



Fortress Preparedness Services

Disaster Exercise Evaluator Training

Presentation developed by Fortress Preparedness Services

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Mr. Dotson also is an awareness instructor in the following areas: improvised explosive devices, radiological improvised devices, weapons of mass destruction, and hazardous materials awareness.

His experiences include 35 years on the Muncie Police Department, 30 years at IU Health Ball Memorial Hospital Security, and 10 years as the Ball Memorial Hospital Security Chief. He is a certified FBI hostage, crisis negotiator and an Indiana Law Enforcement Academy certified basic SWAT operator.



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Dotson was involved in major national training initiatives through the **Center for Domestic Preparedness** training law enforcement officers and military personnel in Chicago, IL, Denver, CO, Ft. Grayling, Ft. Knox, Ft., Ft. McCoy, Ft. Wayne, IN, State of Idaho, Indianapolis, IN, Los Angeles, CA, Notre Dame University, Milwaukee, WI, Minneapolis, MN, Riverside, CA, San Bernardino, CA, Seattle, WA, St. Louis, MO, Stout Army Airfield

Introduction

This presentation is intended to provide guidance for and exercise evaluator and follows the homeland security exercise evaluate program (HSEEP) format to remain standardized by following FEMA best practices.

Definitions

listed below are the Homeland Security exercise evaluation program definitions of the assigned positions during a disaster exercise.



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Evaluation

FEMA HSEEP Participant Guide Exercise evaluation assesses the ability to meet these objectives and capabilities by documenting strengths, areas for improvement, core capability performance, monitor corrective actions and outcomes through Rolling Summary Reports and After-Action Report/Improvement Plans (AAR/IP).

Evaluator

An individual chosen based on their expertise in the functional areas to observe and collect exercise data and analyze results.

Controller

An individual who manages exercise play and monitors the pace of the exercise. Controllers may prompt or initiate certain player actions to maintain exercise pace and flow.

*Note: for the D10 June 2022 Hospital Evaluators will be assign the roles of both the controller and evaluator



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Evaluation Tools

The Exercise Evaluation Guide (EEG) is a form used by the evaluator to document response strengths and areas of improvement. The EEG can be a generic template or customized to match the given scenario of the exercise.

*Note controllers/ evaluators will be given the D10 June 2022 EEGs two days before the Exercise

The Master Sequence of Events Log (MESEL) will be used by all evaluators at (all locations) to create a synchronized scenario throughout the entire district of participants. If the evaluator feels it is necessary to slightly change the timeline of the MESEL by speeding up or slowing down to accommodate the needs of the participants that is acceptable.

*Note controllers/ evaluators will be given the D10 June 2022 MESEL two days before the Exercise



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Overview

At the beginning of the exercise the evaluator shall explain to the participants that when conducting a disaster exercise one of the goals is to test the organizations preparedness levels. And mention due to the scope of preparedness levels being evaluated, at times the scenarios may seem unrealistic.

*Note a link to a Zoom meeting with Fortress Preparedness Services will be provided the day of the June 2022 exercise and will be a resource for the StartEx exercise briefing

The evaluator will explain to the participants that they should have an open mind and understand that the design of the exercise is meant to be plausible, but at times may seem overwhelming.

*Note the Zoom StartEx briefing by FPS will cover this information



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Successful Outcomes

The intent of the evaluator is to leave the participants in a better prepared than they were prior to the exercise and essentially make them more prepared to respond to a real-world disaster.

As the scenario unfolds and evolves, the participant should be stressed out to the point it seems somewhat real.

But if the evaluator recognizes the participants are extremely stressed out it is alright to pause the exercise and provide a limited amount of guidance (and prompt them on appropriate actions).

At times and evaluator can make the mistake of pushing the participants to far and they give up or lose the vision of the goal of the exercise.

Remember the goal is successful outcome for the participants for them to gain knowledge and be better prepared to deal with the real-world incident at the conclusion of the exercise.



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Expectations

Evaluators monitoring the **command center** should observe the HICS command team assign HICS positions, conduct briefings, utilize HICS forms and determine the objects for the exercise.

Evaluators monitoring **emergency departments** and **treatment areas** should observe patient transportation, triage and communication with both the command center and the emergency medical services (EMS) delivering patients.

*Note the EEGs documents observations and findings

HICS Review

Fortress Preparedness has provided an Incident Command system review document available from the **link below**.

As a reminder the Hospital Incident Command System (HICS) is based on the Incident Command System (ICS) and is essentially the same response tool.



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The primary difference between the two is the ICS format is designed for first responders in the field, and HICS recognizes that healthcare facilities have safety, public information, liaison, logistic and finance positions in place 24/7 prior to an incident.

<https://fortresspreparedness.files.wordpress.com/2022/06/reviewmaterials.doc>

Briefings

The exercise evaluators are tasked with monitoring the command elements use of briefings for vital information sharing. Below are the types of briefings that may be necessary.

Initial briefing- when resources (staff, equipment, materials, physical structures) have been mobilizing for incident response, command should brief all responding staff at the onset of the incident.

This may be accomplished verbally, electronically or in written form.



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Periodic Briefings- within a reasonable amount of time (and as early as possible) command should establish a designated time for regular briefings for the command group, operations section, and organization administrators.

Reminder, the incident command team should focus on their specific assigned roles (example- Safety, operations, logistics, etc.) and not carry out a group discussion during the exercise.

Rather focus on assigned positions, then communicate with the group during the periodic briefings.

Depending on the type of disaster, the briefings could be every 15 minutes, hour or every few hours as designated (but should remain consistent as much as possible).

Other Briefings- may include other agencies, home healthcare system, local responders, public health, emergency management agencies and the public.

De-Briefing- at the conclusion of the disaster exercise the evaluator will need to distribute the exercise de-briefing forms, sometimes called a “hotwash”.



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The forms should be filled out by as many participants as possible.

If some staff are needed back at their workstations, it is acceptable to let them take the forms and return them later.

The evaluator will then conduct a verbal de-briefing with the group. And collect the forms following the debriefing (in case they want to add more comments when listening to the other participants).

For larger groups, set a time to stop the verbally de-briefing, and if the same comments are made by participants, it is acceptable to acknowledge they agree with other participants, and move on.

The evaluator should take notes of the comments as well to add to their final exercise evaluation guide documents.

For a successful outcome, the evaluator should be the last person to make comments during the verbal de-briefing as many of the observations the witness may be brought up by the participants.



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At the conclusion of the de-briefing be mindful to collect all forms as they are critical data for the after-action report.

Other Documents

It is very important to gather up all HICS forms, written notes, charts, triage tags or exercise response records.

Participants are encouraged to keep copies of those documents for their own internal review.