008, chapter IV, section E
3. DA Pam 50-6: *CAIRA Operations*, March 2003, paragraphs 3-4 and 3-5
4. Installation CAIRA Plan and supporting agreements and procedures

A.5.8.E

**Task:** Coordinate Support Services for the Army Community

**Evaluated Component:** Emergency Operations Center staff

**Expected Outcomes:** The need is assessed and arrangements are made to provide the Army community and their families with counseling, spiritual support, and veterinary services.

**Steps:**

1. Determine the need for and request augmentation for support services:
  - a. Clergy or counselor support from local community-based programs, support installations, or the AMC Chaplain Crisis Response Team.
  - b. Veterinary assets from supporting installations or AMC.
2. Provide appropriate information about the event and local circumstances to support the requests and detail what resources are needed.
3. Coordinate the arrival of, and arrange for, logistic support for requested staff:
  - a. Check-in and in-brief procedures – where and when they check in and who will brief them.
  - b. Workspace, billeting and other support as needed.
4. Make arrangements to publicize the availability of support services for the on-post Army community and their families.
5. Inform the Incident Commander about support service activities and any problems that require extraordinary action or intervention.

**References:**

1. AR 40-905: *Veterinary Health Services*, September 1994
2. AR 165-1: *Chaplain Activities in the United States Army*, March 2005
3. DA Pam 50-6: *CAIRA Operations*, March 2003, paragraph 3-5
4. Installation CAIRA plan and supporting agreements and procedures

A.5.9.E

**Task:** Coordinate Claims Services for the Affected Population

**Evaluated Component:** Emergency Operations Center staff

**Expected Outcomes:** The need is assessed and arrangements made to provide claims services to members of the on-post and off-post communities.

**Steps:**

1. Determine the need for claims services and request claims service augmentation from Army legal staff at supporting installations and the Army Claims Service.
2. Provide appropriate information about the CAI and local circumstances to support the requests and detail what resources are needed.
3. Coordinate the arrival of and arrange logistic support for requested staff, to include reception and briefing upon arrival and assignment of lodging and work space.
4. Make arrangements to publicize the availability of claims services to the off-post community as well as the Army community.
5. Inform the Incident Commander about claims service activities and any problems that require extraordinary action or intervention.

**References:**

1. AR 27-20: *Claims*, July 2003
2. DA Pam 27-162: *Claims Procedures*, March 2008
3. DA Pam 50-6: *CAIRA Operations*, March 2003, paragraphs 3-5 and 10-1 through 10-4
4. Installation CAIRA Plan and supporting agreements and procedures

## C.5.1.E

**Task:** Make Off-Post Protective Action Decisions

**Evaluated Component:** Emergency Operations Center staff and Incident Commander

**Expected Outcomes:** Protective action decisions that are appropriate for the risk are made quickly. Decisions to adjust or cancel PADs are made as conditions warrant. The PADs are made known to appropriate jurisdictions, individuals, and agencies.

**Steps:**

1. Upon receipt of the CENL and PAR from the Army, an authorized official quickly decides on an appropriate protective action decisions (PAD) for the jurisdiction. The decision considers current and predicted meteorology; hazard plume plots; the risk envelope for all at-risk populations, protective action guides in the jurisdiction CSEPP plan; shelter availability; evacuation time estimates; and relative exposure savings between evacuation and sheltering. If analysis factors match predetermined criteria, pre-existing PADs are used. Otherwise, the PADs are based on judgment and experience.
2. All PADs are communicated promptly and directly to the installation EOC, to the JIC when activated, to other jurisdictions that are affected by the implications of the PAD (e.g., evacuees being sent to shelter in an adjacent jurisdiction).
3. The Incident Commander assesses reports concerning the status of the protection of the at-risk population and directs remedies when reports are not forthcoming or indicate delays in implementation of protective actions.
4. After the initial PAD, subsequent PADs are made as appropriate after analyzing new data or upon receipt of a new PAR from the installation. This includes recommending the ventilation or exit from shelters at times that minimize exposure to infiltrated vapors.

**References:**

1. *CSEPP Planning Guidance*, June 2008, chapter III, section B
2. *CSEPP Programmatic Guidance*, June 2008, chapter IV, sections D and E
3. CSEPP Policy Paper #1: *Definition of Maximum Protection* May 1991
4. CSEPP Policy Paper #20: *Adoption of Acute Exposure Guideline Levels (AEGLS)* (Revised), February 2003
5. *CSEPP Shelter-In-Place Protective Action Guide Book*, May 2006, sections 3.2 and 5.2
6. FEMA CPG 101, *Developing and Maintaining State, Territorial, Tribal, and Local Government Emergency Plans*, March 2009, chapter 6, pp. 6-9, 6-10; appx. C, p. C-16
7. Jurisdiction CSEPP Plan and supporting agreements and procedures



**Task:** Select or Prepare Protective Action Messages

**Evaluated Component:** Emergency Operations Center staff

**Expected Outcomes:** Appropriate protective action messages are prepared for dissemination to the affected off-post population.

**Steps:**

1. Identify and select pre-scripted protective action messages appropriate for the PAD to be disseminated to the affected population. These messages are for broadcast through the EAS and/or other broadcast media. The same or similar messages might be broadcast on TARs and sirens, and voice mail, text messaging, and reverse 911 systems.
2. Fill in the blanks of the pre-scripted messages or modify selected messages with information specific to the incident as appropriate for the PAD.
3. Prepare appropriate protective action messages 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. Ensure protective action messages are coordinated and approved by the appropriate authorities prior to dissemination. These messages should be tracked through a numbering system or some other identifying factor.
6. Provide copies of protective action messages to the installation, the JIC, and adjacent jurisdiction EOCs.

**References:**

1. *CSEPP Planning Guidance*, June 2008, chapter III, section B; chapter V, section A
2. *CSEPP Programmatic Guidance*, June 2008, chapter IV, sections B, D and E
3. *CSEPP Shelter-In-Place Protective Action Guide Book*, May 2006, sections 3.3 and 5.3
4. FEMA CPG 101, *Developing and Maintaining State, Territorial, Tribal, and Local Government Emergency Plans*, March 2009, chapter 6, p. 6-9; appx. C, p. C-16
5. Jurisdiction CSEPP Plan and supporting agreements and procedures

## C.5.3.E

**Task:** Activate Off-Post Alert and Notification Systems

**Evaluated Component:** Off-Post Warning Point staff or Emergency Operations Center staff

**Expected Outcomes:** All persons in the off-post predicted hazard area are instructed on protective actions appropriate for their specific location within the eight minutes of the PAD.

**Steps:**

1. Off-post warning point staff or EOC staff activates indoor and outdoor alert and notification systems in time for instructions to be received within eight minutes of the time the PAD is determined. This includes arranging for broadcast of EAS messages within eight minutes of the time the PAD is determined when EAS messages are the primary means of disseminating the protective action instructions. If a location other than the EOC activates these systems, EOC staff ensures that the correct protective action messages are broadcast.
2. Activate auxiliary notification systems. Consider route alerting based on:
  - 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
3. If route alerting is selected, provide information regarding safe routes to and from the alert location and any required hazard information (e.g., time to abandon the route).
4. Provide protective action instructions directly to specified facilities, e.g., medical treatment facilities, large businesses, transportation operators, and major recreational facilities.
5. Confirm the alert and notification systems functioned properly and broadcast the correct messages. This includes the broadcast of EAS messages when EAS messages are the primary means of disseminating the protective action instructions. They immediately notify the Incident Commander of any failure of alert and notification systems or devices.
6. EOC staff immediately activates backup notification systems (e.g., radio and telephonic notification) to cover any area where alert and notification systems or devices failed.
7. Incident Commander determines the impact of delayed dissemination of protective action instructions and adjusts subsequent response actions accordingly.
8. Reactivate primary 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.

**References:**

1. *CSEPP Planning Guidance*, June 2008, chapter V, section A
2. *CSEPP Shelter-In-Place Protective Action Guide Book*, May 2006, sections 3.3 and 5.3
3. Jurisdiction CSEPP Plan and supporting agreements and procedures

**Task:** Conduct Route Alerting

**Evaluated Component:** Firefighters and law enforcement officials

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

**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*, June 2008, chapter V, section A
2. FEMA CPG 101, *Developing and Maintaining State, Territorial, Tribal, and Local Government Emergency Plans*, March 2009, chapter 6, p. 6-9; appx. C, p. C-16
3. Jurisdiction CSEPP Plan and supporting agreements and procedures

## C.5.5.E

**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. Activate reader/message boards with appropriate message.
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 ensure 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*, June 2008, chapter III, section B
2. *CSEPP Programmatic Guidance*, June 2008, chapter IV, section E
3. Jurisdiction CSEPP Plan and supporting agreements and procedures

C.5.6.F

**Task:** Establish Traffic and Access Control Points

**Evaluated Component:** Law enforcement officers, firefighters, and Public Works Department personnel at traffic and access control points.

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

**Steps:**

1. If sufficient time is available, executing agency inventories and stages crews, vehicles, and equipment to support establishment of the specified ACPs and 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 (including message/reader boards) 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*, June 2008, chapter III, section B
2. *CSEPP Programmatic Guidance*, June 2008, chapter IV, section E
3. Jurisdiction CSEPP Plan and supporting agreements and procedures

C.5.7.E

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

**Evaluated Component:** Emergency Operations Center staff

**Expected Outcomes:** Arrangements are made for all school and day care students and staff to be sheltered-in-place or 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*, June 2008, chapter III, section B
2. *CSEPP Programmatic Guidance*, June 2008, chapter IV, sections D, E, and F
3. FEMA CPG 101, *Developing and Maintaining State, Territorial, Tribal, and Local Government Emergency Plans*, March 2009, appx. C, pp. C-16, C-17
4. Jurisdiction CSEPP Plan and supporting agreements and procedures

**Task:** Implement Protective Actions for Schools and Day Care Centers

**Evaluated Component:** School system administrators and Day Care Center operators

**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.
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).
7. Ensure accountability of all students, facility, and school employees when they are sheltered in place or evacuated to a reception center/shelter.

**References:**

1. *CSEPP Planning Guidance*, June 2008, chapter III, section B
2. *CSEPP Programmatic Guidance*, June 2008, chapter IV, section F
3. *CSEPP Shelter-In-Place Protective Action Guide Book*, May 2006, sections 3 and 4
4. FEMA CPG 101, *Developing and Maintaining State, Territorial, Tribal, and Local Government Emergency Plans*, March 2009, appx. C, pp. C-16, C-17
5. Jurisdiction CSEPP Plan and supporting agreements and procedures

**Task:** Direct and Control Protection of Special Populations

**Evaluated Component:** Emergency Operations Center staff

**Expected Outcomes:** Arrangements are made for special populations to be sheltered-in-place or promptly and safely evacuate 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*, June 2008, chapter III, section B
2. *CSEPP Programmatic Guidance*, June 2008, chapter IV, sections D, E, and F
3. FEMA CPG 101, *Developing and Maintaining State, Territorial, Tribal, and Local Government Emergency Plans*, March 2009, chapter 4, p. 4-5; chapter 6, pp. 6-2, 6-10; appx. B, p. B-7; appx. C, pp. C-6, C-8, C-16—C-18
4. Jurisdiction CSEPP Plan and supporting agreements and procedures



**Task:** Implement Protection of Special Populations

**Evaluated Component:** Special population sites operators and transportation providers

**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*, June 2008, chapter III, section B
2. *CSEPP Programmatic Guidance*, June 2008, chapter IV, section F
3. *CSEPP Shelter-In-Place Protective Action Guide Book*, May 2006, sections 3 and 4
4. FEMA CPG 101, *Developing and Maintaining State, Territorial, Tribal, and Local Government Emergency Plans*, March 2009, chapter 4, p. 4-5; chapter 6, pp. 6-2, 6-10; appx. B, p. B-7; appx. C, pp. C-6, C-8, C-16—C-18
5. Jurisdiction CSEPP Plan and supporting agreements and procedures

C.5.11.E

**Task:** Direct and Control Reception Center Activation and Operations

**Evaluated Component:** Emergency Operations Center staff

**Expected Outcomes:** Direction and control of reception center activities is established. Reception center operations are coordinated to ensure the adequacy and efficiency of support for evacuees.

**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 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 ensure continuous, 24-hour operations.

**References:**

1. *CSEPP Planning Guidance*, June 2008, chapter III, Section B and chapter IV, sections A, B and C
2. FEMA CPG 101, *Developing and Maintaining State, Territorial, Tribal, and Local Government Emergency Plans*, March 2009, appx. C, p. C-17
3. Jurisdiction CSEPP Plan and supporting agreements and procedures

C.5.12.F

**Task:** Operate Reception Centers

**Evaluated Component:** Reception Center staff

**Expected Outcomes:** Appropriate reception centers are fully staffed and functional to support the expected number of evacuees.

**Steps:**

1. 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.
2. Using established protocols and procedures, register evacuees as they arrive at the reception center.
3. Assign evacuees to shelters based upon their needs and desire for shelter. Make arrangements for the care and handling of evacuees' pets.
4. Make periodic reports to the EOC according to local plans and procedures.
5. Ensure continuous, 24-hour operations and provide a transition briefing to replacement shift personnel.

**References:**

1. *CSEPP Planning Guidance*, June 2008, chapter III, section B and chapter IV, sections A, B and C
2. FEMA CPG 101, *Developing and Maintaining State, Territorial, Tribal, and Local Government Emergency Plans*, March 2009, appx. C, p. C-17
3. Jurisdiction CSEPP Plan and supporting agreements and procedures

C.5.13.E

**Task:** Direct and Control Shelter Activation and Operations

**Evaluated Component:** Emergency Operations Center staff

**Expected Outcomes:** Direction and control of shelter activities is established. Shelter operations are coordinated to ensure the adequacy and efficiency of support for evacuees.

**Steps:**

1. Notify the 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 ensure continuous, 24-hour operations.

**References:**

1. *CSEPP Planning Guidance*, June 2008, chapter III, section B; chapter IV, sections A, B and C
2. FEMA CPG 101, *Developing and Maintaining State, Territorial, Tribal, and Local Government Emergency Plans*, March 2009, appx. C, p. C-17
3. Jurisdiction CSEPP Plan and supporting agreements and procedures

C.5.14.F

**Task:** Operate Shelters

**Evaluated Component:** Shelter staff

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

**Steps:**

1. Set up the shelter facility according to established plans and procedures.
2. 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.
3. Check evacuees to ascertain if they have been through reception and registration, including screening for contamination if necessary.
4. Meet the needs of special populations, mobility impaired, or medically dependent individuals.
5. 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.
6. Make arrangements for the care and handling of evacuees' pets.
7. Make periodic reports to the EOC according to local plans and procedures.
8. Notify EOC to open other facilities as capacity is neared.
9. Ensure continuous, 24-hour operations and provide a transition briefing to replacement shift personnel.

**References:**

1. *CSEPP Planning Guidance*, June 2008, chapter III, section B and chapter IV, sections A, B and C
2. FEMA CPG 101, *Developing and Maintaining State, Territorial, Tribal, and Local Government Emergency Plans*, March 2009, appx. C, p. C-17
3. Jurisdiction CSEPP Plan and supporting agreements and procedures

## 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 Incident Site		C.6.1.F Communication	C.6.1.E Communication
A.6.2.F Prepare Medical Treatment Facility to Receive Patients		C.6.2.F Prepare Medical Treatment Facility to Receive Patients	
A.6.3.F Provide Emergency Triage, Treatment, and Stabilization in the Field		C.6.3.F Pre-Decontamination Triage	
A.6.4.F Make Victim Status Reports	A.6.5.E Track the Location and Status of Victims	C.6.4.F Decontamination and Post Decontamination Triage	
A.6.6.F Decontaminate Patients in the Field		C.6.5.F Transport Evacuees/Patients to a Shelter or Medical Treatment Facility	
A.6.7.F Transport Patients to a Medical Treatment Facility		C.6.6.F Treat Patients at a Medical Treatment Facility	
A.6.8.F Treat Patients at a Medical Treatment Facility	A.6.9.E Notify Next-of-Kin	C.6.7.F Collect and Decontaminate Human Remains	C.6.8.E Track the Location of Evacuees, Patients and Fatalities
A.6.10.F Collect and Decontaminate Human Remains	A.6.11.E Coordinate Disposition of Human Remains		

A.6.1.F

**Task:** Provide Immediate Emergency Aid at the Incident Site

**Evaluated Component:** First responders other than medical professionals, e.g., chemical workers, security guards, and firefighters

**Expected Outcomes:** Victims are saved from additional trauma injury, and agent exposure at the incident site. Appropriate lifesaving self-aid and first aid is accomplished. Collection of key information on patient history and treatment is begun.

**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. Note that emergency treatment to save life or limb takes precedence over decontamination.
  - d. Removing gross contamination from the victim's exposed skin and PPE.
2. Move victims to a clean location and conduct expedient decontamination, continuing life support and first aid treatment during movement.
3. Prepare victims for immediate triage by the medical response team upon completion of decontamination procedures.
4. Victims and non-medical responders initiate a patient history, with particular attention given to the agent antidote regimen and decontamination processes accomplished.

**References:**

1. DA Pam 50-6: *CAIRA Operations*, March 2003, paragraphs 3-5c(7), 6-3, and 6-5
2. Installation CAIRA Plan
3. Operational SOPs

## A.6.2.F

**Task:** Prepare Medical Treatment Facility to Receive Patients

**Evaluated Component:** Medical treatment facility staff

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

**Steps:**

1. Upon notification that an incident has occurred and patients might arrive, alert all services involved and mobilize the facility. Verify notification if not from the usual emergency communications channels.
2. Organize to respond utilizing an Incident Command System.
3. If incoming patients might be potentially contaminated, implement the hazardous material plan for the facility:
  - a. Prepare the decontamination and treatment areas.
  - b. Select PPE and prepare the triage, security and decontamination teams to receive patients.
4. Notify patient transports of any special approach or entrance to the medical treatment facility.
5. Receive patient information from the incident site and patient transports.
6. Make arrangements to control access to all entrances and exits.
7. Identify and isolate potentially contaminated patients that self present to the medical 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 patient tracking coordinator in the EOC.

**References:**

1. CSEPP Medical IPT, *Hospital CSEPP Medical Evaluation Guidance*, March 2003
2. *CSEPP Planning Guidance*, June 2008, chapter III, section J
3. DA Pam 50-6: *CAIRA Operations*, March 2003, paragraphs 3-5c(7) and 6-3
4. Installation CAIRA Plan
5. Medical treatment facility emergency response plan
6. 29 CFR 1910.120: *Hazardous Waste Operations and Emergency Response*
7. 29 CFR 1910.134: *Respiratory Protection*
8. 40 CFR 311: *Worker Protection*



A.6.3.F

**Task:** Provide Emergency Triage, Treatment, and Stabilization in the Field

**Evaluated Component:** Medical Response Team members

**Expected Outcome:** The patient is stabilized in the field before transport to a medical treatment facility.

**Steps:**

1. Responders don appropriate PPE.
2. Begin triage procedures where victims are available for assessment.
3. Collect information on patient history, treatment, and decontamination from victim, coworkers and non-medical first responders.
4. Conduct primary patient assessment and perform additional expedient decontamination (if needed).
5. Address life-threatening issues. Note that emergency treatment to save life or limb takes precedence over decontamination.
6. Treat signs and symptoms. Continually assess the patient to ensure stability for transport.
7. Determine if patient will be transported to the on-post medical treatment facility or an off-post medical treatment facility.
8. Position the patient for thorough decontamination and transport to the medical treatment facility. Continue treatment while preparing the patient for decontamination and transport.
9. Add information about triage and treatment to the patient history.

**References:**

1. CSEPP Medical IPT, *Emergency Medical Service CSEPP Medical Evaluation Guidance*, March 2003
2. *CSEPP Planning Guidance*, June 2008, chapter III, section J
3. DA Pam 50-6: *CAIRA Operations*, March 2003, paragraphs 3-5c(7), 6-3, and 6-5
4. Installation CAIRA Plan and supporting agreements and procedures

A.6.4.F

**Task:** Make Victim Status Reports

**Evaluated Component:** Chemical workers, security guards, firefighters, Medical Response Team members, and medical treatment facility staff

**Expected Outcomes:** Emergency responders and the medical treatment facility staff exchange information about the location and status of on-post victims of injury or agent exposure, and provide this information to the Emergency Operations Center staff..

**Steps:**

1. Emergency responders make regular reports from the field about the location and status (extent of injury and exposure and care being provided) of all injured or exposed persons to the on-post medical treatment facility, the Field Operations Branch Chief, and the patient tracking coordinator in the EOC. Reports describe any delay in care for victims and a request or recommendation for assistance to remedy the delay.
2. Medical treatment facility staff make regular reports about the location and status (extent of injury and exposure and care being provided) of all injured or exposed persons to the patient tracking coordinator in the EOC. Reports include any delay in care for victims and a request or recommendation for assistance to remedy the delay.

**References:**

1. DA Pam 50-6: *CAIRA Operations*, March 2003, paragraphs 3-5c(7), 6-3, and 6-5
2. Installation CAIRA Plan

## A.6.5.E

**Task:** Track the Location and Status of Victims

**Evaluated Component:** Emergency Operations Center staff and Incident Commander

**Expected Outcomes:** On-post victims of the incident are tracked as to their status and location, their identities are confirmed, their medical needs are taken care of, and accurate information is available to notify next-of-kin. No victim's identity or information is improperly released in reports or news releases. Information about the location and status of deceased victims is tracked and protected with the same care and attention to detail.

**Steps:**

1. Upon receipt, patient information is posted to status boards in the EOC. Information includes location and status (extent of injury and exposure and care being provided), including those who are deceased, that are being transported or cared for by installation medical responders. The Incident Commander is informed promptly about any significant changes in patient status.
2. EOC staff periodically solicit updates on patient status if they are not forthcoming from the field or from the medical treatment facility.
3. Patient confidentiality rules are strictly followed.
4. EOC staff identifies and reacts to any delays in patient care.
5. EOC staff coordinate with county and state health agencies and medical services to exchange information about the location and status of all installation personnel who were injured or exposed.
6. EOC staff solicit information from county and state health agencies and medical services regarding the status of any victims of the incident who were injured or exposed off-post for inclusion in reports to higher headquarters.

**References:**

1. AR 360-1: *Army Public Affairs Program*, September 2000, chapters. 5 and 12
2. *CSEPP Planning Guidance*, June 2008 chapter III, section J
3. DA Pam 50-6: *CAIRA Operations*, March 2003, paragraphs. 3-5c(7), 6-3, and 6-5
4. DOD Directive 6025.LL-R, *DOD Health information Privacy Regulation*, March 2003
5. Installation CAIRA Plan
6. 45 CFR 160-164 (Department of Health and Human Services regulations)

**Task:** Decontaminate Patients in the Field

**Evaluated Component:** First responders and Medical Response Team members

**Expected Outcome:** Patient is thoroughly decontaminated before transport to a medical treatment facility.

**Steps:**

1. Don PPE and practice decontamination control.
2. Remove all contamination from the patient:
  - 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. Confirm that contaminants are removed to the level that they pose no hazard to the patient or responders.
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.

**References:**

1. CSEPP Medical IPT, *Emergency Medical Service CSEPP Medical Evaluation Guidance*, March 2003
2. DA Pam 50-6: *CAIRA Operations*, March 2003, paragraphs 3-5c(7), 6-3, 6-5, and 13-5b
3. Installation CAIRA Plan

## A.6.7.F

**Task:** Transport Patients to a Medical Treatment Facility

**Evaluated Component:** Medical Response Team members and patient transport workers

**Expected Outcomes:** The patient is taken to a medical treatment facility in time to prevent death or permanent incapacitation. Transport vehicles and PPE used by transport personnel are confirmed clean before they 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 before arrival..
3. Prepare the transport vehicle.
4. Don PPE.
5. Ensure that the patient has been decontaminated to prevent cross-contamination prior to being placed in the transport vehicle.
6. Coordinate with the EOC staff 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 medical 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 transport vehicle in an area designated by the facility. Do not bring patients into the medical treatment facility until permission is received from the facility staff.
9. After unloading the patient, confirm that the vehicle and PPE used for the transport is clean before they are returned to service.

**References:**

1. CSEPP Medical IPT, *Emergency Medical Service CSEPP Medical Evaluation Guidance*, March 2003, sections 6, 8, and 11
2. *CSEPP Planning Guidance*, June 2008, chapter III, section J
3. DA Pam 50-6: *CAIRA Operations*, March 2003, paragraph 3-5c(7)
4. Installation CAIRA Plan and supporting agreements and procedures

**Task:** Treat Patients at a Medical Treatment Facility

**Evaluated Component:** On-post medical treatment facility staff

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

**Steps:**

1. Facility staff meets the 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 treatment facility. Coordinate patient transfer with transport provider and receiving 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. Facility staff identify and isolate potentially contaminated patients who bring themselves to the treatment facility unannounced or present themselves outside of regular EMS channels.

**References:**

1. CSEPP Medical IPT, *Hospital CSEPP Medical Evaluation Guidance*, March 2003
2. *CSEPP Planning Guidance*, June 2008, chapter III, section J
3. DA Pam 50-6: *CAIRA Operations*, March 2003, paragraphs 3-5c(7) and 6-5
4. Installation CAIRA Plan and supporting agreements and procedures

**Task:** Notify Next-of-Kin**Evaluated Component:** Emergency Operations Center staff**Expected Outcomes:** The next-of-kin of injured and exposed persons, to include fatalities, 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 determine if the victims are installation employees, residents, contractors, or visitors, and if any are members of the Armed Forces.
2. The identity of patients from the installation are 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. This includes those who are deceased.
3. Patient confidentiality rules are strictly followed.
4. If the victims are installation employees or residents, EOC staff determines the identities of the next-of-kin from official personnel or housing records.
5. EOC staff collects all information needed to contact the next-of-kin.
6. Incident 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.
7. For military personnel, follow established DA protocols for next-of-kin notifications.
8. The victim's employer or sponsor 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.
9. 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. AR 360-1: *Army Public Affairs Program*, September 2000, chapters. 5 and 12
2. DOD Directive 6025.LL-R, *DOD Health information Privacy Regulation*, March 2003
3. Installation CAIRA Plan
4. 45 CFR 160-164 (Department of Health and Human Services regulations)

**Task:** Collect and Decontaminate Human Remains

**Evaluated Component:** Medical Response Team members

**Expected Outcomes:** Human remains are treated with dignity and respect while being collected and decontaminated. Human remains are prepared for unrestricted final arrangements by the next-of-kin as soon as practicable.

**Steps**

1. Human remains are not moved until authorized by the Incident 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. Human 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, thoroughly decontaminate the remains 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.
6. The remains are respectfully contained and properly stored pending arrangements for transfer to a mortuary or other appropriate facility.

**References:**

1. *CSEPP Planning Guidance*, June 2008, chapter III, section J
2. *CSEPP Recovery Plan Workbook*, April 2003, section 2.6
3. DA Pam 50-6: *CAIRA Operations*, March 2003, paragraph 9-3d(9)
4. DA Pam 638-2: *Procedures for the Care and Disposition of Remains and Disposition of Personal Effects*, December 2000
5. Installation CAIRA Plan and supporting agreements and procedures



A.6.11.E

**Task:** Coordinate Disposition of Human Remains

**Evaluated Component:** Emergency Operations Center staff

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

**Steps:**

1. Receive reports of fatalities from field locations, record the information, and inform the Incident Commander, patient tracking coordinator, human resources officer, and legal officer. Determine if the deceased are installation employees, residents, 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. See next-of-kin notification (A.6.9.E).
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 preferences for movement of remains to a mortuary or other appropriate facility. Assist the next-of-kin in arranging the transfer of the remains and obtaining the personal effects of the deceased.

**References:**

1. DA Pam 50-6: *CAIRA Operations*, March 2003, paragraph 9-3d(9)
2. DA Pam 638-2: *Procedures for the Care and Disposition of Remains and Disposition of Personal Effects*, December 2000
3. *CSEPP Planning Guidance*, June 2008, chapter III, section J
4. *CSEPP Recovery Plan Workbook*, April 2003, section 2.6
5. Installation CAIRA Plan and supporting agreements and procedures

C.6.1.F

**Task:** Communication – Medical Staff

**Evaluated Component:** Emergency Medical Services Staff, Medical Treatment Facility Staff

**Expected Outcomes:** Communication occurs throughout the continuum of care; initially On-Post and finally all the way through the emergency management structure.

**Steps:**

1. Receive initial notification and continual status reports using a bi-directional communication exchange.
2. Employ internal communications using redundant systems.
3. Maintain external communications with all engaged medical agencies and the Emergency Management Structures (i.e. JIC, JIS and EOC)

**References:**

1. *CSEPP Planning Guidance*, June 2008, Chapter VI
2. Department of Health and Human Services Centers for Disease Control and Prevention, CDC *Recommendations for Civilian Communities near Chemical Weapons Depots: Guidelines for Medical Preparedness*: Notice Federal Register June 27, 1995, Volume 60, no. 123, page 33310 Section III.8
3. Medical IPT *Emergency Medical Service CSEPP Medical Evaluation Guidance*, March 2003, section 8
4. Emergency Medical Service Standard Operating Procedure/Protocol
5. FEMA CPG 101, *Developing and Maintaining State, Territorial, Tribal, and Local Government Emergency Plans*, March 2009, appx. C, pp. C-19, C-20
6. Medical IPT Hospital *CSEPP Medical Evaluation Guidance*, March 2003, section 9
7. Jurisdiction CSEPP Plan and supporting agreements and procedures
8. Medical Treatment Facility Emergency Response Plan
9. OSHA *Best Practices for Hospital-Based First Receivers of Victims from Mass Casualty Incidents Involving the Release of Hazardous Substances* pg 36-37

C.6.1.E

**Task:** Communication – EOC/JIC Medical Representative

**Evaluated Component:** Medical Representative in the Jurisdictional EOC/JIC

**Expected Outcomes:** Communication occurs throughout the continuum of care; initially On-Post and finally all the way through the emergency management structure.

**Steps:**

1. Transmit and receive continual status reports using a bi-directional communication exchange.
2. Employ redundant communication systems.
3. Maintain external communications with all engaged medical agencies.

**References:**

1. *Emergency Medical Service CSEPP Medical Evaluation Guidance*, March 2003, section 8
2. FEMA CPG 101, *Developing and Maintaining State, Territorial, Tribal, and Local Government Emergency Plans*, March 2009, appx. C, pp. C-19, C-20
3. *Hospital CSEPP Medical Evaluation Guidance*, March 2003, section 9
4. Jurisdiction CSEPP Plan and supporting agreements and procedures

C.6.2.F

**Task:** Prepare Medical Treatment Facility to Receive Patients

**Evaluated Component:** Medical Treatment Facility Staff

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

**Steps:**

1. Verify Exercise Regulatory Compliance Document is signed by authorized hospital personnel.
2. Verify updated emergency management plans are in place.
3. Receive notification that an incident has occurred and patients are coming to the facility. If notification comes from other than the usual emergency communications channels, verify the notification.
4. Organize response utilizing an Incident Command System.
5. Notify all services involved in the plan and mobilize the emergency department.
6. If incoming patients are 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, security and decontamination teams to receive patients.
7. Notify patient transport agencies of any special approach or entrance to the medical facility.
8. Receive initial and follow-up patient information from the site and patient transport agencies.
9. Make arrangements to control access to all entrances and exits.
10. Identify and isolate potentially contaminated patients that self present to the medical treatment facility unannounced or present themselves outside of regular EMS channels.
11. 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 Medical IPT, *Hospital CSEPP Medical Evaluation Guidance*, March 2003
2. *CSEPP Planning Guidance*, June 2008, chapter III, section J
3. DA Pam 50-6: *CAIRA Operations*, March 2003, paragraph 6-2 B
4. Installation CAIRA Plan
5. Memorandum of Agreements between installation medical assets, community transport agencies and community medical treatment facilities
6. 29 CFR 1910.120: *Hazardous Waste Operations and Emergency Response*
7. 29 CFR 1910.134: *Respiratory Protection*
8. 40 CFR 311: *Worker Protection*

**Task:** Pre-Decontamination Triage

**Evaluated Component:** Decontamination Team

**Expected Outcomes:** Patients are assessed and triaged for appropriate medical treatment and decontamination.

**Steps:**

1. Select patient triage location according to established plans and procedures.
2. Set up the triage location according to local plans and procedures, paying special attention to contamination control and access control measures.
3. Conduct differential triage of evacuees by determining:
  - If they present signs and symptoms of chemical agent exposure;
  - If they have been evacuated from the predicted hazard area;
  - Their time of departure from the predicted hazard area (to determine if they have traveled through the plume);
  - If they request decontamination, even though they have not or are not likely to have been exposed.
4. Team members don PPE and take other measures to protect themselves from danger due to contamination, blood-borne pathogens, bodily fluids, etc.
5. In a multiple patient situation, begin proper triage procedures.
6. Conduct primary patient assessment while simultaneously conducting decontamination (if needed). Assign highest priorities to life-threatening issues (AABC – airway, antidote, breathing, circulation) and decontamination. Except for the administration of antidotes, perform invasive procedures only in uncontaminated areas. I think we need to add other life saving invasive capabilities if applicable.
7. Once life-threatening issues have been addressed, and as conditions allow, perform secondary patient assessment and establish patient history.
8. If not already done, arrange for and coordinate transportation of patients to a medical treatment facility.
9. Using good medical practice, treat presenting signs and symptoms as appropriate and when conditions allow.
10. Reassess the patient continuously for possible latent physiological effects of agent exposure.
11. Delay prophylactic measures until the patient is decontaminated.
12. Prepare patient for transport to medical facility.
13. Provide patient tracking information in accordance with established protocols and procedures.

**References:**

1. CSEPP Medical IPT *Emergency Medical Service CSEPP Medical Evaluation Guidance*, March 2003, section 11
2. CSEPP Medical IPT, *Hospital CSEPP Medical Evaluation Guidance*, March 2003, section 14.
3. *CSEPP Planning Guidance*, June 2008, chapter III, section J

4. FEMA CPG 101, *Developing and Maintaining State, Territorial, Tribal, and Local Government Emergency Plans*, March 2009, appx. C, pp. C-19, C-20
5. Jurisdiction CSEPP Plan and supporting agreements and procedures
6. *Medical Resource Guide* pg 20
7. 29 CFR 1910.120: *Hazardous Waste Operations and Emergency Response*
8. 29 CFR 1910.134: *Respiratory Protection*
9. 40 CFR 311: *Worker Protection*

**Task:** Decontamination and Post Decontamination Triage

**Evaluated Component:** Decontamination Teams, and Medical Treatment Facility Staff

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

**Steps:**

1. 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.
2. Decontamination team members don appropriate PPE before starting operations.
3. Separate evacuee/patients by gender, if sufficient decontamination resources are available ensuring privacy.
4. Identify and secure personal property (automobiles, etc.). Inform evacuees about how to collect their property when return to the area is authorized.
5. Identify and implement special provisions for the decontamination of special needs population (e.g., pediatric, hearing impaired, service animals or impaired mobility)
6. At the appropriate station, direct individuals to be decontaminated to remove their clothing and belongings. Decontamination teams place removed items in bags, label the bags, and secure the removed items according to established procedures.
7. Tag, decontaminate, verify cleanliness, and return eyeglasses to individuals.
8. Decontaminate evacuee/patients using currently accepted standards of care and practice, including appropriate wound decontamination.
9. Provide decontaminated persons with clean/dry clothing. Identify (tag) evacuees as decontaminated in accordance with local procedures.
10. If decontaminated evacuee/patients require medical evaluation direct them to supporting emergency medical assets for treatment and transport to a medical treatment facility.
11. Triage and reassess individuals following decontamination for signs and symptoms of agent exposure, and decontaminate again if needed.
12. Arrange to transport decontaminated individuals to a shelter or medical treatment facility.
13. Assure continuous, 24-hour operations. Provide a transition or situational briefing to later shift personnel before they begin work.
14. Continue evacuee/ patient tracking.
15. Demonstrate technical decontamination and doffing technique.

**References:**

1. CSEPP Medical IPT *Emergency Medical Service CSEPP Medical Evaluation Guidance*, March 2003, section 11
2. CSEPP Medical IPT *Hospital CSEPP Medical Evaluation Guidance*, March 2003, section 14
3. *Medical Resource Guide* pg 22-25
4. Jurisdiction CSEPP Plan and supporting agreements and procedures
5. OSHA *Best Practices for Hospital-Based First Receivers of Victims from Mass Casualty Incidents Involving the Release of Hazardous Substances*

6. 29 CFR 1910.120: *Hazardous Waste Operations and Emergency Response*
7. 29 CFR 1910.134: *Respiratory Protection*;
8. 40 CFR 311: *Worker Protection*



C.6.5.F

**Task:** Transport Evacuees/Patients to a Shelter or Medical Treatment Facility

**Evaluated Component:** Emergency Medical Services Personnel or Transport Entity Personnel

**Expected Outcomes:** Evacuees/Patients are safely transported to an appropriate facility.

**Steps:**

1. Ensure evacuees/patients are identified as being decontaminated and have the appropriate banding or markings as per local protocol.
2. Transport evacuee/patients to appropriate facilities utilizing appropriate transport resources.
3. Ensure proper evacuee/patient supervision enroute to shelter/medical treatment facility.
4. Initiate or continue medical treatment as per local protocol.
5. Identify antidote administration as per local protocol.
6. Communicate patient status with receiving medical treatment facility or shelter per local procedure.

**References:**

1. CSEPP Medical IPT, *Emergency Medical Service CSEPP Medical Evaluation Guidance*, March 2003, sections 6, 8, and 11
2. *CSEPP Planning Guidance*, June 2008, chapter III, section J
3. FEMA CPG 101, *Developing and Maintaining State, Territorial, Tribal, and Local Government Emergency Plans*, March 2009, appx. C, pp. C-19, C-20
4. Jurisdiction CSEPP Plan and supporting agreements and procedures
5. 29 CFR 1910.1030: *Bloodborne Pathogens*

**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. Identify, 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. Initial patient survey and stabilization should occur simultaneously for these individuals.
4. 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.
5. If treatment required exceeds the treatment facility's capability, refer patient to an appropriate medical treatment facility following all applicable regulatory requirements. Coordinate patient transfer with the accepting facility and transport agency.
6. Admit, transfer, or discharge patients
7. Provide patient tracking and facility bed availability information to the EOC and/or the Emergency Management System.

**References:**

1. CSEPP Medical IPT, *Hospital CSEPP Medical Evaluation Guidance*, March 2003
2. *CSEPP Planning Guidance*, June 2008, chapter III, sec. J
3. FEMA CPG 101, *Developing and Maintaining State, Territorial, Tribal, and Local Government Emergency Plans*, March 2009, appx. C, pp. C-19, C-20
4. Jurisdiction CSEPP Plan and supporting agreements and procedures
5. 29 CFR 1910.120: *Hazardous Waste Operations and Emergency Response*
6. 29 CFR 1910.134: *Respiratory Protection*
7. 29 CFR 1910.1030: *Bloodborne Pathogens*
8. 40 CFR 311: *Worker Protection*
9. 42 U.S. Code Section 1395dd: *Emergency Medical Treatment and Active Labor Act* (EMTALA), Washington, D.C.

**Task:** Collect and Decontaminate Human Remains

**Evaluated Component:** Emergency Medical Service Providers and Medical Treatment Facility Staff

**Expected Outcomes:** Human remains are treated with dignity and respect at all times

**Steps:**

1. Locate fatalities and provide reports to the EOC
2. Human 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. In accordance with appropriate state law, confirm the patient is deceased, confirm the patient's identity if possible, and reports this information to the EOC.
4. Human remains are tagged and moved to a decontamination site when movement is authorized.
5. Personal effects are removed, monitored, segregated by contamination status, and secured. Special provisions are made for personal effects that cannot be decontaminated.
6. If the human remains are identified as potentially contaminated, thoroughly decontaminate 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. Human remains are respectfully contained and properly stored pending arrangements for transfer to a mortuary or other appropriate facility according to recommendations from the local medical examiner.
8. Using patient tracking procedures, report location and status of the remains to the EOC or Emergency Management System.

**References:**

1. *CSEPP Planning Guidance*, June 2008, chapter III, section J
2. *CSEPP Recovery Plan Workbook*, April 2003, section 2.6
3. FEMA CPG 101, *Developing and Maintaining State, Territorial, Tribal, and Local Government Emergency Plans*, March 2009, appx. C, pp. C-19, C-20
4. Jurisdiction CSEPP Plan and supporting agreements and procedures
5. 29 CFR 1910.120: *Hazardous Waste Operations and Emergency Response*
6. 29 CFR 1910.134: *Respiratory Protection*
7. 29 CFR 1910.1030: *Bloodborne Pathogen*
8. 40 CFR 311: *Worker Protection*.

## C.6.8.E

**Task:** Track the Location of Evacuees, Patients and Fatalities

**Evaluated Component:** Emergency Operations Center Staff or Emergency Management Agency Staff

**Expected Outcomes:** Accurate evacuee, patient and fatality information is collected. Accurate Medical Treatment Facility bed available information is collected and legal requirements for handling remains are met

**Steps:**

1. Receive medical treatment facility bed availability information and their ability to receive patients.
2. Receive initial and follow up reports of evacuees, patients and fatalities from field locations:
  - numbers of ill, injured, exposed or deceased persons
  - locations
  - severity of illness
  - decontamination status
3. Record information, and inform the Incident Commander, emergency services coordinator, senior elected official or designated representative per local plans.
4. Coordinate Army assistance for installation evacuees, patients and fatalities if applicable.
5. 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 in accordance with state law.

**References:**

1. CSEPP EMS MEG Section 11
2. CSEPP Hospital MEG Section 14
3. *CSEPP Planning Guidance*, June 2008, chapter III, section J
4. *CSEPP Recovery Plan Workbook*, April 2003, section 2.6
5. Emergency Medical Service Standard Operating Procedure/Protocol
6. FEMA CPG 101, *Developing and Maintaining State, Territorial, Tribal, and Local Government Emergency Plans*, March 2009, appx. C, pp. C-19, C-20
7. Jurisdiction CSEPP Plan and supporting agreements and procedures
8. Medical Treatment Facility Emergency Response Plan

## CSEPP Exercise Regulatory Compliance Document

Please list employees who will participate in the CSEPP \_\_\_\_\_ Community Exercise on (Month, day, year) \_\_\_\_\_

Each employer is responsible for the safety and health of its employees and for providing a safe and healthful workplace for its employees. Employers are required to protect employees from the anticipated hazards associated with the response and recovery operations that employees are likely to conduct.

Signature on this document certifies compliance with all applicable elements of:

- 29 CFR 1910.120 (**OSHA Hazardous Waste Operations and Emergency Response Standard**)
- 29 CFR 1910.134 (**OSHA Respiratory Protection Standard**)
- 40 CFR 311 (**EPA's Parallel Hazardous Waste Operations and Emergency Response Standard**)

**OR**

- Comparable OSHA-approved State Plan regulatory requirements.

Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## 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 operation of a Joint Information System, the dissemination of information to the media from individual Emergency Operations Centers, the staffing and operation of a Joint Information Center (JIC), and the dissemination of information to the media and the public from the JIC.

### OUTCOME EVALUATION MAP

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

**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, the JIC, and federal response and recovery centers.
2. The JIC staff sends information copies of media releases to jurisdiction EOCs and other response facilities according to established plans and procedures.
3. The 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 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 are incomplete or are in 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. Community JIC/JIS Plan
2. *CSEPP Planning Guidance*, June 2008, chapter II, section C and chapter III, section E
3. *CSEPP Programmatic Guidance*, June 2008, chapter V, section B
4. DA Pam 50-6: *CAIRA Operations*, March 2003, paragraphs 3-5c(11), 3-6b(11), and E-6
5. Jurisdiction CAIRA/CSEPP Plan and supporting agreements and procedures

A.7.1.E

**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 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 of the event and appropriate 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 Incident Commander on activation of the JIC.
6. The PIO monitors media broadcast and print stories for clarity and accuracy. This function may/will pass to the JIC/JIS.
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 event and the response.
9. The PIO schedules and conducts media briefings as the situation requires.
10. Competent EOC staff assists the PIO, and performs the steps above in the absence of a PIO in the EOC.

**References:**

1. AR 360-1: *Army Public Affairs Program*, September 2000, paragraph 12-3
2. *CSEPP Planning Guidance*, June 2008, chapter II, section C and chapter III, section E
3. *CSEPP Programmatic Guidance*, June 2008, chapter V, section B
4. DA Pam 50-6: *CAIRA Operations*, March 2003, paragraphs 3-5c(11), 3-6b(11), and 8-4
5. Installation CAIRA Plan and supporting agreements and procedures



C.7.1.E

**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. This function may/will pass to the JIC/JIS.
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 the steps above in the absence of a PIO in the EOC.

**References:**

1. *CSEPP Planning Guidance*, June 2008, chapter II, section C and chapter III, section E
2. *CSEPP Programmatic Guidance*, June 2008, chapter V, section B
3. FEMA CPG 101, *Developing and Maintaining State, Territorial, Tribal, and Local Government Emergency Plans*, March 2009, appx. C, p. C-16
4. Jurisdiction CSEPP Plan and supporting agreements and procedures

A.7.2.E

**Task:** Inform Headquarters Public Affairs Offices

**Evaluated Component:** Emergency Operations Center staff

**Expected Outcomes:** Army Public Affairs Office (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 Public Affairs augmentation to the installation and the JIC as needed.

**Steps:**

1. The Army Incident Command PIO reports initial information about the chemical event and the Army response to headquarters PAOs as soon as possible.
2. The PIO 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-post 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 event.
6. The PIO coordinates the deployment and use of Public Affairs augmentation.

**References:**

1. AR 360-1: *The Army Public Affairs Program*, September 2000, paragraph 12-3
2. DA Pam 50-6: *CAIRA Operations*, March 2003, paragraphs 3-5c(11), 3-6b(11), and 8-4
3. Installation CAIRA Plan

A/C.7.2.J

**Task:** Activate and Operate a Joint Information Center

**Evaluated Component:** Joint Information Center staff

**Expected Outcomes:** The Joint Information Center (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. Authorized officials direct the activation of the JIC, as appropriate.
2. PIOs and complementary staff are assigned to the JIC according to staff availability and response priorities.
3. The JIC staff deploys promptly to the JIC. The JIC staff includes professional PIOs, spokespersons, or representatives from affected jurisdictions.
4. The JIC staff opens the JIC facility, establishes security, makes equipment ready for use, and establishes reliable communications with EOCs, other organizations, and facilities. The JIC staff also arranges space for a media work area, news conferences, and media briefings.
5. The JIC staff issues a media release announcing the location, purpose, and time the JIC becomes operational (open for business).
6. The JIC staff announces the time and place for news conferences and media briefings in sufficient time to permit media coverage.
7. The JIC staff maintains a record of JIC operations.
8. The JIC staff is expanded as necessary to support continuous uninterrupted operations. Calls to staff to support the expanded JIC include information about safe routes and instructions on shift assignments.
9. The JIC staff coordinates the arrival and logistics support for PIO and support staff augmentees and integrates them into JIC operations.

**References:**

1. Community JIC/JIS Plan
2. *CSEPP Planning Guidance*, June 2008, chapter II, section C and chapter III, section E
3. *CSEPP Programmatic Guidance*, June 2008, chapter V, section B
4. DA Pam 50-6: *CAIRA Operations*, March 2003, paragraphs 3-5c(11), 8-4, E-3, E-5, and E-6
5. Jurisdiction CAIRA/CSEPP Plan and supporting agreements and procedures

A/C.7.3.J

**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 and understood by the public. The leadership in each 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, alert and notification system messages, and media releases disseminated by individual jurisdictions.
2. The JIC staff prepares media releases to provide the public with updated or new public health and safety information. These releases describe 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 have been established for use during the emergency, such as the American Red Cross or claims offices.
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/JIS.
5. The JIC staff provides timely, clear, and accurate replies to media inquiries and maintains a record of responses to media inquiries.
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. All news conferences and media interviews will be moderated/overseen 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. Community JIC/JIS Plan
2. *CSEPP Planning Guidance*, June 2008, chapter II, section C and chapter III, section E
3. *CSEPP Programmatic Guidance*, June 2008, chapter V, section B
4. *CSEPP Public Affairs Planning Guidance Compendium Workbook*, June 2005, section 3
5. DA Pam 50-6: *CAIRA Operations*, March 2003, paragraphs 3-5c(11), 3-6b(11), 8-4, and E-6

**Task:** Disseminate Public 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 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.
3. 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.
4. The JIC public call-taker team documents all public inquiry calls and the responses that were given.
5. The JIC staff monitors the contents of calls from the public for trends and issues.
6. 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. Community JIC/JIS Plan
2. *CSEPP Planning Guidance*, June 2008, chapter II, section C and chapter III, section E
3. *CSEPP Programmatic Guidance*, June 2008, chapter V, section B
4. *CSEPP Public Affairs Planning Guidance Compendium Workbook*, June 2005, section 3
5. DA Pam 50-6: *CAIRA Operations*, March 2003, paragraphs 3-5c(11) and 3-6b(11)

## 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 Guides in outcomes 1-7. See Appendix F for additional discussion of CSEPP remediation and recovery evaluation.

The Evaluation Guides for this Outcome emphasize Emergency Operations Center (EOC) activities rather than field play for two 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. It is understood that some remediation and recovery operations would likely be coordinated and managed from a Joint Field Office (JFO) and/or a Disaster Recovery Center, supported by activities in various EOCs and command posts.

Because many remediation and recovery operations are extensions of response-phase activities, each Evaluation Guide in this Outcome contains a list of related response-phase tasks. For example, remediation and recovery-phase Task C.8.1.E, “Limit Access to Restricted Areas” shows as a related response-phase Task C.3.4.E, “Direct and Control Activation of Traffic and Access Control Points” and C.5.7.F “Activate Traffic and Access Control Points,” because access management is a follow-on to establishing access control.

### OUTCOME EVALUATION MAP

INSTALLATION	STATE/COUNTY
	C.8.1.E Limit Access to Restricted Areas
A/C.8.1.E Make Recovery-Phase Protective Action Decisions	
	C.8.2.E Make and Implement Ingestion Pathway Protective Action Decisions
	C.8.3.E Arrange Post-Emergency Medical Screening
A.8.1.E Initiate Environmental Remediation	C.8.4.E Arrange Temporary Shelter for Evacuees
A.8.2.E Initiate Accident Investigation	C.8.5.E Secure Disaster Assistance for Affected Communities
A/C.8.2.E Coordinate Recovery-Phase Monitoring and Sampling	
A/C.8.3.E/J Provide Recovery Information to the Media and the Public	
A.8.3.E Provide Support Services to the Army Community	
A/C.8.4.E Provide Claims Services to the Affected Population	
A/C.8.5.E Implement Unrestricted Re-entry	

C.8.1.E

**Task:** Limit Access to Restricted Areas

**Evaluated component:** Emergency Operations Center staff and Incident Commander

**Expected Outcomes:** Emergency workers are directed 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, with access by non-authorized personnel to the restricted area 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. Direct the establishment and staffing of semi-permanent checkpoints for controlled access.
3. Establish procedures for restricted re-entry, 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. Arrange for monitoring as needed to establish safe paths, accompany entry teams, or otherwise support safe re-entry 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.5.5.E Direct and Control Activation of Traffic and Access Control Points
- C.5.6.F Establish Traffic and Access Control Points

**References:**

1. *CSEPP Planning Guidance*, June 2008, chapter. III, sections B and C
2. *CSEPP Recovery Plan Workbook*, April 2003, section 2.4
3. Jurisdiction CSEPP Plan and supporting agreements and procedures

A/C.8.1.E

**Task:** Make Recovery-Phase Protective Action Decisions

**Evaluated Component:** On-Post and Off-Post Emergency Operations Center staff and Incident Commander and staff

**Expected Outcomes:** Appropriate and timely protective action decisions are made by designated 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 CAI site.
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 re-entry 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.2.3.E Determine CENL and Off-Post PARs
- A.5.1.E Make On-Post Protective Action Decisions
- C.5.1.E Make Off-Post Protective Action Decisions

**References:**

1. *CSEPP Planning Guidance*, June 2008, chapter III, sections B and H
2. *CSEPP Recovery Plan Workbook*, April 2003, section 2.3
3. *CSEPP Shelter-in-Place Protective Action Guide Book*, May 2006, section 5
4. Jurisdiction CAIRA/CSEPP Plan and supporting agreements and procedures



C.8.2.E

**Task:** Make and Implement Ingestion Pathway Protective Action Decisions

**Evaluated Component:** Emergency Operations Center staff and Incident Commander and staff

**Expected Outcomes:** Decisions are made to protect the public from exposure to chemical agent via ingestion, and to maintain the market share of products from nearby unaffected areas.

**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 PADs 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.

**References:**

1. *CSEPP Programmatic Guidance*, June 2008, chapter III, section A
2. *CSEPP Recovery Plan Workbook*, April 2003, section 2.5
3. Jurisdiction CSEPP Plan and supporting agreements and procedures

**Task:** Arrange Post-Emergency Medical Screening

**Evaluated Component:** Emergency Operations Center staff

**Expected Outcomes:** Arrangements are made for area hospitals and clinics to 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. Ensure that a record is kept of each person screened, whether or not any further treatment is indicated or performed.
5. Publicize availability of screening through public information releases and by contacting organizations operating mass care facilities.
6. Prepare for the ongoing possibility of exposure to emergency or remediation workers.

**References:**

1. *CSEPP Planning Guidance*, June 2008, chapter III, sections B and J
2. *CSEPP Programmatic Guidance*, June 2008, chapter IV, section H
3. *CSEPP Recovery Plan Workbook*, April 2003, section 2.6
4. Jurisdiction CSEPP Plan and supporting agreements and procedures

A.8.1.E

**Task:** Initiate Environmental Remediation

**Evaluated Component:** Emergency Operations Center staff and Federal On-Scene Coordinator staff

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

**Steps:**

1. The Federal On-Scene Coordinator (FOSC) receives legal and technical advice with respect to fulfilling environmental remediation requirements.
2. The FOSC 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 FOSC ensures that field operations at the CAI site include proper procedures for environmental protection (e.g. containment of runoff and containerization of waste with proper labeling).
4. The FOSC 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 CAI site.

**Related Response-Phase Tasks:**

- A.2.8.E Coordinate Monitoring and Sampling Operations
- A.3.3.E Perform Duties as the Federal On-Scene Coordinator
- A.4.3.E Direct and Control Field Response Operations
- A.4.10.F Conduct Agent Containment Operations
- A.4.11.F Mitigate the Effects of the Agent Release

**References:**

1. AR 200-1: *Environmental Protection and Enhancement*, December 2007
2. *CSEPP Recovery Plan Workbook*, April 2003, section 2.11 and annex H
3. DA Pam 50-6: *CAIRA Operations*, March 2003, paragraphs 2-10, 2-11, 2-13, 3-4 and 3-5
4. Installation CAIRA Plan and supporting agreements and procedures
5. National Contingency Plan

C.8.4.E

**Task:** Arrange Longer-Term Temporary Shelter for Evacuees

**Evaluated Component:** Emergency Operations Center staff

**Expected Outcomes:** Arrangements are made for appropriate shelter for evacuees who will be displaced for more than a day or two.

**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 longer-term temporary shelter.
2. Assess whether already open emergency shelters will serve as longer-term temporary shelters.
3. Assess whether the longer-term temporary shelter needs of all population groups, including persons with special needs, are being met.
4. Arrange for additional, appropriate longer-term 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. Because of the disruption of ordinary routines, displaced persons may need social assistance such as transportation, child care, meals on wheels, or other services.
6. Arrange for security at longer-term temporary shelters.
7. Arrange for 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 Activation and Operations

**References:**

1. *CSEPP Planning Guidance*, June 2008, chapter III, sections B and C
2. *CSEPP Recovery Plan Workbook*, April 2003, section 2.7
3. Jurisdiction CSEPP Plan and supporting agreements and procedures

**Task:** Initiate Accident Investigation

**Evaluated Component:** Emergency Operations Center staff

**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 CAI site 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 among collateral investigation and 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.E Direct and Coordinate Preservation of Evidence and Records of Decisions

**References:**

1. AR 15-6: *Procedure for Investigating Officers and Boards of Officers*, October 2006
2. AR 50-6: *Chemical Surety*, July 2008, paragraph 11-7
3. AR 385-10: *The Army Safety Program*, revised November 2008, Chapter 3
4. *CSEPP Accident Investigation Guide*, May 1997, sections 2 and 3
5. DA Pam 27-162: *Claims Procedures*, March 2008, chapter 2
6. DA Pam 50-6: *CAIRA Operations*, March 2003, paragraphs 3-5b(2), 3-7, 10-4, 14-2, and 14-3 and appendix B
7. DA Pam 385-40: *Army Accident Investigation and Reporting*, March 2009
8. Installation CAIRA Plan and supporting agreements and procedures

C.8.5.E

**Task:** Secure Disaster Assistance for Affected Communities

**Evaluated Component:** Emergency Operations Center staff

**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 DHS/FEMA officials to establish a Disaster Recovery Center (DRC), or other mechanism, to process requests for individual assistance.
3. Begin the process of evaluating losses to State and local government: response and recovery costs, damage to facilities, and losses because of decreased tax revenue.
4. Inform the public about the requirement to document their losses and availability of the DRC (or other mechanism) for receiving claims and requests for assistance.

**Related Response-Phase Tasks:**

- A.3.5.E Request and Coordinate Additional Response Support
- C.3.4.E Request Supplementary Assistance
- A.5.9.E Coordinate Claims Services for the Affected Population

**References:**

1. *CSEPP Recovery Plan Workbook*, April 2003, section 2.10 and annexes J; K, and L
2. Jurisdiction CSEPP Plan and supporting agreements and procedures

**Task:** Coordinate Recovery-Phase Monitoring and Sampling

**Evaluated Component:** Emergency Operations Center staff

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

**Steps:**

1. Determine monitoring and sampling needs to support decisions to allow unrestricted re-entry and lift ingestion pathway measures. Coordinate to develop a monitoring and sampling plan that will provide the information needed within a reasonable timeframe.
2. 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.
3. If state or local observers will accompany Army monitoring and sampling teams, make necessary staff assignments and ensure that precautions will be taken against the agent hazard. Army and off-post authorities coordinate monitoring and sampling team rendezvous.
4. 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.
5. Establish communications protocol for reporting of monitoring and sampling results.
6. Estimate how long it will take to get results back on the entire area affected, considering the area to be sampled, sampling density, and analytical resources available to process samples.
7. Keep stakeholders 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.
8. 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.E Coordinate Response Phase Monitoring and Sampling

**References:**

1. *CSEPP Off-post Monitoring Integrated Product Team Report*, January 1999.
2. *CSEPP Planning Guidance*, June 2008, chapter III, section H
3. CSEPP Policy Paper #2: *Environmental Sampling to Determine Chemical Agent Contamination*, October 1993
4. DA Pam 50-6: *CAIRA Operations*, March 2003, paragraphs 3-5, 11-2, 11-3, and 13-6
5. Jurisdiction CAIRA/CSEPP Plan and supporting agreements and procedures

**Task:** Provide Recovery Information to the Media and the Public

**Evaluated component:** Emergency Operations Center staff and Joint Information Center staff

**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 gathers information about the recovery.
2. JIC staff coordinates with public information staff of all organizations involved in the recovery effort.
3. The JIC/JIS will expand, as appropriate, to include agencies/experts in areas such as environmental remediation, claims, and social services.
4. Public information staff provides recovery information to the public via methods such as news releases, media briefings, and interviews.
5. 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.7.1.E/J Operate a Joint Information System
- 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.7.2.J Activate and Operate a Joint Information Center
- A/C.7.3.J Disseminate Public Health and Safety Information to the Media
- A/C.7.4.J Disseminate Public Health and Safety Information Directly to the Public

**References:**

1. Community JIC/JIS Plan
2. *CSEPP Planning Guidance*, June 2008, chapter III, section E
3. *CSEPP Public Affairs Planning Guidance Compendium Workbook*, June 2005, section 3-4
4. *CSEPP Recovery Plan Workbook*, April 2003, section 2.9
5. Jurisdiction CAIRA/CSEPP Plan supporting agreements and procedures



## A.8.3.E

**Task:** Provide Support Services to the Army Community

**Evaluated Component:** Emergency Operations Center staff, plus Army Counseling and Support staff and veterinary staff, if participating.

**Expected Outcomes:** Members of the Army community, to include their families, are offered counseling, spiritual support, and veterinary services.

**Steps:**

1. Determine the need for and request augmentation for support services:
  - a. Clergy or counselor support from local community-based programs, support installation(s), or the AMC Chaplain Crisis Response Team.
  - b. Veterinary assets from supporting installation(s) or AMC.
2. Provide appropriate information about the event and local circumstances to support the requests and detail what resources are needed.
3. Coordinate the arrival of and arrange logistic support for requested staff:
  - a. Check-in and in-brief procedures – where and when they check in and who will brief them.
  - b. Workspace, billeting and other support as needed.
4. Make arrangements to publicize the availability of support services.
5. Army counseling and support staff provide counseling and religious support to the Army community, in coordination with other social service organizations.
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. Advice is provided to state and local agriculture or veterinary officials.
7. The IC is kept informed about support service activities and any problems that require extraordinary action or intervention.

**Related Response-Phase Tasks:**

A.5.8.E      Coordinate Provision of Support Services for Affected Population

**References:**

1. AR 40-905: *Veterinary Health Services*, September 1994
2. AR 165-1: *Chaplain Activities in the United States Army*, March 2005
3. DA Pam 50-6: *CAIRA Operations*, March 2003, paragraph 3-5c(15) and 3-6b(16)
4. Installation CAIRA Plan and supporting agreements and procedures

**Task:** Provide Claims Services to the Affected Population

**Evaluated Component:** Emergency Operations Center staff, plus Army Legal staff, if participating.

**Expected Outcomes:** Claims services are made available to on-post and off-post affected populations.

**Steps:**

1. Determine the need for and request augmentation for Army legal staff from supporting organizations and the Army Claims Service.
2. Provide appropriate information about the event and local circumstances to support the requests and detail what resources are needed.
3. Coordinate the arrival of and arrange logistic support for requested staff:
  - a. Check-in and in-brief procedures – where and when they check in and who will brief them.
  - b. Workspace, billeting and other support as needed.
4. Make arrangements to publicize the availability of claims services support for both on-post and off-post populations affected by the event.
5. Army legal staff take claims from persons who allege that they have suffered losses as a result of the event.
6. The IC is kept informed about claims services support activities and any problems that require extraordinary action or intervention.

**Related Response-Phase Tasks:**

A.5.9.E      Coordinate Claims Services for Affected Population

**References:**

1. AR 27-20: *Claims*, July 2003, chapters 1 through 5
2. *CSEPP Accident Investigation Guide*, May 1997, section 4
3. *CSEPP Recovery Plan Workbook*, April 2003, section 2-10
4. DA Pam 27-162: *Claims Procedures*, March 2008
5. DA Pam 50-6: *CAIRA Operations*, March 2003, paragraphs 3-5c(14), 3-6b(15), and 10-1 through 10-4
6. Jurisdiction CAIRA/CSEPP Plan and supporting agreements and procedures

**Task:** Implement Unrestricted Re-entry

**Evaluated Component:** Emergency Operations Center staff

**Expected Outcomes:** Decisions are made to allow unrestricted re-entry to formerly restricted zones, and direction is provided to implement these decisions in a safe and timely manner.

**Steps:**

1. As areas are determined to be safe for unrestricted re-entry, 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 re-entry and describe the new boundaries.

**Related Response-Phase Tasks:**

- A.5.3.E Direct and Control Protection of the Post Population
- C.5.5.E Direct and Control Activation of Traffic and Access Control Points
- C.5.6.F Establish Traffic and Access Control Points
- 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.7.3.J Disseminate Public Health and Safety Information to the Media

**References:**

1. *CSEPP Planning Guidance*, June 2008, sections B and G
2. *CSEPP Recovery Plan Workbook*, April 2003, section 2.4
3. Jurisdiction CAIRA/CSEPP Plan and supporting agreements and procedures

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## APPENDIX D

### CSEPP GUIDE FOR EXERCISE EXTENT OF PLAY AGREEMENTS

#### D.1 INTRODUCTION

The Extent of Play Agreement (XPA) is an agreement between the participating jurisdictions (or agency) and the exercise Co-Directors detailing the scope of each jurisdiction's exercise participation and the "ground rules" for conducting the exercise. This appendix provides guidance on developing XPAs. It includes XPA templates for on post, off post, the JIC and hospitals.

The tables are organized by Outcome. The Task column includes the EEG identification number and description for each task to be demonstrated. The EEGs in Appendix C provide a starting point for the tasks to be demonstrated; however, the Exercise Planning Team should review those Tasks and determine which should be included in this particular exercise. Considerations for that review process include:

- 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?

The Player column indicates who will perform the task. It is important to know who will participate and who will not participate in the exercise. This information determines the level and type of support and other resources required. The Evaluated Component portion of the EEGs in Appendix C provide a starting point for determining which players are expected to perform each task; however, the listings in the EEGs are generic and the Exercise Planning Team should determine which particular organizations and groups of staff will be expected to perform each Task in this particular exercise. For example, where the EEG component lists "Medical Treatment Facility," the XPA should indicate which particular hospitals or clinics will perform the Task.

The Description of Play column includes exercise-specific agreements as to locations and level of play, including allowed simulations. The component steps in the EEGs provide a baseline for how each Task should be demonstrated and for many Tasks, no additional guidance will be needed. Agreements as to level of play and resources to be deployed, particularly for field play, should be detailed in this column. The level of detail provided in the XPA should be sufficient to support exercise design, the level of exercise support needed, and allocation of evaluators and controllers. Actions to be demonstrated out-of-sequence should be clearly indicated.

## **D.2 EXTENT OF PLAY AGREEMENT TEMPLATES**

The following are XPA templates that should be used by the appropriate jurisdiction or agency to develop organizational or jurisdictional XPAs. Generic terms such as “county,” or “installation” should be replaced with the appropriate titles. Comments are made to provide guidance in developing the XPA and areas that need specific attention have been highlighted.

**Installation Name**  
**Extent of Play Agreement (XPA)**  
**For the XXX Community CSEPP Exercise 200X**  
**On October 30, 2009**

**PURPOSE:** This Extent of Play Agreement (XPA) identifies the conditions that will be used to develop, conduct, control, and evaluate the XXX Community CSEPP Exercise, as agreed to by the Army Exercise Co-Director and Commander of Installation Name and Commander of Installation Name.

**STANDARDS & REFERENCES:** The play by Installation Name will be based on the editions of the following as current 60 days before the exercise:

- The XXX County Emergency Operations Plan implementing procedures and checklists, including the CSEPP Annex L dated February 10, 2009.
- MOU between XXX County and YYY County concerning the first EAS Message and TAR Announcement after notification of an accident/incident at Installation Name, dated 02/14/09.
- MOU between Installation Name and YYY County dated 04/24/09 regarding a mutual support agreement to an accident/incident at Installation Name.

**EXERCISE PARAMETERS:** The scenario will be based on events occurring where toxic chemicals are stored at the installation. These events cause liquid agent contamination in the vicinity of the storage site and vapor hazards downwind. The hazards may extend beyond the installation boundary, and may 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 the installation, and will be consistent with responders demonstrating their capabilities at the locations listed in this agreement.

Exercise play will begin no earlier than 1500 on February 24, 2010, 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 and the simulations that will be used to ensure a credible evaluation.

The tables in the enclosure describe the extent of play by Installation Name, tenant activities, and agencies and organizations that have an MOU or MOA to support Installation Name in case of an accident involving Army 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), will be demonstrated consistent with the emergency operations plans, 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 will demonstrate the functions of the On-Scene Coordinator (OSC) leading up to the deployment of the Emergency Response Teams – Advanced (ERT-A) and establishment of a Joint Field Office (JFO). The Initial Response Force (IRF) will also demonstrate the reports and coordination leading up to the deployment of the Army Service Response Force (SRF).

**EXERCISE PARTICIPANTS:** All elements of the Installation Name IRF, to include tenant agencies and organizations that have a MOU or MOA to support Installation Name in case of an accident involving Army toxic chemicals, will play in the exercise on-post and in the JIC, consistent with the existing plans and scenario. This does/does not include the demilitarization facility. Installation Name will send a liaison officer to the XXX County EOC and provide accommodations in their EOC for tenant, and county liaisons.

**RULES OF ENGAGEMENT/SIMULATIONS:** All simulations must either be approved herein or requested during the exercise – they will not be assumed. Generally simulations will be granted to prevent or lower the risk of injury, prevent property damage, or prevent damage to expensive or critical equipment. Simulations should never be for convenience. Minimum security, firefighting, and medical response will be maintained.

Off-duty personnel will be contacted if deemed necessary for the response; but, they are not to report. Evaluators will be informed of additional assets and estimated times of arrival.

Personnel will (simulate) evacuation or shelter-in-place as ordered. Personnel under an evacuation order will not leave the installation, but, congregate at a designated location on-post. Once protection and accountability is completed, players may request the simulation to allow those personnel to return to their normal duty stations. Evacuation or sheltering of personnel not participating will be simulated.

Training chemical munitions will be used. Pyrotechnics, smoke generators or similar devices will portray smoke and explosions. Water simulates liquid decontaminates; provided materials are present and mixing times are taken into account. Tape on serviceable M3 suits will be simulated upon request. Simulations for actions that will damage equipment will be made on a case-by-case basis.

Actual injuries will be tracked with simulated injuries, but given priority. Real injuries or health problems must be dealt with immediately using all available resources. Exercise controllers will adjust exercise play, as necessary, to account for these situations. Two injuries may be transported to off-post facilities as their condition warrants. Emergency lights and sirens will NOT be used in the transport of exercise accident victims to medical facilities.

**SIGNATURES:** The following agree to support this exercise as described herein.

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Commander,  
Installation Name

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Army Co-Director



<b>ERO 1: Preparedness</b>			
<b>Juris.</b>	<b>Task</b>	<b>Players</b>	<b>Description of Play</b>
	A/C.1.1.E Maintain Coordinated Emergency Plans	Commander and staff	Show that emergency plans related to the possibility of a CAI are current, coordinated, and available where needed.
	A/C.1.2.E Maintain an Active Exercise Program	Commander and staff	Show that an active joint on-post/off-post exercise program is in place.
	A/C.1.3.E Maintain a Continuing Education Program for Responders	Commander and staff	Show that emergency responders are identified, trained, and certified as required. Training records are kept and organized.
	A/C.1.4.E Maintain Public Outreach and Public Education Programs	Commander and staff	Show that Public Outreach and Public Education Programs are in place and materials are distributed to inform the public about CSEPP emergency preparedness.
	A/C.1.5.E. Maintain the CSEPP Emergency Response Physical Infrastructure in an Operational Status	Commander and staff	Show that all components of the CSEPP emergency response physical infrastructure (e.g., facilities, vehicles, equipment, supply stockpiles, and alert and notification systems) are checked, tested, and maintained on a regular basis. All components of the infrastructure are available and operational.
	A.1.6.E Decide on Daily Operations and Inform Off- Post Warning Points	Commander and staff	Only operations deemed an acceptable risk are conducted. Planning information about these operations is provided daily to off-post jurisdictions to expedite response should an accident or incident occur.

<b>ERO 2 Emergency Assessment</b>			
<b>Juris.</b>	<b>Task</b>	<b>Players</b>	<b>Description of Play</b>
	A.2.1.E Collect Input for Hazard Analysis	Hazard Analysts	Hazard analysts are able to receive, confirm, request, and analyze information about a reported CAI in order to support the development of accurate and timely hazard assessments and predictions throughout the course of the event and to archive data for reference and subsequent use.
	A.2.2.E Make Hazard Assessments and Predictions	Hazard Analysts	On an ongoing basis throughout the event, hazard analysts are able to prepare hazard area plots showing risk areas and a predicted hazard risk envelope; identify populations at risk; prepare protective action options; provide monitoring guidance; and, provide information on projected plume behavior.
	A.2.3.E Determine CENL and Off-Post PAR	Commander and staff	On an ongoing basis throughout the CAI, the Incident Commander or designated Command Staff representative reviews hazard analyses, chooses an appropriate CENL, and decides the optimum PARs for at-risk populations off-post.
	A.2.4.E Notify Off-Post 24-Hour Warning Points or EOCs	Commander and staff	The Installation EOC staff notifies off-post 24-hour warning points or EOCs of the initial CENL and PAR, any additional PARs, and subsequent changes to the CENL and PARs within prescribed time limits.

<b>ERO 2 Emergency Assessment</b>			
<b>Juris.</b>	<b>Task</b>	<b>Players</b>	<b>Description of Play</b>
	A.2.5.E Notify Government Agencies and Officials	Commander and staff	On an ongoing basis throughout the event, Depot/Arsenal staff fulfills Federal, State, and local notification requirements. The Governor's office, local government officials, and local Congressional offices are informed about the CAI and significant changes to the situation before the media and the public.
	A.2.6.E Report Events and Decisions to Headquarters	Commander and staff	Reports submitted to headquarters are complete, comprehensive, and on time.
	A.2.7.F Set Up Monitoring and Sampling Equipment	Monitoring and Sampling Teams	Monitoring and sampling equipment is operational and ready for deployment when needed. Reliable communication is established between field teams and hazard analysts.
	A.2.8.E Coordinate Monitoring and Sampling Operations (On and Off-Post)	Commander and staff	Monitoring and sampling teams are deployed safely to the correct locations to collect information that accurately characterizes the hazard area.
	A.2.9.F Conduct Monitoring and Sampling Operations	Monitoring and Sampling Teams	Monitoring and sampling teams collect authentic, credible information about chemical agent hazards.  <i>For example: RTAPs and other equipment may be dispatched off-post, as appropriate for the scenario and exercise play. (Simulation: Real Time Analytical Platform (RTAP) operators will not wear PPE in the off-post community. PPE must be present and donning time taken into account.)</i>

<b>ERO 3: Emergency Management</b>			
<b>Juris.</b>	<b>Task</b>	<b>Players</b>	<b>Description of Play</b>
	A.3.1.E Activate, Expand, and Operate the EOC	Commander and staff	EOC full operational status is quickly achieved and maintained the duration of the response. A common understanding of the status of current response operations and future operational plans and needs is developed and maintained for the duration of the response.
	A.3.2.E Stand Up and Command the Initial Response Force (IRF)	Commander	Command and control for the response is established; appropriate response assets are mobilized; the Army chain-of-command knows that the IRF is activated.
	A.3.3.E Perform Duties as the Federal On-Scene Coordinator (FOSC)	Commander	The Incident Commander, as the FOOSC, discharges all DoD obligations under the National Contingency Plan (NCP).
	A.3.4.E Direct and Control Distribution of Supplies and Equipment	Commander and staff	Sufficient supplies, equipment, and vehicles are available to control and mitigate the release and to perform related support tasks.
	A.3.5.E Request and Coordinate Additional Response Support	Commander and staff	Identify shortfall in supplies, equipment, and personnel needed for response support, request additional needed items, and arrange for arrival and deployment of the additional response support supplies, equipment, and personnel.

<b>ERO 4: Hazard Mitigation</b>			
<b>Juris.</b>	<b>Task</b>	<b>Players</b>	<b>Description of Play</b>
	A.4.1.F Make Immediate CAI Reports	Chemical Worker teams or Security Forces	Prompt and accurate reports are made from the CAI site.
	A.4.2.F Conduct Firefighting Operations at the CAI Site	Fire department	Fires at the CAI site are fought safely.

<b>ERO 4: Hazard Mitigation</b>			
<b>Juris.</b>	<b>Task</b>	<b>Players</b>	<b>Description of Play</b>
	A.4.3.E Direct and Control Field Response Operations	EOC staff	Activities of responders in the field are directed, controlled, and coordinated to ensure maximum safety and efficiency.
	A.4.4.F Provide Direction and Control at the CAI Site	FCP or Chemical Worker teams	Activities of responders in the field are properly coordinated to ensure maximum safety and efficiency of response operations.
	A.4.5.E Direct and Coordinate Preservation of Evidence and Records of Decisions	EOC staff	Information about the CAI and the Army response is collected, secured, and preserved.
	A.4.6.F Preserve Evidence at the CAI Site	Chemical Worker teams	Evidence from the CAI site and records of the Army field response are collected, secured, and preserved.
	A.4.7.F Stage Response Teams	FCP	Emergency responders are readily available and properly deployed for task assignments.
	A.4.8.F Operate a Personnel Decontamination Station	Decontamination Team	Personnel and PPE are determined to be free from contamination before leaving the predicted hazard area. Containers holding contaminated PPE or other contaminated materials are packaged properly for storage, treatment, or disposal.
	A.4.9.F Operate an Equipment Decontamination Station	Decontamination Team	Vehicles, supplies, material, tools and equipment are determined to be free from contamination before leaving the predicted hazard area. Containers holding contaminated material are packaged properly for storage and disposal.

<b>ERO 4: Hazard Mitigation</b>			
<b>Juris.</b>	<b>Task</b>	<b>Players</b>	<b>Description of Play</b>
	A.4.10.F Conduct Agent Containment Operations	Response teams	The amount of agent released is limited to the smallest possible quantity over the smallest possible area. The release is terminated promptly at its source as soon as this can be done safely.
	A.4.11.F Mitigate the Effects of the Agent Release	FCP, Response teams	Contaminated facilities and materials are safely decontaminated, sealed, or packaged, and are disposed of safely and legally.

<b>ERO 5: Protection</b>			
<b>Juris.</b>	<b>Task</b>	<b>Players</b>	<b>Description of Play</b>
	A.5.1.E Make On-Post Protective Action Decisions	Commander and staff	Optimum protective action decisions to protect the at-risk populations on post are made quickly. Decisions to adjust or cancel PADs are made as conditions warrant.
	A.5.2.E Activate On-Post Alert and Notification Systems	OC Staff	All persons initially in the on-post predicted hazard area are instructed on protective actions appropriate for their specific location (within the planned timeframe) of the PAD.  <i>For example:</i> Sirens will sound once then will be in (silent) test mode. Tone alert radios will sound in (silent) test mode.
	A.5.3.E Direct and Control Protection of the Post Population	Commander and staff	Arrangements are made to secure the on-post predicted hazard area, and move the at-risk population to safe locations.
	A.5.4.F Evacuate and Secure the Predicted Hazard Area	FCP, Response teams	Non-essential personnel are removed from the predicted hazard area and a security cordon is established and enforced around this area.

<b>ERO 5: Protection</b>			
<b>Juris.</b>	<b>Task</b>	<b>Players</b>	<b>Description of Play</b>
	A.5.5. F Control On-Post Population Evacuation	Security	<p>Traffic control points and unstaffed barricades are in place outside of the predicted hazard area in time to expedite prompt and orderly evacuation from the predicted hazard area. The at-risk post population is evacuated safely and expeditiously.</p> <p><i>For example:</i> On-post day care will not participate. <i>For example:</i> (<b>Simulation:</b> After evaluators are satisfied that security can control access to the installation and limited areas on-post, and upon request, all gates may be reopened and remain open to permit normal operations.)</p>
	A.5.6.F Assemble, Screen, and Account for the On-Post Population	On-post office chiefs, work area and facility Directors	The on-post population is assembled, accounted for, and screened for agent exposure. This population is ready to evacuate if directed.
	A.5.7. F Provide Transportation for Evacuation	OC staff	Sufficient transport vehicles and drivers are available where and when needed to evacuate all or part of the post population to a safe location.
	A.5.8.E Coordinate Support Services for the Army Community	Commander and staff	The need is assessed and arrangements are made to provide the Army community and their families with counseling, spiritual support, and veterinary services.
	A.5.9.E. Coordinate Claims Services for the Affected Population	Commander and staff	The need is assessed and arrangements made to provide claims services to members of the on-post and off-post communities.

<b>ERO 6: Victim Care</b>			
<b>Juris.</b>	<b>Task</b>	<b>Players</b>	<b>Description of Play</b>
	A.6.1.F Provide Immediate Emergency Aid at the Incident Site	Chemical Worker teams and Security Force	Victims are saved from additional trauma injury, and agent exposure at the incident site. Appropriate lifesaving self-aid and first aid is accomplished. Collection of key information on patient history and treatment is begun
	A.6.2.F Prepare Medical Treatment Facility to Receive Patients	Medical facility staff	The medical treatment facility is prepared for the arrival and treatment of patients.
	A.6.3.F Provide Emergency Triage, Treatment, and Stabilization in the Field	Chemical Worker teams/ Fire Department	The patient is stabilized in the field before transport to a medical treatment facility.
	A.6.4.F Make Victim Status Reports	Chemical Worker teams Medical facility	Emergency responders and the medical treatment facility staff exchange information about the location and status of on-post victims of injury or agent exposure, and provide this information to the Emergency Operations Center staff.



<b>ERO 6: Victim Care</b>			
<b>Juris.</b>	<b>Task</b>	<b>Players</b>	<b>Description of Play</b>
	A.6.5.E Track the Location and Status of Victims	Commander and staff	<p>On-post victims of the incident are tracked as to their status and location, their identities are confirmed, their medical needs are taken care of, and accurate information is available to notify next-of-kin. No victim's identity or information is improperly released in reports or news releases. Information about the location and status of deceased victims is tracked and protected with the same care and attention to detail.</p> <p><i>For example:</i> Next-of-kin notification for injuries will be made to the SimCell. Next-of-kin notification for deaths will be made to the OC Lead Evaluator.</p>
	A.6.6.F Decontaminate Patients in the Field	Chemical Worker teams	Patient is thoroughly decontaminated before transport to a medical treatment facility.
	A.6.7.F Transport Patients to a Medical Treatment Facility	Chemical Worker teams	<p>The patient is taken to a medical treatment facility in time to prevent death or permanent incapacitation. Transport vehicles and PPE used by transport personnel are confirmed clean before they are returned to service.</p> <p><i>For example:</i> Emergency Ambulance Services Inc. (EASI) will transport patients to Regional Medical Center (RMC) for further treatment.</p>

<b>ERO 6: Victim Care</b>			
<b>Juris.</b>	<b>Task</b>	<b>Players</b>	<b>Description of Play</b>
	A.6.8.F Treat Patients at a Medical Treatment Facility	Medical Facility staff	Patients are given appropriate medical treatment consistent with their injuries or extent of agent exposure. Patients are stabilized and promptly transferred to off-post medical treatment facilities.
	A.6.9.E Notify Next-of-Kin		The next-of-kin of injured and exposed persons, to include fatalities, 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.
	A.6.10.F Collect and Decontaminate Human Remains		Human remains are treated with dignity and respect while being collected and decontaminated. Human remains are prepared for unrestricted final arrangements by the next-of-kin as soon as practicable.
	A.6.11.E Coordinate Disposition of Human Remains		<p>The next-of-kin are helped to claim the remains of the deceased. Legal requirements for handling human remains are met.</p> <p><i>For example: (Simulation: This will be done by the designated Army person briefing the Lead EOC Evaluator outside the EOC.)</i></p>

<b>ERO 7: Emergency Public Information</b>			
<b>Juris.</b>	<b>Task</b>	<b>Players</b>	<b>Description of Play</b>
	A/C.7.1.E/J Operate a Joint Information System	OC Public Affairs staff and JIC staff	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.
	A.7.1.E Disseminate Public Health and Safety Information to the Media	OC Public Affairs staff and JIC staff	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.
	A.7.2.E Inform Headquarters Public Affairs Offices	OC Public Affairs staff and JIC staff	Army Public Affairs Office (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 Public Affairs augmentation to the installation and the JIC as needed.

<b>ERO 7: Emergency Public Information</b>			
<b>Juris.</b>	<b>Task</b>	<b>Players</b>	<b>Description of Play</b>
	A/C.7.2.J Activate and Operate a Joint Information Center	OC Public Affairs staff and JIC staff	The Joint Information Center (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
	A/C.7.3.J Disseminate Public Health and Safety Information to the Media	OC Public Affairs staff and JIC staff	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 and understood by the public. The leadership in each 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
	A/C.7.4.J Disseminate Public Health and Safety Information Directly to the Public	OC Public Affairs staff and JIC staff	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.

<b>ERO 8: Remediation and Recovery</b>			
<b>Juris.</b>	<b>Task</b>	<b>Players</b>	<b>Description of Play</b>
	A/C.8.1.E Make Recovery-Phase Protective Action Decisions	OC Staff	Appropriate and timely protective action decisions are made by designated officials.

<b>ERO 8: Remediation and Recovery</b>			
<b>Juris.</b>	<b>Task</b>	<b>Players</b>	<b>Description of Play</b>
	A.8.1.E Initiate Environmental Remediation	OC Staff	Procedures for environmental assessment and cleanup are initiated in compliance with environmental requirements.
	A.8.2.E Initiate Accident Investigation	OC Staff	Evidence is preserved and a collateral investigation is initiated in order to determine causation, assess liability, and prevent similar occurrences in the future.
	A/C.8.2.E Coordinate Recovery-Phase Monitoring and Sampling	OC Staff	Requirements and priorities are established, resources are secured, and interagency coordination is performed for recovery phase monitoring and sampling.
	A/C.8.3.E/J Provide Recovery Information to the Media and the Public	OC Staff and JIC staff	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
	A.8.3.E Provide Support Services to the Army Community	OC Staff	Members of the Army community, to include their families, are offered counseling, spiritual support, and veterinary services.
	A/C.8.4.E Provide Claims Services to the Affected Population	OC Staff	Claims services are made available to on-post and off-post affected populations.
	A/C.8.5.E Implement Unrestricted Re-entry	OC Staff and security force	Decisions are made to allow unrestricted re-entry to formerly restricted zones, and direction is provided to implement these decisions in a safe and timely manner.

**XXX County**  
**Extent of Play Agreement (XPA)**  
**For the XXX Community CSEPP Exercise 200X**  
**On October 30, 2009**

**PURPOSE:** This Extent of Play Agreement (XPA) identifies the conditions that will be used to develop, conduct, control, and evaluate the XXX Community CSEPP Exercise, as agreed to by the FEMA Exercise Co-Director and XXX County.

**STANDARDS & REFERENCES:** The play by XXX County will be based on the editions of the following as current 60 days before the exercise:

- The XXX County Emergency Operations Plan implementing procedures and checklists, including the CSEPP Annex L dated February 10, 2009.
- MOU between XXX County and YYY County concerning the first EAS Message and TAR Announcement after notification of an accident/incident at Installation Name, dated 02/14/09.
- MOU between Installation Name and YYY County dated 04/24/09 regarding a mutual support agreement to an accident/incident at Installation Name.

**EXERCISE PARAMETERS:** The scenario will be based on events occurring where toxic chemicals are stored at the XXX. Real-world weather will be used. These events cause liquid agent contamination in the vicinity of the storage site and vapor hazards downwind. The hazards may extend beyond the installation boundary, and may 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 1500 on February 24, 2009, 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 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 functions of the Federal On-Scene Coordinator [OSC] and Regional Response Team [RRT], and the activation and operation of a Joint Field Office [JFO]), 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. XXX County will demonstrate its relationship with the Commander of Installation Name functioning as the Federal On-Scene Coordinator, leading up to (but not including) the deployment of the RRT and establishment of JFO.

**EXERCISE PARTICIPANTS:** All XXX County offices that have direction and control responsibilities in the event of a chemical accident at Installation Name will play in the XXX County EOC and the JIC 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; and activation of a reception center and shelter.

**SIGNATURES:** The following agree to support this exercise as described herein.

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**XXX** County

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**FEMA Co-Director**

<b>ERO 1: Preparedness</b>			
<b>Juris.</b>	<b>Task</b>	<b>Players</b>	<b>Description of Play</b>
	A/C.1.1.E Maintain Coordinated Emergency Plans	County Emergency Management Coordinator and EOC staff	Emergency plans related to the possibility of a CAI are current, coordinated, and available where needed.
	A/C.1.2.E Maintain an Active Exercise Program	County Emergency Management Coordinator and EOC staff	An active joint on-post/off-post exercise program is in place.
	A/C.1.3.E Maintain a Continuing Education Program for Responders	County Emergency Management Coordinator and EOC staff	Emergency responders are identified, trained, and certified as required. Training records are kept and organized.
	A/C.1.4.E Maintain Public Outreach and Public Education Programs	County Emergency Management Coordinator and EOC staff	Public Outreach and Public Education Programs are in place and materials are distributed to inform the public about CSEPP emergency preparedness.
	A/C.1.5.E. Maintain the CSEPP Emergency Response Physical Infrastructure in an Operational Status	County Emergency Management Coordinator and EOC staff	All components of the CSEPP emergency response physical infrastructure (e.g., facilities, vehicles, equipment, supply stockpiles, and alert and notification systems) are checked, tested, and maintained on a regular basis. All components of the infrastructure are available and operational.
	C.1.6.E Confirm Readiness to Respond	County Emergency Management Coordinator and EOC staff	Information about planned operations is available at Off-post Warning Points or Emergency Operations Centers. Someone with authority is immediately available to decide PADs and activate alert and notification systems promptly should the Army report a Community Emergency.



<b>ERO 2 Emergency Assessment</b>			
<b>Juris.</b>	<b>Task</b>	<b>Players</b>	<b>Description of Play</b>
	C.2.1.E Receive CENL and PAR from Installation EOC	911 Dispatcher and County OEM Coordinator	Installation notification is received and verified.  <i>For example:</i> Demonstrate notification from Installation via All Call. 911 Dispatcher will record essential elements of information and notify the EM Coordinator.
	C.2.2.E Coordinate Response Phase Monitoring and Sampling	EM Director	Will not be demonstrated.  <i>or</i> Determine if response phase monitoring will be required in the jurisdiction; coordinate the request and deployment of installation monitoring and sampling teams; determine if qualified observers will accompany installation monitoring and sampling teams; and assemble and brief any observers.

<b>ERO 3: Emergency Management</b>			
<b>Juris.</b>	<b>Task</b>	<b>Players</b>	<b>Description of Play</b>
	C.3.1.E Alert and Mobilize EOC Staff	EM Director and staff	The EOC is staffed with personnel to manage the jurisdiction's response. <i>For example:</i> Demonstrate alert and notification of county responders and the mobilization of staff to report to the county EOC.

<b>ERO 3: Emergency Management</b>			
<b>Juris.</b>	<b>Task</b>	<b>Players</b>	<b>Description of Play</b>
	C.3.2.E Activate and Operate the EOC	EM Director and staff	<p>EOC full operational status is quickly achieved and maintained for the duration of the response. A common understanding of the status of current response operations and future operational plans and needs is developed and maintained for the duration of the response.</p> <p><i>For example:</i> Activate the EOC. Demonstrate all back-up systems.</p> <p>Demonstrate effective exchange of information with installation and other jurisdictions.</p> <p>Demonstrate communications capabilities at the EOC. ARES/RACES will demonstrate back-up communications in the county EOC as resources permit.</p> <p>Demonstrate all facilities, equipment and displays in the county EOC. E-mail will be primary information system used. Web-Puff™ will be monitored for updated plume data. Status boards will be kept current and displayed.</p> <p>Notify hospitals of CAI.</p> <p>Demonstrate 24-hour staffing abilities.</p>
	C.3.3.E Provide Support to the Storage Installation	EM Director and staff	<p>Additional response resources for the installation are routed without delay.</p> <p style="text-align: center;"><i>Or</i></p> <p>This will not be demonstrated.</p>

<b>ERO 3: Emergency Management</b>			
<b>Juris.</b>	<b>Task</b>	<b>Players</b>	<b>Description of Play</b>
	C.3.4.E Request Supplementary Assistance	EM Director and staff	Resource shortfalls are identified and local, State and Tribal declarations of emergency are prepared, signed, and transmitted to higher authorities.

<b>ERO 4: Hazard Mitigation</b>			
There are no applicable EEGs for the off-post community for this ERO.			

<b>ERO 5: Protection</b>			
<b>Juris.</b>	<b>Task</b>	<b>Players</b>	<b>Description of Play</b>
	C.5.1.E Make Off-Post Protective Action Decisions	EM Director and staff	Protective action decisions that are appropriate for the risk are made quickly. Decisions to adjust or cancel PADs are made as conditions warrant. The PADs are made known to appropriate jurisdictions, individuals, and agencies.  <i>For example:</i> EOC will execute the default protective action decision, shelter-in-place 360°.
	C.5.2.E Select or Prepare Protective Action Messages	EM Director and staff	Appropriate protective action messages are prepared for dissemination to the affected off-post population.  <i>For example:</i> Initial messages are pre-programmed.  This could include messages related to ending shelter-in-place, as appropriate. The Incident Command Post has primary responsibility when operational.

<b>ERO 5: Protection</b>			
<b>Juris.</b>	<b>Task</b>	<b>Players</b>	<b>Description of Play</b>
	C.5.3.E Activate Off-Post Alert and Notification Systems	EM Director and staff	<p>All persons in the off-post predicted hazard area are instructed on protective actions appropriate for their specific location within the eight minutes of the PAD.</p> <p><i>For example:</i> XYZ County has primary responsibility for ANS activation. In the event XYZ County is not able to activate the ANS, ABC County assumes the responsibility. XYZ County will not activate the ANS.</p> <p>To test the back-up activation plan, XYZ County Dispatch will hand off activation of the initial warning for XYZ and ABC County off-post areas to ABC County. ABC County Dispatch will activate sirens, tone alert radios, reader boards, and the Emergency Alert System (EAS), in the test mode, as appropriate for the scenario.</p> <p>The four systems shall all be activated within six minutes of the time the PAR is provided in the All Call.</p> <p><i>Another example:</i> Conway County does not have outdoor sirens or tone alert radios.</p>
	C.5.4.F Conduct Route Alerting	ABC Fire Department	<p>All persons in the predicted hazard area will receive the appropriate protective action instructions.</p> <p><i>For example:</i> XYZ County does not use route alerting.</p>

<b>ERO 5: Protection</b>			
<b>Juris.</b>	<b>Task</b>	<b>Players</b>	<b>Description of Play</b>
	C.5.5.E Direct and Control Activation of Traffic and Access Control Points	EM Director and staff, County Sheriff, police department, fire department	<p>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.</p> <p><i>For example:</i> The EOC will notify _____ of the need to establish pre-determined traffic and access control points. Ad hoc TCPs/ACPs will be activated as necessary.</p>
	C.5.6.F Establish Traffic and Access Control Points	County Sheriff, police department, fire department	<p>Traffic and access control points are in place in time to support the evacuation order. An orderly evacuation is facilitated, and access to the predicted hazard area by unauthorized persons is prevented.</p> <p><i>For example:</i> TCPs/ACPs will be staffed as requested by the EOC. All necessary equipment (traffic lights, reader boards, etc.) will operate (in a test mode) as appropriate. Reports will be made back to the EOC regarding problems and traffic flow.</p> <p>The following will be demonstrated/evaluated:  TCP: 1234 Mockingbird Lane  TCP: County Line 1 &amp; I-25  Reader board: intersection of Mockingbird Lane and I-25.</p>

<b>ERO 5: Protection</b>			
<b>Juris.</b>	<b>Task</b>	<b>Players</b>	<b>Description of Play</b>
	C.5.7.E Direct and Control Protective Actions for Schools and Day Care Centers	EOC staff and School District	<p>Arrangements are made for all school and day care students and staff to be sheltered-in-place or promptly and safely evacuated to host schools, day care facilities, or reception centers. Parents are notified when and where to reunite with their children.</p> <p><i>For example:</i> EOC will contact appropriate schools via the TARs and give appropriate PAD. EOC/School District will notify host schools.</p>

<b>ERO 5: Protection</b>			
<b>Juris.</b>	<b>Task</b>	<b>Players</b>	<b>Description of Play</b>
	<p>C.5.8.F Implement Protective Actions for Schools and Day Care Centers</p> <p><b>Demonstrated out of sequence Tuesday, Jan. 5, at 10 a.m.</b></p>	School District, ABC School, XYZ Day Care	<p>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.</p> <p><i>For example:</i> ABC School, 123 Summer Drive, will demonstrate shelter-in-place, procedures.</p> <p>XYZ Day Care will demonstrate evacuation including identifying transportation resources</p> <p>School and day care staff should conduct a student accountability check to determine number of students present and identify missing students.</p> <p>School and Day Care staff should contact the EOC by the CSEPP radio to confirm students are sheltered/evacuated and provide a student and staff count.</p> <p><b>Demonstrated out of sequence Tuesday, Jan. 5, at 10 a.m.</b></p>
	C.5.9.E Direct and Control Protection of Special Populations	EM Director and staff	Arrangements are made for special populations to be sheltered-in-place or promptly and safely evacuate to host facilities or reception centers.

<b>ERO 5: Protection</b>			
<b>Juris.</b>	<b>Task</b>	<b>Players</b>	<b>Description of Play</b>
	C.5.10.F Implement Protection of Special Populations	Countryside Residential Care Facility	All special populations are sheltered-in-place or promptly and safely evacuated to host facilities or reception centers.  <i>For Example:</i> The County has no special population facilities. <i>Or</i> England PD will conduct their normal daily homebound check of their city.
	C.5.11.E Direct and Control Reception Center Activation and Operations	EM Director and staff, American Red Cross	Direction and control of reception center activities is established. Reception center operations are coordinated to ensure the adequacy and efficiency of support for evacuees.  <i>For example:</i> The EOC will activate the reception center at Little Middle School.
	C.5.12.F Operate Reception Centers	American Red Cross and police	Appropriate reception centers are fully staffed and functional to support the expected number of evacuees.  <i>For example:</i> The ARC will staff the reception center. The police department will provide TCP/ACP and security.
	C.5.13.E Direct and Control Shelter Activation and Operations	EM Director and staff, American Red Cross	Direction and control of shelter activities is established. Shelter operations are coordinated to ensure the adequacy and efficiency of support for evacuees  <i>For example:</i> The EOC will activate the shelter at the county fairgrounds.



<b>ERO 5: Protection</b>			
<b>Juris.</b>	<b>Task</b>	<b>Players</b>	<b>Description of Play</b>
	C.5.14.F Operate Shelters	American Red Cross	<p>Evacuees receive essential care services until it is safe to return home.</p> <p><i>For example:</i> The ARC will (simulate) operating a shelter at the fairgrounds.</p>

<b>ERO 6: Victim Care</b>			
<b>Juris.</b>	<b>Task</b>	<b>Players</b>	<b>Description of Play</b>
	C.6.1.F Communication	EOC staff, ambulance company, and County Hospital	Communication occurs throughout the continuum of care; initially On-Post and finally all the way through the emergency management structure.
	C.6.1.E Communication	EOC staff, ambulance company, and County Hospital	Communication occurs throughout the continuum of care; initially On-Post and finally all the way through the emergency management structure.
	C.6.2.F Prepare Medical Treatment Facility to Receive Patients	County Hospital	<p>The medical treatment facility is prepared for the arrival and treatment of patients.</p> <p><i>For example:</i> See the County Hospital XPA.</p> <p><i>Or</i></p> <p>The county has no medical facilities.</p>
	C.6.3.F Pre-Decontamination Triage	Fire department	<p>Patients are assessed and triaged for appropriate medical treatment and decontamination.</p> <p><i>For example:</i> Decontamination team will appropriately don PPE, set up triage site, and triage patients at 1234 Mockingbird Lane. Training PPE will be worn. Water will be simulated.</p>

<b>ERO 6: Victim Care</b>			
<b>Juris.</b>	<b>Task</b>	<b>Players</b>	<b>Description of Play</b>
	C.6.4.F Decontamination and Post Decontamination Triage	Fire department and ambulance company.	All individuals suspected of being contaminated are properly decontaminated and triaged.  <i>For example:</i> Decontamination team will appropriately set up decontamination site and decontaminate patients, including tagging their belongings. Six ambulatory patients and two non- ambulatory patients will be decontaminated. Two patients will be transported (simulated) to the hospital by the ambulance company.
	C.6.5.F Transport Evacuees/Patients to a Shelter or Medical Treatment Facility	Ambulance company and American Red Cross	Evacuees/Patients are safely transported to an appropriate facility.  <i>For example:</i> The ARC provides transportation to the fairgrounds of six evacuees – including two non-ambulatory. The ambulance company transports (simulated) two patients to the hospital.
	C.6.6.F Treat Patients at a Medical Treatment Facility	County Hospital	Patients are given appropriate medical treatment consistent with their injuries, illness, and extent of exposure.  <i>For example:</i> See County Hospital XPA.
	C.6.7.F Collect and Decontaminate Human Remains	Coroner	Human remains are treated with dignity and respect at all times.  <i>For example:</i> Will not be demonstrated.

<b>ERO 6: Victim Care</b>			
<b>Juris.</b>	<b>Task</b>	<b>Players</b>	<b>Description of Play</b>
	C.6.8.E Track the Location of Evacuees, Patients and Fatalities	EOC and County Hospital	<p>Accurate evacuee, patient and fatality information is collected. Accurate Medical Treatment Facility bed available information is collected and legal requirements for handling remains are met.</p> <p><i>For example:</i> County Hospital and the EOC will maintain contact to exchange information, as appropriate.</p>

<b>ERO 7: Emergency Public Information</b>			
<b>Juris.</b>	<b>Task</b>	<b>Players</b>	<b>Description of Play</b>
	A/C.7.1.E/J Operate a Joint Information System	EOC staff	<p>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.</p> <p><i>For example:</i> The EOC will operate within the JIS prior to, and after, the JIC is open.</p>

<b>ERO 7: Emergency Public Information</b>			
<b>Juris.</b>	<b>Task</b>	<b>Players</b>	<b>Description of Play</b>
	C.7.1.E Disseminate Public Health and Safety Information to the Media	EOC staff	<p>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.</p> <p><i>For example:</i> Prior to the JIC opening, the EOC will directly work with media outlets. Once the JIC is open, the EOC will feed information to the JIC for dissemination. The PIO at the JIC will work closely with the EOC to ensure that timely, accurate information is released to the public and media.</p>
	A/C.7.2.J Activate and Operate a Joint Information Center	EOC staff and JIC staff	<p>The Joint Information Center (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.</p> <p><i>For example:</i> The EM Director and the Installation Commander will jointly decide to open the JIC. The CSEPP PIO will go to the JIC. See the JIC XPA.</p>

<b>ERO 7: Emergency Public Information</b>			
<b>Juris.</b>	<b>Task</b>	<b>Players</b>	<b>Description of Play</b>
	A/C.7.3.J Disseminate Public Health and Safety Information to the Media	EOC staff and JIC staff	<p>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 and understood by the public. The leadership in each 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.</p> <p><i>For example:</i> The EOC will work with the JIC, once it is open, to disseminate information to the media. See the JIC XPA.</p>
	A/C.7.4.J Disseminate Public Health and Safety Information Directly to the Public	EOC staff and JIC staff	<p>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.</p> <p><i>For example:</i> The EOC will work with the JIC, once it is open, to disseminate information to the public. Prior to the JIC opening, the EOC will respond to telephone calls from the public. See the JIC XPA.</p>

<b>ERO 8: Remediation and Recovery</b>			
<b>Juris.</b>	<b>Task</b>	<b>Players</b>	<b>Description of Play</b>
	C.8.1.E Limit Access to Restricted Areas	EOC staff	Emergency workers are directed 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, with access by non-authorized personnel to the restricted area denied through this phase of recovery.  <i>For example:</i> Not demonstrated.
	A/C.8.1.E Make Recovery-Phase Protective Action Decisions	EOC staff	Appropriate and timely protective action decisions are made by designated officials.  <i>For example:</i> Not demonstrated.
	C.8.2.E Make and Implement Ingestion Pathway Protective Action Decisions	EOC staff	Decisions are made to protect the public from exposure to chemical agent via ingestion, and to maintain the market share of products from nearby unaffected areas.  <i>For example:</i> Not demonstrated.
	C.8.3.E Arrange Post-Emergency Medical Screening	EOC staff	Arrangements are made for area hospitals and clinics to provide medical screening for persons affected by the emergency.  <i>For example:</i> Not demonstrated.
	C.8.4.E Arrange Temporary Shelter for Evacuees	EOC staff	Arrangements are made for appropriate shelter for evacuees who will be displaced for more than a day or two.  <i>For example:</i> Not demonstrated.

<b>ERO 8: Remediation and Recovery</b>			
<b>Juris.</b>	<b>Task</b>	<b>Players</b>	<b>Description of Play</b>
	C.8.5.E Secure Disaster Assistance for Affected Communities	EOC staff	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.  <i>For example: Not demonstrated.</i>
	A/C.8.2.E Coordinate Recovery-Phase Monitoring and Sampling	EOC staff	Requirements and priorities are established, resources are secured, and interagency coordination is performed for recovery phase monitoring and sampling.  <i>For example: Not demonstrated.</i>
	A/C.8.3.E/J Provide Recovery Information to the Media and the Public	EOC staff	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.  <i>For example: Not demonstrated.</i>
	A/C.8.4.E Provide Claims Services to the Affected Population	EOC staff	Claims services are made available to on-post and off-post affected populations.  <i>For example: Not demonstrated.</i>

<b>ERO 8: Remediation and Recovery</b>			
<b>Juris.</b>	<b>Task</b>	<b>Players</b>	<b>Description of Play</b>
	A/C.8.5.E Implement Unrestricted Re- entry	EOC staff	Decisions are made to allow unrestricted re-entry to formerly restricted zones, and direction is provided to implement these decisions in a safe and timely manner.  <i>For example:</i> Not demonstrated.



**XXX Community Joint Information Center/System (JIC/JIS)  
Extent of Play Agreement (XPA)  
For the XXX Community CSEPP Exercise 2009  
On October 30, 2009**

**PURPOSE:** This Extent of Play Agreement (XPA) identifies the conditions that will be used to develop, conduct, control, and evaluate the XXX Community CSEPP Exercise, as agreed to by the FEMA Exercise Co-Director and XXX County.

**STANDARDS & REFERENCES:** The play by the JIC/JIS will be based on the editions of the following as current 60 days before the exercise:

- The XXX County Emergency Operations Plan implementing procedures and checklists, including the CSEPP Annex L dated February 10, 2009.
- MOU between XXX County and YYY County concerning the first EAS Message and TAR Announcement after notification of an accident/incident at Installation Name, dated 02/14/09.
- MOU between Installation Name and YYY County dated 04/24/09 regarding a mutual support agreement to an accident/incident at Installation Name.

**EXERCISE PARAMETERS:** The scenario will be based on events occurring where toxic chemicals are stored at the XXX. Real-world weather will be used. These events cause liquid agent contamination in the vicinity of the storage site and vapor hazards downwind. The hazards may extend beyond the installation boundary, and may 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 1500 on February 24, 2009, 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 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 functions of the Federal On-Scene Coordinator [OSC] and Regional Response Team [RRT], and the activation and operation of a Joint Field Center [JFO]), 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.

**EXERCISE PARTICIPANTS:** All jurisdictions that have direction and control responsibilities in the event of a chemical accident at Installation Name will play in the JIC/JIS consistent with the exercise objectives and scenario.

**SIGNATURES:** The following agree to support this exercise as described herein.

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**XXX**

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**FEMA Co-Director**

<b>ERO 1: Preparedness</b>			
<b>Juris.</b>	<b>Task</b>	<b>Players</b>	<b>Description of Play</b>
	A/C.1.1.E Maintain Coordinated Emergency Plans	Joint Information Center staff	Show that emergency plans related to the possibility of a CAI are current, coordinated, and available where needed.
	A/C.1.2.E Maintain an Active Exercise Program	Joint Information Center staff	Show that an active joint on-post/off-post exercise program is in place.
	A/C.1.3.E Maintain a Continuing Education Program for Responders	Joint Information Center staff	Show that emergency responders are identified, trained, and certified as required. Training records are kept and organized.
	A/C.1.4.E Maintain Public Outreach and Public Education Programs	Joint Information Center staff	Show that Public Outreach and Public Education Programs are in place and materials are distributed to inform the public about CSEPP emergency preparedness.
	A/C.1.5.E. Maintain the CSEPP Emergency Response Physical Infrastructure in an Operational Status	Joint Information Center staff	Show that all components of the CSEPP emergency response physical infrastructure (e.g., facilities, vehicles, equipment, supply stockpiles, and alert and notification systems) are checked, tested, and maintained on a regular basis. All components of the infrastructure are available and operational.

<b>ERO 2 Emergency Assessment</b>
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There are no applicable EEGs for the JIC/JIS for this ERO.
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<b>ERO 3: Emergency Management</b>
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There are no applicable EEGs for the JIC/JIS for this ERO.
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<b>ERO 4: Hazard Mitigation</b>
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There are no applicable EEGs for the JIC/JIS community for this ERO.
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<b>ERO 5: Protection</b>
There are no applicable EEGs for the JIC/JIS for this ERO.

<b>ERO 6: Victim Care</b>
There are no applicable EEGs for the JIC/JIS for this ERO.

<b>ERO 7: Emergency Public Information</b>			
<b>Juris.</b>	<b>Task</b>	<b>Players</b>	<b>Description of Play</b>
	A/C.7.1.E/J Operate a Joint Information System	Joint Information Center staff	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.
	C.7.1.E Disseminate Public Health and Safety Information to the Media	Joint Information Center staff	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.
	A/C.7.2.J Activate and Operate a Joint Information Center	Joint Information Center staff	The Joint Information Center (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
	A/C.7.3.J Disseminate Public Health and Safety Information to the Media	Joint Information Center staff	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 and

<b>ERO 7: Emergency Public Information</b>			
<b>Juris.</b>	<b>Task</b>	<b>Players</b>	<b>Description of Play</b>
			understood by the public. The leadership in each 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.
	A/C.7.4.J Disseminate Public Health and Safety Information Directly to the Public	Joint Information Center staff	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.

<b>ERO 8: Remediation and Recovery</b>			
<b>Juris.</b>	<b>Task</b>	<b>Players</b>	<b>Description of Play</b>
	A/C.8.3.E/J Provide Recovery Information to the Media and the Public	Joint Information Center staff	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

**NAME of Hospital**  
**Medical Facility Extent of Play Agreement**  
**(Updated Insert Date)**  
**XXX Community CSEPP Exercise 2009**  
**On October 28, 2009**

**PURPOSE:** This Medical Facility Extent of Play Agreement (XPA) identifies the conditions that will be used to develop, conduct, control, and evaluate the indicated XXX Community CSEPP Exercise, as agreed to by the Exercise Co-Directors and this hospital.

**STANDARDS AND REFERENCES:** The play by this hospital will be based on the editions of the following, as current 60 days prior to the day of exercise:

- Hospital Emergency Operations Plan implementing procedures and checklists (list name of plans).
- MOUs and MOAs between the hospital and various agencies/organizations concerning the response to an accident involving toxic chemicals at the XXX Depot (list name of agency/organization to include the depot if applicable).

**EXERCISE PARAMETERS:** The scenario will be based on events occurring where toxic chemicals are stored at the XXX Army 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 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. The Hospital will participate as outlined in this document regardless of the hazard or extent of play of other organizations within the County.

Exercise play will begin at a predetermined time on the exercise date, and will continue uninterrupted for a minimum of 4.5 hours or until objectives are met or “real world” activities require termination of some or all activities. Exercise Control will be advised should termination of play be made earlier than agreed. Some participants may play beyond 4.5 hours designated for the entire exercise.

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

Media, other than Mock, will not be allowed on the premises unless coordinated in advance with the Hospital Public Information Officer (Public Relations, etc.). Stipulations will be placed in writing and spokesperson/escort provided by the Hospital.

**EXERCISE PARTICIPANTS:** All appropriate/designated personnel available in the event of a chemical accident at the Blue Grass Army Depot or other similar event will play, consistent with the exercise objectives and scenario. Participants in the exercise will include those that have direction and control responsibilities demonstrating structured (incident command)

coordination in the Hospital Command Center (HCC). The receiving and decontamination team, emergency department staff and supporting ancillary staff, will demonstrate appropriate activities.

**SIMULATIONS AND CONSIDERATIONS:** The hospital may receive up to [insert # of patients] patients via EMS, self-presentation or other method that may simulate potential exposure of chemical agent. The hospital will procure the above number of volunteers to play the role of patients for this exercise. The facility will appropriately receive, triage, and treat patients as outlined in standard medical practices of a CSEPP event, as well as within the facilities plan. Patient disposition once initial care is complete will be simulated, using the management resources established by the hospital plan. Personnel recall, bed availability status, notification to and from outside facilities and resources, and other status management efforts will also be demonstrated as outlined in the hospital plan.

**SIGNATURES:** The following agree to support the Community CSEPP Exercise as described herein.

**CONCURRENCE:**

Hospital Representative	County Representative
State Representative	Off-Post Exercise Co-Director

<b>ERO 1: Preparedness</b>			
<b>Juris.</b>	<b>Task</b>	<b>Players</b>	<b>Description of Play</b>
	A/C.1.1.E Maintain Coordinated Emergency Plans	County Emergency Management Coordinator and EOC staff	Emergency plans related to the possibility of a CAI are current, coordinated, and available where needed. Verify that plans have been synchronized.
	A/C.1.2.E Maintain an Active Exercise Program	County Emergency Management Coordinator and EOC staff	An active joint on-post/off-post exercise program is in place.
	A/C.1.3.E Maintain a Continuing Education Program for Responders	County Emergency Management Coordinator and EOC staff	Emergency responders are identified, trained, and certified as required. Training records are kept and organized.
	A/C.1.4.E Maintain Public Outreach and Public Education Programs	County Emergency Management Coordinator and EOC staff	Public Outreach and Public Education Programs are in place and materials are distributed to inform the public about CSEPP emergency preparedness.
	A/C.1.5.E. Maintain the CSEPP Emergency Response Physical Infrastructure in an Operational Status	County Emergency Management Coordinator and EOC staff	All components of the CSEPP emergency response physical infrastructure (e.g., facilities, vehicles, equipment, supply stockpiles, and alert and notification systems) are checked, tested, and maintained on a regular basis. All components of the infrastructure are available and operational.
	C.1.6.E Confirm Readiness to Respond	County Emergency Management Coordinator and EOC staff	Information about planned operations is available at Off-post Warning Points or Emergency Operations Centers. Someone with authority is immediately available to decide PADs and activate alert and notification systems promptly should the Army report a Community Emergency.



<b>ERO 6: Victim Care</b>			
<b>Juris.</b>	<b>Task</b>	<b>Players</b>	<b>Description of Play</b>
	C.6.1.F Communication	<p><b>Hospital Players</b></p> <p>Examples: Emergency Department and all affected departments within the facility</p> <p>Hospital Command Center</p> <p>Decontamination Team</p> <p>Security Team</p> <p>Hospital PIO</p>	<p>Hospital will demonstrate this activity in accordance with applicable internal facility preparedness plans and procedures.</p> <p>Receive Notification and continual status reports via bi-directional communication.</p> <p>Demonstrate internal communication with redundant systems.</p> <p>Maintain external communications (other medical facilities, JIC, JIS, EOC, ETC)</p>
	C.6.1.E Communication	<p><b>Medical Representative in the Jurisdictional EOC/JIC</b></p>	<p><b>Communication occurs throughout the continuum of care; initially On-Post and finally all the way through the emergency management structure.</b></p> <p><b>Transmit and receive continual status reports using a bi-directional communication exchange.</b></p> <p><b>Demonstrate redundant communication systems.</b></p> <p><b>Demonstrate continual external communications with all engaged medical agencies.</b></p>
	C.6.2.F Prepare Medical Treatment Facility to Receive Patients	<p>Emergency Department and all affected departments within the facility</p> <p>Hospital Command Center</p> <p>Screening Team</p> <p>Security Team</p>	<p>The medical treatment facility is prepared for the arrival and treatment of patients.</p> <p><i>For example:</i> Hospital will demonstrate this activity in accordance with applicable internal facility preparedness plans and procedures.</p> <p>Verify Exercise Regulatory Compliance Document is signed by</p>

			<p>authorized hospital personnel.</p> <p>Verify updated emergency management plans are in place.</p> <p>Receive notification that an incident has occurred and patients are coming to the facility. If notification comes from other than the usual emergency communications channel, verify the notification.</p> <p>Organize response utilizing an Incident Command System.</p> <p>Notify all services involved in the plan and mobilize the emergency department.</p> <p>If incoming patients are potentially contaminated or exposed to agent, implement the hazardous material plan for the facility. (Prepare the decontamination and treatment areas; select PPE and prepare the triage, security and decontamination teams to receive patients.)</p> <p>Notify patient transport agencies of any special approach or entrance to the medical facility.</p> <p>Receive initial and follow-up patient information from the site and patient transport agencies.</p> <p>Make arrangements to control access to all entrances and exits.</p> <p>Identify and isolate potentially contaminated patients that self present to the medical treatment facility unannounced or present themselves outside of regular EMS channels.</p>
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			<p>Report the status of requests to receive patients and the state of preparedness to accommodate the requests to the local medical services coordinator.</p>
	<p>C.6.3.F Pre-Decontamination Triage</p>	<p>Decontamination Team (Dirty Triage/Receiving)</p> <p>Screening Team</p>	<p>Demonstrate patient assessment and triage for appropriate medical treatment and decontamination procedures.</p> <p>Set up triage location, paying attention to contamination control and access control measures.</p> <p>Conduct differential triage of evacuees by determining:</p> <ul style="list-style-type: none"> <li>- If they present signs and symptoms of chemical agent exposure;</li> <li>- If they have been evacuated from the predicted hazard area;</li> <li>- Their time of departure from the predicted hazard area (to determine if they have traveled through the plume);</li> <li>- If they request decontamination, even though they have not or are not likely to have been exposed.</li> </ul> <p>Team members don appropriate PPE (chemical, Bloodborne pathogens, etc.)</p> <p>Conduct proper triage using <b>START/JumpSTART</b>.</p> <p>Conduct primary assessment (AABC).</p> <p>Address life threatening issues as appropriate.</p> <p>Treat presenting S/S as appropriate.</p> <p>Reassess patients continuously for possible latent physiological effects of agent exposure.</p> <p>Delay prophylactic measures until after decontamination.</p> <p>Provide patient tracking information in accordance with the hospitals established protocols and procedures.</p> <p>Select triage location based on established plans and <b>ensure patient</b></p>

			<p>tracking is including in the hospital's EM plan.</p>
	<p>C.6.4.F Decontamination and Post Decontamination Triage</p>	<p>Decontamination Team  Screening Team</p>	<p>Demonstrate capability to perform patient decontamination and triage.</p> <p>Select decontamination location based on established plans and procedures, paying attention to contamination control and access control measures. (Due to construction limitations the decontamination location may change, thus actual patients, family members, visitors and vendors may have access to the area so as not to prevent normal operations of the hospital). However, safety measures for limiting access to the decontamination area will be in place for this exercise including the possible usage of escorts thru the area. While in an actual disaster involving real decon, outside individuals would be denied access to the area, please note that it is quite possible and probable that actual patients, family members, employees, visitors and vendors, including actual EMS units, will be granted access to the exercise decontamination area so as to not interrupt normal hospital operations. Evaluators should note that exercise play will be temporarily stopped to allow for actual traffic as needed.</p> <p>Team members don appropriate PPE (chemical, blood-born pathogens, etc.)</p> <p>Separate evacuee/patients by gender, if sufficient decontamination resources are available ensuring privacy.</p> <p>Identify and secure personal property. Identify and implement provisions for the decontamination of special needs population.</p>

			<p>Appropriately directs individuals to remove their clothing and belongings. Removed items are placed in bags; the bags are labeled and secured per established procedure.</p> <p>Tag, decontaminate, verify cleanliness and return eyeglasses to individuals.</p> <p>Decontaminate individuals using current accepted standards of care and practice to include appropriate wound care.</p> <p>Provide decontaminated individuals with clean clothing. Identify/tag individuals as decontaminated in accordance with local procedures.</p> <p>Triage and reassess individuals following decontamination for S/S of agent exposure and decontaminate again as appropriate.</p> <p>Demonstrate ability for continuous, 24-hour operations.</p> <p>Continue patient tracking.</p> <p>Demonstrate technical decontamination and doffing technique.</p>
	<p>C.6.6.F Treat Patients at a Medical Treatment Facility</p>	<p>Medical Treatment Facility Staff</p> <p>Hospital Command Center</p> <p>PIO</p>	<p>Demonstrate capability to perform appropriate medical treatment consistent with their injuries, illness and extent of exposure.</p> <p>Medical staff meets the ambulance or transport vehicle upon arrival and begins triage procedures.</p> <p>Obtain and review patient history.</p> <p>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.</p> <p>Identify, isolate and decontaminate patients that arrive unannounced or from outside the EMS system.</p> <p>Perform gross and secondary decontamination in the designated area before the patient is allowed to</p>

			<p>enter the treatment facility. Bag, seal and label patient clothing and effects. Initial patient survey and stabilization should occur simultaneously. After the patient is moved into the clean area of the facility, medical staff treats presenting S/S in accordance with good medical practice.</p> <p>If treatment required exceeds the treatment facility’s capability, refer patient to appropriate medical treatment facility following all applicable regulatory requirements. Coordinate patient transfer with the accepting facility and transport agency.</p> <p>Admit, transfer or discharge patients. Provide patient tracking and facility bed availability information to the HCC and/or Emergency Medical System.</p>
	<p>C.6.7.F Collect and Decontaminate Human Remains</p>	<p>Emergency Department and all affected departments</p> <p>Hospital Command Center</p> <p>PIO</p>	<p>Human remains are treated with dignity and respect at all times.</p> <p><i>For example:</i> Provide reports to the HCC.</p> <p>In accordance with State law, confirm the patient is deceased, confirm the patient’s identity if possible and reports this information to the Jurisdictional EOC.</p> <p>Human remains are tagged and moved to decontamination when appropriate and authorized. Personal effects are removed, monitored, segregated by contamination status and secured. Special provisions for effects that can’t be decontaminated.</p> <p>If the human remains are identified as potentially contaminated, thoroughly decontaminate using the same procedures for exposed persons who were not fatalities, to ensure there is no hazard in handling the remains.</p>

			<p>Document methods used for decontamination and for confirming that decontamination is complete. Human remains are respectfully contained and properly stored pending transfer to mortuary or other appropriate facility. Using patient tracking procedures, report location and status of the remains to the Jurisdictional EOC or Emergency Management System.</p>
	C.6.8.E Track the Location of Evacuees, Patients and Fatalities	EOC and County Hospital	<p>Accurate evacuee, patient and fatality information is collected. Accurate Medical Treatment Facility bed available information is collected and legal requirements for handling remains are met.</p> <p><i>For example:</i> County Hospital and the EOC will maintain contact to exchange information, as appropriate.</p>

<b>ERO 7: Emergency Public Information</b>			
<b>Juris.</b>	<b>Task</b>	<b>Players</b>	<b>Description of Play</b>
	A/C.7.1.E/J Operate a Joint Information System	Hospital Command Center	<p>The JIC staff and staffs in each hospital 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.</p> <p><i>For example:</i> The Hospital Command Center will operate within the JIS prior to, and after, the JIC is open.</p>
	C.7.1.E Disseminate Public Health and Safety Information to the Media	Hospital Command Center	<p>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.</p>

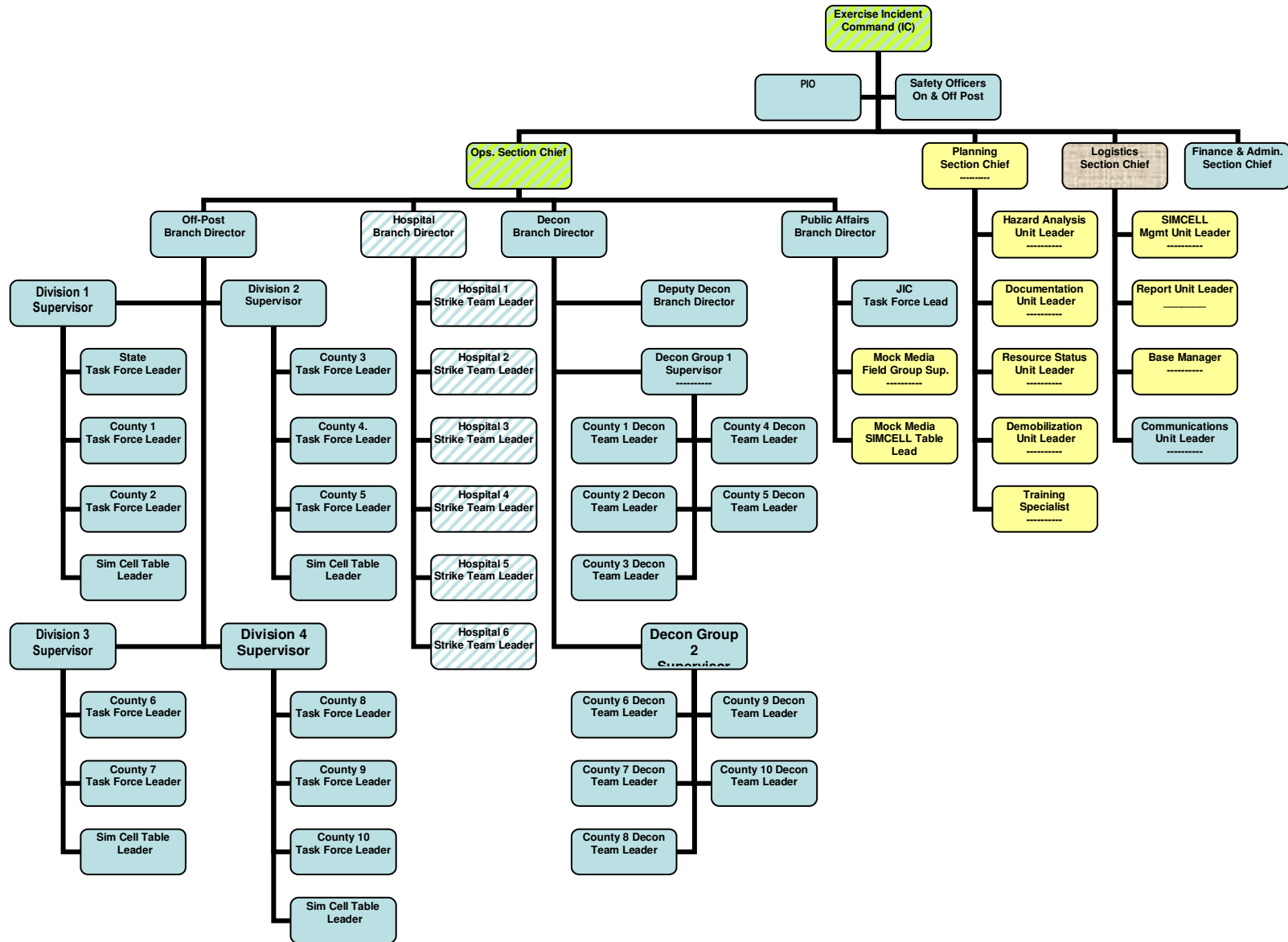
			<p><i>For example:</i> Prior to the JIC opening, the Hospital Command Center will directly work with media outlets. Once the JIC is open, the Hospital Command Center will feed information to the JIC for dissemination. The PIO at the JIC will work closely with the Hospital Command Center to ensure that timely, accurate information is released to the public and media.</p>
	A/C.7.2.J Activate and Operate a Joint Information Center	Hospital Command Center and JIC staff	<p>The Joint Information Center (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.</p> <p><i>For example:</i> A Hospital PIO will go to the JIC. See the JIC XPA.</p>
	A/C.7.3.J Disseminate Public Health and Safety Information to the Media	Hospital Command Center and JIC staff	<p>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 and understood by the public. The leadership in each 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.</p> <p><i>For example:</i> The Hospital Command Center will work with the JIC, once it is open, to disseminate information to the media. See the JIC XPA.</p>



	<p>A/C.7.4.J Disseminate Public Health and Safety Information Directly to the Public</p>	<p>Hospital Command Center and JIC staff</p>	<p>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.</p> <p><i>For example:</i> The Hospital Command Center will work with the JIC, once it is open, to disseminate information to the public. Prior to the JIC opening, the EOC will respond to telephone calls from the public. See the JIC XPA.</p>
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### APPENDIX E: NIMS/ICS EXERCISE STRUCTURE



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## APPENDIX F

### BACKGROUND AND OVERVIEW OF CSEPP REMEDICATION AND RECOVERY OUTCOME EVALUATION

#### F.1 INTRODUCTION

The Remediation and Recovery Outcome (Outcome 8) 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* (2003) and from other sources including lessons learned from prior CSEPP recovery tabletop exercises. In general the Remediation and Recovery Outcome focuses on actions that are not done, or are done very differently, during response. For example, the Remediation and Recovery Outcome does not include a field Task or 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 the Outcome 8 EEGs are based on that assumption. The Tasks and Steps 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. It is anticipated that coordination among these agencies would take place at a Joint Field Office (JFO) and/or Disaster Recovery Center, supported by operations at jurisdictional EOCs and command posts.

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 FSE. 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 six 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.

#### F.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 and initial monitoring results at or near the release site. 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 people 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 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.

### **F.3 TASK-SPECIFIC BACKGROUND AND ASSUMPTIONS**

Background and assumptions associated with each Remediation and 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, and also is the Army Incident Commander. The OSC position would likely transition to another Army officer as national-level resources are brought in.

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 Task 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 re-entry 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 people (or people who simply did not evacuate) from the area, or conduct fire fighting or law enforcement operations. It might also be necessary to enter the area to sustain critical infrastructure operations such as moving U.S. mail or performing 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.

### Arrange Post-Emergency Medical Screening

In the wake of a chemical event, it is anticipated that many people would be worried about its effect on their health. After terrorists attacked the Tokyo subway system using nerve agent, hundreds of people sought medical attention at nearby hospitals. Most of them could be characterized as “the worried well” (people not affected by agent exposure but concerned that



they might be). It is therefore prudent to be prepared for a large number people 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.

This Task covers arrangements to provide disaster assistance authorized under the Stafford Act and CERCLA; claims services are addressed under another Task. Part of the Task involves the organizational and administrative aspects of setting up a Disaster Recovery Center, including facilities and staffing, and publicizing the availability of services to the public. Another part of the Task involves determining how (or beginning the process of determining how) assistance will be funded, what will be funded, and who will be eligible for assistance.

#### Arrange Temporary Shelter for Evacuees

Opening of emergency shelters is addressed under response-phase Outcomes. 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 re-entry.

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 re-entry 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 re-entry 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.

It is expected that the main protective action decisions during the recovery period would involve opening of previously restricted areas to unrestricted re-entry. 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, as “ground truth” information becomes available about the amount of chemical agent released, the predicted hazard area may be reduced, allowing re-entry 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” instruction 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 Re-entry

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 re-entry 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, re-entry, 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 re-entry 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. Participation by public information staff allows for more realistic demonstration of these functions and the coordination necessary for successful recovery management.

#### Provide Support Services to the Army Community

The Army traditionally provides certain support services for the Army community (active duty military, employees, and families): specifically, social and spiritual counseling and veterinary services. Recovery staff should be aware of these services and have (or obtain) points of contact to obtain additional (augmenting) resources. Arrangements would need to be made to support augmenting staff; i.e., temporary workspace, billeting, and so on. Area chaplains and veterinarians should be invited to participate and discuss the particular services they would

expect to provide, and any special equipment or arrangements that would be needed, after a chemical stockpile event.

#### Provide Claims Services to the Affected Population

After a chemical event, it can be expected that affected individuals, businesses, units of government, and other organizations will seek compensation for damages incurred. The Army has a well-developed system for processing claims, including forms, procedures, regulations, and guidance documents. The Army Claims Service is the primary organization for administering the claims process. The Claims Service is limited to paying claims that are authorized under the Federal Tort Claims Act, Military Tort Claims Act, or Military Personnel and Civilian Employees Claims Act. Further information about these authorities and what claims would be payable may be found in the *CSEPP Recovery Plan Workbook* (2003).

This Task has elements in common with the “Secure Disaster Assistance” Task and the “Provide Support Services” Task in that recovery staffs need to coordinate with outside Army components and other organizations, provide workspace and other support, and publicize the availability of the service. In addition, it shares with the Disaster Assistance Task the element of determining eligibility for compensation. This Task differs from the Support Services Task in that claims services would be offered to both on-post and off-post populations. Area claims offices should be invited to participate and discuss the particular services they would expect to provide, and any special equipment or arrangements that would be needed, after a chemical stockpile event.

## APPENDIX G

### CSEPP EXERCISE PROGRAM GLOSSARY

**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 years' CSEPP exercises. It provides the context for the conduct of the IPE.

**Community Timeline:** The integrated chronological record of times and actions performed by all jurisdictions during exercise play.

**Control Staff Instructions (COSIN):** The COSIN, typically only used in larger, more complex exercises (e.g., *TOPOFF*) contains guidance that *controllers* may need concerning procedures and responsibilities for exercise control, simulation, and support. The COSIN is designed to help exercise controllers understand their roles and responsibilities in exercise execution in order to conduct an effective exercise. For most exercises, however, the COSIN can be combined with an *Evaluation Plan (Evalplan)* to produce a *Controller and Evaluator (C/E) Handbook*. (HSEEP Vol 1, B-6)

**Controller/Evaluator Debrief:** 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.

**Controller and Evaluator Handbook (C/E Handbook):** The C/E Handbook is an exercise overview and instructional manual for *controllers* and *evaluators*. A supplement to the *Exercise Plan (ExPlan)*, it contains more detailed information about the *scenario*, and describes controllers' and evaluators' roles and responsibilities. Because the C/E Handbook contains information on the scenario and exercise administration, it should be distributed only to those individuals specifically designated as controllers or evaluators. Larger, more complex exercises may use a separate *COSIN* and *EvalPlan* in place of the C/E Handbook. (HSEEP Vol 1, B-6)

**CSEPP Community:** The combined area of one military installation, its surrounding local jurisdictions, and the State agencies involved in executing CSEPP for that area.

**CSEPP Jurisdiction:** The smallest area of geography within which political authority may be exercised with regards to CSEPP (e.g., a county or a city).

**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 any activities involving logistical support.

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

**ERO Leads:** Selected exercise evaluators reconfigure from their jurisdictional teams or other exercise assignment into the eight Outcome Analysis teams. An Outcome Analysis team leader compiles information from jurisdictional analyses related to the Outcome and works with the team members and, as needed, persons from other teams, to compile Findings, Strengths and Observations for the Outcome.

**Evaluated Component:** The individual, team or group of staff that performs a Task.

**Exercise Evaluation Guide (EEG):** A data collection and evaluation guide used by exercise evaluators. An EEG is provided in the CSEPP Exercise Blue Book for each Task within each Emergency Response Outcome. Each EEG includes the Task name, the Expected Outcome from the Task, the Evaluated Component, a breakdown of the Task into specific Steps, and a set of references.

**Expected Outcome:** The end-state of emergency response after completion of a particular Task. The outcome of one Task may become an input for another Task at this location or elsewhere on- or off-post. Evaluating performance of a Task is based on comparing what actually occurred versus what was expected to occur, an analysis of the difference, and its impact for the response.

**Finding:** A condition that indicates a significant weakness in protection for chemical workers, the public, or the environment that warrants a formal action plan to remedy. A Finding usually, but not necessarily, involves deviation from applicable laws, regulations, policies, standards, plans, or other written requirements. However, mere deviation from written requirements or plans need not constitute a Finding if the related outcome demonstrated during the exercise was judged to be satisfactory. The Exercise Co-Directors determine whether a condition is significant enough and the outcome lacking enough for the observation to be reported as a Finding requiring an action plan.

**Hazard Mitigation Outcome:** This outcome, demonstrated exclusively on post, includes all activities related to reporting the event, fighting fires, preserving evidence and records of decisions, and controlling and mitigating the hazard. It does not include any activities at the incident site specifically associated with the *Victim Care* outcome.

**Initiating Event:** The initiating event is the chemical accident / incident. This CAI must be within the CMA accident planning base and may include events meeting the definition of Maximum Credible Event. Maximum Credible Events are defined by CMA policy/guidance as the probability of the event occurring once in a 10,000 year period.

**Integrated Performance Evaluation (IPE):** A team approach to exercise evaluation that focuses on analyzing 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 the capability of the site to respond or perform specific emergency response functions, and to enhance training of responders.

**Jurisdictional Team:** The team of evaluators assigned to a jurisdiction to observe the exercise and collect data. The team observes the exercise, prepares a jurisdictional timeline, and develops a jurisdictional report.

**Master Scenario Events List (MSEL):** The MSEL is a chronological timeline of expected actions and scripted events that *controllers* inject into exercise play to generate or prompt *player* activity. It ensures necessary events happen so that all *objectives* are met. The MSEL links simulation to action, enhances exercise experience for players, and reflects an incident or activity meant to prompt *players* to action. Each MSEL record contains a designated *scenario* time; an *event* synopsis; the name of the *controller* responsible for delivering the inject; and, if applicable, special delivery instructions, the *task* and *objective* to be demonstrated, the expected action, the intended player, and a note-taking section.

**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.

**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. Each ERO is an aspect of the overall protection of chemical workers, the public, and the environment.

**Outcome Evaluation Map:** 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 in the table represents a *Task* that corresponds with an Exercise Evaluation Guide.

**Player Handout:** A Player Handout is a one to two page document, usually handed out the morning of an operations based exercise, that provides a quick reference for exercise players on safety procedures, logistical considerations, exercise schedule, and other essential information. (HSEEP Vol 1, p 17)

**Post-Exercise Analysis:** The process that 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 there was a difference, what was the impact, and what should be learned. The analysis also contains recommendations for corrections. The information used to conduct the analysis comes from evaluator observations, exercise documentation, the jurisdictional timeline, and other information that becomes available at the evaluators' debriefing and subsequent meetings with the players or other evaluators.

**Preparedness Outcome:** Within the limits of the CSEPP program, this Outcome encompasses tasks associated with preparedness to respond to a chemical accident or incident at an Army chemical storage site. This includes maintaining coordinated emergency plans; participating in an active exercise program; conducting comprehensive training programs; maintaining active public outreach and education programs; and ensuring the readiness of the emergency response physical infrastructure (e.g., facilities, vehicles, equipment, supplies, and alert and notification systems). This Outcome also includes daily consideration by the Army for the impact of ongoing operations on preparedness, and the exchange of information between the Army and off-post jurisdictions concerning these operations.

**Protection Outcome:** This includes all activities related to protecting the on-post and off-post populations, including special populations, by making appropriate Protective Action Decisions, activating alert and notification systems, disseminating protective action messages, providing access control and security, activating and operating reception centers and mass care shelters and coordinating support services for affected populations.

**Remediation and Recovery Outcome:** This Outcome includes actions taken during the immediate post-emergency period, out to about 48 hours after the event. Many of the Tasks in this Outcome are continuations of efforts that would have been initiated during the response phase. "Remediation" refers to efforts to clean up any residual hazard and address environmental damage from the event. "Recovery" refers to the process of addressing the human impact of the event, and eventually restoring the community to a normal or near-normal state.

**Safety Controller (Safety Officer):** The safety controller is responsible for monitoring exercise safety during exercise setup, conduct, and cleanup. All exercise *evaluators* and *controllers* assist the safety controller by reporting any safety concerns. The safety controller should not be confused with the safety officer, who is identified by the incident commander during exercise play. (HSEEP Vol 1, B-28)

**Scenario:** For the purpose of this document, the scenario is defined as the on-post initiating event and all supplemental events created by the planning team.

**Simulation Cell (SimCell):** An exercise "control hub" - a central location where exercise controllers work. Controllers track exercise events, inject information or simulated events into the exercise, and serve as a substitute for agencies and personnel not playing in the exercise. For example, a SimCell controller may pretend to be a member of the media calling in a question or may play the role of a Congressional office, taking a notification call from an exercise player. SimCell controllers actively manage the flow of exercise events in coordination with controllers in the field, Lead Controllers, and the Exercise Co-Directors.



**Situation Manual (SitMan):** The SitMan is a handbook provided to all *participants* in *discussion-based* exercises, particularly *TTXs*. The SitMan provides background information on the exercise *scope*, schedule, and *objectives*. It also presents the *scenario* narrative that will drive participant discussions during the exercise. (Note: The SitMan should mirror the exercise briefing, support the scenario narrative, and allow participants to read along while watching events unfold). (HSEEP Vol 1, B-29)

**Step:** The specific actions performed or decisions made by responders that, in aggregate, produce the Expected Outcomes of the Task.

**Strength:** a demonstrated capability to obtain one or more expected outcomes in an exceptional manner (e.g., more quickly, more effectively, more safely, or more efficiently than required to meet the standard). To qualify as a “Strength” the capability should be incorporated in operations as a fundamental practice integral to the response. Also, a Strength should have a measurable favorable impact on the health and safety of workers, responders, or the public, or the protection of the environment.

**Tabletop Exercise (TTX):** TTXs are intended to stimulate discussion of various issues regarding a hypothetical situation. They can be used to assess plans, policies, and procedures or to assess types of systems needed to guide the *prevention* of, *response* to, or *recovery* from a defined incident. During a TTX, senior staff, elected or appointed officials, or other key personnel meet in an informal setting to discuss simulated situations. TTXs are typically aimed at facilitating understanding of concepts, identifying strengths and shortfalls, and/or achieving a change in attitude. *Participants* are encouraged to discuss issues in depth and develop decisions through slow-paced problem solving rather than the rapid, spontaneous decision-making that occurs under actual or simulated emergency conditions. TTXs can be breakout (i.e., groups split into functional areas) or plenary (i.e., one large group). (HSEEP Vol. 1, page 10 and B-31)

**Task:** A set of response actions (Steps) performed by an individual responder or team at a specified location, e.g., an EOC, JIC, hospital, or a specified field location. An EEG has been prepared as the tool for observing, gathering, and analyzing data about each response task.

**Victim Care Outcome:** This Outcome includes all activities related to treating victims of trauma injury or agent exposure, to include screening, decontaminating, and transporting them to off-post medical facilities; caring for them in medical treatment facilities, tracking their location and status, and handling and tracking the disposition of human remains.

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## APPENDIX H

### TIMELINE GUIDANCE AND TEMPLATES

The Timeline templates in this Appendix have entries the Co-Directors believe are needed for analysis during preparation of the draft AAR/IP and, with appropriate editing, for inclusion the final AAR/IP. The templates cover only Army activities at the accident site and the EOC, off-post early warning points and EOCs, and the JIC, as listed in section 3.3.2. Activities at medical treatment facilities, traffic and access control points, decontamination stations, reception centers, and shelters should be noted by evaluators but this information is not normally included in the Timeline. When used to prepare for a specific exercise, the templates should be adjusted to fit the extent-of-play agreement, to include the addition of entries pertaining to medical treatment facilities, traffic and access control points, decontamination stations, reception centers, and shelters at the Co-Directors' discretion. Evaluators may add entries if, during the exercise, players take an unanticipated action that has significant implications for the timing or success of the response.

At the Co-Director's discretion, a column may be included for evaluator use that identifies the Evaluator who logged the time. This can be assigned in advance to ensure that data for each entry is collected, or entered by the evaluator as the data is collected. Information in this column will not be included in the version that is published in the final AAR/IP.

The Actual Time should use the four digit 24-hour clock format (e.g., 0932, 1350) without colons, and be the local time at the installation where the exercise is held. In order to be consistent all evaluators should use the Official US Time on [www.time.gov](http://www.time.gov). If an evaluator tracks time to the nearest second, the recorded time should be rounded to the nearest minute, e.g., 1433 hours and 29 seconds is still 1433, whereas 1433 hours and 30 seconds would be logged as 1434. Any evaluation of time to accomplish a task that needs to be measured in seconds will be explained in a corresponding narrative in the appropriate place in the report.

A column will identify the Jurisdiction where the Activity occurred. The entry will be a standard brief acronym for each jurisdiction, preferably the same abbreviation used for Finding designations (See Section 4 of the AAR/IP).

A column will describe the Activity briefly but with enough detail for the reader to understand what happened. These entries usually correspond with a specific Step in an EEG. The local definition of "activation" will be used for entries associated with activation of a facility. Usually this is the first action taken to obtain an operational capability following a decision to do so. A facility is considered "operational" when it is staffed and equipped to perform its mission.

The fifth column identifies the Emergency Response Outcome (ERO) that covers the Activity.

**TIMELINE TEMPLATE: ON-POST**

<b>Expected Time</b>	<b>Actual Time</b>	<b>Evaluator</b>	<b>Activity</b>	<b>ERO</b>
1500			StartEx -- Event was recognized by workers in the field as a reportable emergency	4
1501			Workers reported emergency to EOC	4
1502			Workers initiated action to protect themselves	6
1506			Sirens and TARs activated in all affected on- and off-post zones	5
1506			Initial hazard analysis determined the on-post area at risk was the depot area of the Arsenal	5
1506			Initial hazard analysis determined plume tip will arrive in off-post zone	2
1507			Senior Army official made PAD for on post	5
1508			First WebPuff plume plot broadcast to off-post 24-hour warning points	2
1508			Senior Army official classified event as Community Emergency	2
1509			Senior Army official dispatched PAO to JIC	7
1512			Off-post 24-hour warning points updated with initial CENL, agent type, wind direction, and PARs	2
1514			IRF Commander notified CMA	2
1521			NCTR notified by phone and/or Web	2
1527			EOC fully operational (all key positions staffed)	3
1534			HQDA (AOC) notified	2
1540			AMC Safety Office notified	2
1550			First Army news release was distributed (received by mock media)	7
1555			NRC notified	2
1600			Mobile PDS established and supported by an operational RTAP	4
1620			Health Clinic staff notified off-post medical facilities concerning possible transport of injured workers	6
1630			Off-post ambulance requested by medical staff in EOC	6
1644			SRF requested	3
1700			Initial report of ground truth received in the EOC	4
1715			Off-post EOCs notified of updated PAR	2
1840			RTAPs advised to prepare for off-post deployment	2
1901			Decontamination Team arrived at accident site	4
1945			EndEx	

**TIMELINE TEMPLATE: OFF-POST**

<b>Expected Time</b>	<b>Actual Time</b>	<b>Jurisdiction</b>	<b>Activity</b>	<b>ERO</b>
			PAR and plume data received via CSEPP hotline	2
			Verified notification to CSEPP counties through CSEPP hotline	3
			EOC activated	3
			Activated call-down processes	3
			Call-down processes complete	3
			EOC operational	3
			Requested that Governor declare a State of Emergency	3
			Governor approved emergency declaration	3
			Heads-up call received from Installation	2
			Off-post received first plume plot broadcast received through WebPuff	2
			Received PAR and plume data via CSEPP hotline	2
			Installation PAR accepted as PAD	3
			EOC activated – Message out to all agencies	3
			EOC operational	3
			Hospital received notification of emergency	6
			Sirens and TARs reactivated in all affected on- and off-post zones	5
			Automatic TCPs established	5
			Declared county State of Emergency	3
			Reception Center activated	
			County requested State notify FAA, Union Pacific Railroad, and Army Corps of Engineers via telephone	3
			PAD issued through EAS	5
			Sirens and TARs re-activated in all affected on- and off-post zones	5
			Reception Center operational	5
			PIO departed for the JIC	7
			First patient (off-post) arrived at hospital	6
			First on-post patient arrived at hospital	6
		JIC	JIC operational	7
		JIC	First JIC news release distributed (received in SimCell)	7
		JIC	News conference began	7
		JIC	News conference ended	7

Most significant events are an instant in time when something happens or a decision is made. The entry of the Timeline is obviously that instant in time. Other actions require some time to complete. Except as noted below, the entry on the Timeline will be the **time that the action is completed.** If entries are intended to show both the beginning and end times of an activity, be sure the entries so state, e.g., 1901—Joint News conference began, 1929—Joint News Conference ended.

StartEx is the instant in time when an event occurs that will eventually be characterized at the Army Community Event Notification Level of Community Emergency. This is usually when chemical agent is released outside of engineering controls or when a condition occurs that will eventually and directly cause the release. There might not be an eyewitness to the event when it occurs, or the eyewitness might not be in a position to make an immediate report. Only an evaluator at the CAI site can make this entry on the Timeline. No other evaluator at any other location should make this entry.

The entry about the recognition of the occurrence of a reportable emergency is the time when the first person who is trained and **responsible to recognize a CAI realizes that such an event occurred, is equipped to make the report, and has the opportunity to report it safely.** This is also the time that starts the clock for the Army to report the event to off-post authorities. Note that this time might be a time later than StartEx.

The entry about the Army decision authority being notified of the event is the time when the person who has the authority to make PARs and PADs learns enough to classify the event, usually from a direct telephone or radio call from a responsible person at the CAI site. However, there is no assurance that the person who makes the initial report from the CAI site will communicate directly with the decision authority who can make PARs and PADs. Thus it is necessary to track the initial report from the CAI site in sufficient detail to assess the totality of the initial report sequence. Only the evaluator who is with this decision authority can make this entry on the Timeline.

The entry about the classification of the CAI refers to the decision to classify the event based on the initial report(s) from the CAI site. This decision might be made immediately when the decision authority receives the initial report. However, the decision authority might solicit hazard analysis input, in addition to the initial report from the site, in order to classify the event. Only the evaluator who is with this decision authority can make this entry on the Timeline.

The entry about the notification of off-post 24-hour warning points is the time when the CENL, agent type, wind direction, and PARs have been received at the off-post 24-hour warning point, regardless of “heads-up” calls and other information that might be exchanged during the notification transaction. The time when this specific information is passed is the time that stops the clock for the Army to report the event to off-post points of contact, even if the notification call continues for some additional time to discuss other matters. Note that the 24-hour warning point might be an off-post EOC during duty hours. Both the Army evaluator who is monitoring the off-post alert and notification action and the FEMA evaluator who is at the off-post 24-hour warning point should make this entry on the Timeline. Discrepancies in the time of this entry should be reconciled by the jurisdiction lead evaluators or ERO Leaders. It would be prudent for

both evaluators to log in the time as precisely as possible when the notification exchange process began, the time within the exchange when the essential information was passed, and the time that the notification exchange process ended, to help reconcile any differences in the observation.

Note that the clock to time the protection of citizens off-post begins to run when the 24-hour warning point is told the CENL, agent type, wind direction, and PARs. The off-post clock stops when the affected population has specific information about actions to take to protect themselves. CSEPP guidance suggests that this be done in eight minutes or less.

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