



1 Commonwealth of Virginia  
2 Public Health and Healthcare  
3 Preparedness Programs

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4 Joint Multi-Year Training and Exercise Plan

5 Initial Publication Date January 1, 2018

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## PREFACE

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This Multi-Year Training and Exercise Plan (MYTEP) is written and administered by the Virginia Department of Health’s Office of Emergency Preparedness (OEP). It reflects training and exercises for public health and healthcare coalitions for a five-year period. The plan is reviewed and updated with input from all parties named herein.

The updates follow a similar collection process used by Emergency Management counterparts and aligns to the Centers for Disease Control and Prevention (CDC) *Public Health Preparedness Capabilities: National Standards for State and Local Planning*, and the US Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response (ASPR), *Health Care System Preparedness Capabilities*.

This plan will be submitted to the Virginia Department of Emergency Management for inclusion in the Commonwealths MYTEP. It also provides a framework for training and exercise priorities to meet goals, objectives, and strategies in the Virginia Department of Health’s strategic plan. The goal of Virginias PPHP is to help prevent and/or minimize illness, injury, and loss of life to Virginians and visitors due to disasters or emergencies.

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## PURPOSE

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67 The purpose of the Multi-Year Training and Exercise Plan (TEP) is to document combined  
68 Public Health and Healthcare Preparedness training and exercise program priorities for a  
69 specific multi-year period. It is a living document that will be updated and refined annually.  
70 These priorities are linked to corresponding capabilities, and, based on existing strategic  
71 guidance, threat assessments, corrective actions from previous exercises, or other factors.

72 The Multi-year TEP outlines out a combination of progressively building exercises along with the  
73 associated training requirements – which address the priorities identified in the Training and  
74 Exercise Planning Workshop(s) (TEPW). A progressive, multi-year exercise program enables  
75 organizations to participate in a series of increasingly complex exercises, with each successive  
76 exercise building upon the previous one until mastery is achieved. Further, by including training  
77 requirements in the planning process, organizations can address known shortfalls prior to  
78 exercising capabilities. The goal of this Training and Exercise Plan is to provide training and  
79 exercise priorities and a roadmap to meet strategies to support the following national and state  
80 standards:

- 81 • **CDC Public Health Preparedness Capabilities: National Standards for State and**  
82 **Local Planning**
- 83 • **APSR Healthcare Preparedness Capabilities 2017-2022**
- 84 • **National Preparedness Goal**
- 85 • **After Action Reports from exercises and real-world responses**
- 86 • **Commonwealth of Virginia Emergency Operations Plan**
- 87 • **Virginia Department of Health Emergency Response Plan**
- 88 • **Virginia Department of Health Strategic Plan**
- 89 • **Virginia Hospital and Healthcare Association Strategic Plan**
- 90 • **Code of Virginia**
- 91 • **Center for Medicare and Medicaid Services Emergency Preparedness Rule**
- 92 • **Public Health Training Needs Assessment (conducted every other year)**
- 93 • **Healthcare Emergency Management Program Training Needs Assessment**
- 94 • **Centers for Medicare and Medicaid Services Emergency Preparedness Rule**

95 The Department achieves this goal through developing and sustaining critical capabilities that  
96 enhance the ability of Virginia’s public health and health care system to prevent, respond to and  
97 recover from disasters of all types. This plan outlines the following years or Budget Periods  
98 (BP’s):  
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- 100 • ***BP 1-July 1, 2017-June 30, 2018***
- 101 • ***BP 2-July 1, 2018-June 30, 2019***
- 102 • ***BP 3-July 1, 2019-June 30, 2020***
- 103 • ***BP 4-July 1, 2020-June 30, 2021***
- 104 • ***BP 5-July 1, 2021-June 30, 2022***

## HAZARD FOCUS AREAS

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On October 17, 2017, The Public Health and Healthcare Preparedness Programs in the Commonwealth came together to hold the inaugural Training and Exercise Plan Workshop in Richmond. Participants were grouped into tables that represented the Central Office i.e. Headquarters level offices and the remaining participants were group by geographic regions. For the TEPW, the regions\* represented both the Public Health and Healthcare coordination entities. The group began by assessing the threats and hazards most likely to occur within their regions and/or the state or nationally. After some discussion, the group settled on the following threats and hazards in context listed in **Table 1** from their first activity:

**Table 1. Threat and Hazards**

Natural	Man-Made	Technological
1. Disease Outbreak/Pandemic/Emerging Pathogen	1. Complex Coordinated Attack/Active Shooter	1. Cyber Attack
2. Winter Storm	2. CBRNE Event	2. Infrastructure Failure (Non-Intentional)
3. Hurricane	3. Civil Unrest	3. Infrastructure Failure (Man-Made)
4. Thunderstorm	4. Transportation Accident (Hazardous Materials)	
5. Flooding	5. Nuclear Power Plant Incident	
6. Tornado		
7. Wildfire		
8. Earthquake		
9. Harmful Algal Bloom		
10. Solar Flare/Space Weather		

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Participants also then grouped the cascading impacts of these events into the most likely impacts to Public Health and Healthcare systems in the Commonwealth and the populations they serve:

1. Mass Casualties/illness
2. Mass Fatalities
3. Supply Chain Disruption
4. Workforce Disruption
5. Utility Failure/Disruption (Water/Wastewater/Communications/HVAC/Electricity)

***\*For this inaugural TEPW, the group that is housed in the Near Southwest and Far Southwest Regions shall be referred to as the Western Region unless otherwise noted.***

## TRAINING AND EXERCISE PROGRAM PRIORITIES

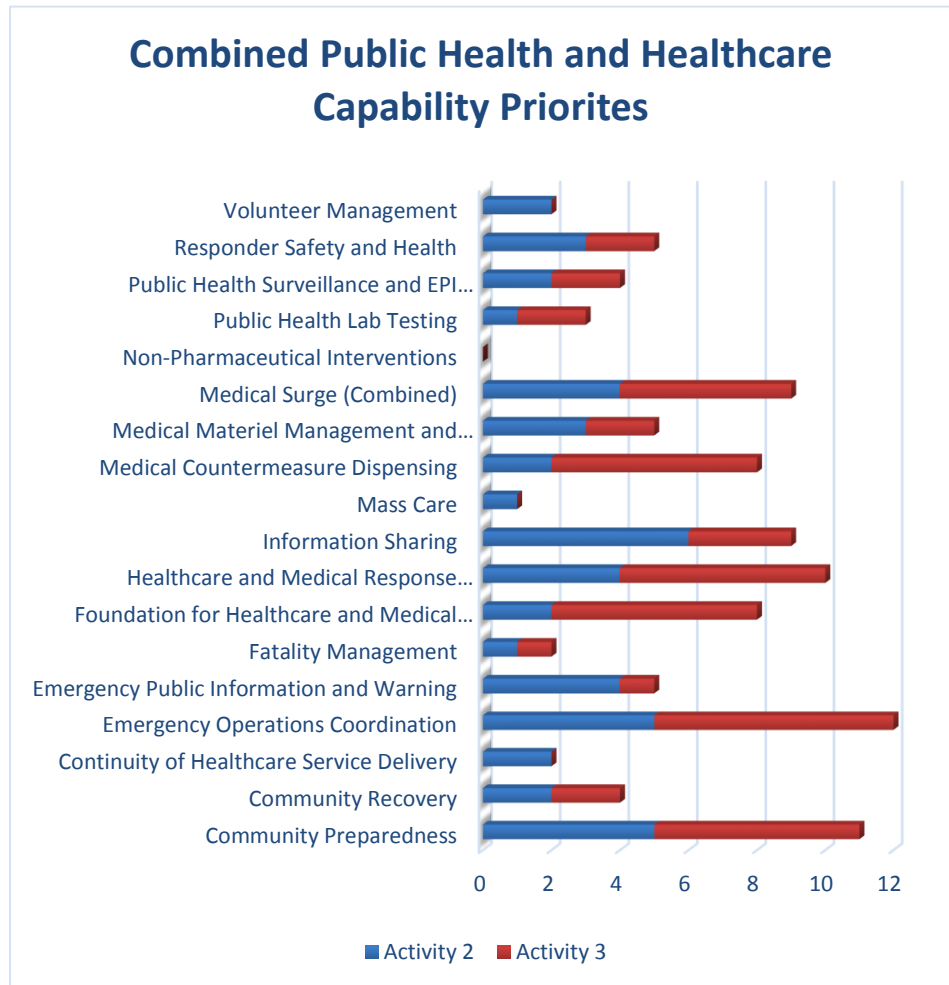
Not all training needs or exercise requests are expected or anticipated to be met with the exception of those listed in grant requirements. The purpose of this process is to strategically plan for a training and exercise program that strengthens the Commonwealth's ability to prepare for, and respond to, public health and related emergencies, incidents, and events. The workshop resulted in a comprehensive set of valuable data that includes not only the training and exercise needs of the functional units, and health care coalitions, but also provides a big picture perspective of the training and exercise trends among our Public Health and Healthcare preparedness partners.

Table 2-Priority Capabilities

During the TEPW, training and exercise discussions were conducted using four activities; the first was to identify threats and hazards, the second and third were the linking of capabilities and then their prioritization. This format allowed participants an opportunity to understand available resources and provided for small group discussions to promote collaboration.

Following the small group discussions, the groups prioritized their top capabilities and then prioritized the capabilities that were most important to the group. This resulted in the outcomes listed in **Table 2**, which will serve as the foundation of the strategic training and exercise priorities for this plan.

The MYTEP will be widely distributed to internal and external public health and healthcare partners. Partners will continue to meet on an annual basis at the state and regional TEPWs to revisit, validate, and update the plan as needed. This plan is a living document designed to help VDH and all public health and healthcare preparedness partners plan, build a meaningful, sustainable training and exercise program that ultimately will provide for the most effective response during emergencies. This plan will also ensure integration into the wider, Whole



176 Community in Virginia at the State, Regional and Local levels through the following strategic  
177 priorities:

178 **Priority 1: Improve Public Health and Healthcare Incident Management**  
179 **Capabilities, Coordination and Integration**

180 **Corresponding Capabilities:**

- 181 • Emergency Operations Coordination
- 182 • Healthcare and Medical Response Coordination
- 183 • Information Sharing
- 184 • Emergency Public Information and Warning

185 **References:**

186 **Real World:**

- 187 • 2003 Hurricane Isabel After Action Report
- 188 • 2009 Far Southwest Winter Weather After Action Report
- 189 • 2011 Hurricane Irene After Action Report
- 190 • 2011 Caroline County Bus Crash After Action Report
- 191 • 2012 Derecho After Action Report
- 192 • 2012 Hurricane Sandy After Action Report
- 193 • 2014 Bath County Nursing Home Evacuation After Action Report
- 194 • 2015 Central Region Meningitis Investigation After Action Report
- 195 • 2017 Public Health Training Needs Assessment
- 196 • 2017 Healthcare Emergency Management Training Needs Assessment
- 197 • VDH Strategic Plan (Goals 3, 4, 5)

198 **Exercises:**

- 199 • 2008 FLuEx After Action Report
- 200 • 2011 Statewide Functional Exercise After Action Report
- 201 • 2014 Central Region Multi-Disciplinary TTX After Action Report
- 202 • 2014 “Silver Resilience” Long Term Care Facility Evacuation TTX
- 203 • 2017 Marble Challenge FSE After Action Report (Draft)

204 **Supporting Training Courses and Exercises:**

- 205 • **Training Courses (External)**
- 206 • IS-100 B-Introduction to the Incident Command System

- 207 • IS 100 HCB- Introduction to the Incident Command System (ICS 100) for
- 208 Healthcare/Hospitals
- 209 • IS-200- ICS for Single Resources and Initial Action Incidents
- 210 • IS 200 HCA-Applying ICS to Healthcare Organizations
- 211 • IS 201-Forms to be used in the Development of Incident Action Plans
- 212 • ICS-300- Intermediate Incident Command System for Expanding Incidents
- 213 • ICS-400- Advanced Incident Command System for Command and General Staff -
- 214 Complex Incidents
- 215 • MGT 347-ICS Forms Review Course
- 216 • **Training Courses (Internal-Agency/Office/Coalition Specific)**
- 217 • VDH Incident Management Team Orientation
- 218 • VDH Incident Management Team Sustainment Training
- 219 • Virginia Emergency Support Team (VEST) Sustainment Training for ESF 8
- 220 • VEST Orientation and Sustainment for ESF 3
- 221 • Health Alert Network Event Notification, Manager, User Training
- 222 • Virginia Hospital Alerting & Status System (VHASS) User Training
- 223 • New Health and Deputy Director Spokesperson Boot Camp
- 224 • **Exercises**
- 225 • 2018 HHS Patient Movement TTX
- 226 • Atlantic Fury/Vigilant Guard/Virginia Emergency Support Team Exercise (VESTEX)
- 227 2018 **(To Satisfy Joint Exercise FE Requirement for the Project Period)**
- 228 • Quarterly Alerting Drills and Communications Tests (HAN/VHASS/STARS/GETS)
- 229 • Quarterly VDH IMT Activation Rehearsal of Concept (ROC) Drills
- 230 • Annual Coalition Surge Test
- 231 • Coalition CMS TTX, Functional and Full-Scale Exercises
- 232 • ESF 3 WebEOC Walkthrough Drill
- 233 • ESF 3 Regional Office TTX
- 234 • Quarterly HAN Tests
- 235 • Coalition Redundant Communication Drills
- 236 • Virginia Operations Plan Exercises (VOPEX) (2018-2022)
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243 **Priority 2: Develop, Strengthen and Sustain the Public Health and Healthcare**  
244 **Emergency Workforce**

245 **Corresponding Capabilities:**

- 246 • Community Preparedness
- 247 • Foundation for Healthcare and Medical Readiness
- 248 • Public Health Surveillance and EPI Investigation
- 249 • Public Health Laboratory Testing
- 250 • Fatality Management
- 251 • Volunteer Management

252 **References:**

253 **Real World:**

- 254 • 2007 Virginia Tech Shooting-Panel Review Report
- 255 • 2009-2010 Novel Influenza A (H1N1) Response After Action Report
- 256 • 2015 Central Region Meningitis Investigation After Action Report
- 257 • 2015 Metropolitan Washington Council of Governments Mass Fatality Workshop  
258 Report
- 259 • 2017 Public Health Training Needs Assessment
- 260 • 2017 Healthcare Emergency Management Training Needs Assessment
- 261 • VDH Strategic Plan (Goal 1)

262 **Exercises:**

- 263 • 2013 VDEM Region 4 Mass Casualty/Fatality TTX (Aircraft Crash) After Action  
264 Report
- 265 • 2017 Marble Challenge FSE After Acton Report

266 **Supporting Training Courses and Exercises:**

- 267 • **Training Courses (External)**
- 268 • IS-2001: Threat and Hazard Identification and Risk Assessment (THIRA) (*Currently*  
269 *Under Revision*)
- 270 • MGT-310: Jurisdictional Threat and Hazard Identification and Risk Assessment
- 271 • MGT 418 Readiness Training Identification Preparedness Planning (RTIPP)
- 272 • IS-120 Introduction to Exercises

- 273 • IS-130 Exercise Evaluation and Improvement Planning
- 274 • L-104 Exercise Design
- 275 • E/L-131 Exercise Evaluation and Improvement Planning (Classroom)
- 276 • L-146 Homeland Security Exercise and Evaluation Program Course (HSEEP)
- 277 • Certified Healthcare Emergency Coordinator Course
- 278 • **Training Courses/Professional Development (Internal-Agency/Office/Coalition**
- 279 **Specific)**
- 280 • Annual Virginia Public Health and Healthcare Preparedness Academy
- 281 • General State Plan Orientation Briefings (Response Plan and Annexes,
- 282 CHEMPACK, SNS, Radiological, etc.)
- 283 • CASPER Training (VDH)
- 284 • EMPOWER Training
- 285 • **Exercises**
- 286 • Annual Community Based Emergency Response Seminar Series (CBERS)
- 287 • Atlantic Fury/Vigilant Guard/Virginia Emergency Support Team Exercise (VESTEX)
- 288 2018
- 289 • Annual BT Rule Out Workshop for Epidemiology
- 290 • BT and Emergency Readiness Competencies for EPI/Lab
- 291 • Seminars for Local ME's and Investigators bi-annually (April/May and Sept/Oct)
- 292 based on procedure changes, updates, etc.
- 293 • Active Shooter Infectious Disease TTX (Northwest)
- 294 • Optional Fiscal Preparedness TTX
- 295

296 **Priority 3: Improve the Management of Medical Materiel and Countermeasures in**

297 **the Commonwealth**

298 **Corresponding Capabilities:**

- 299 • Community Preparedness
- 300 • Medical Countermeasure Dispensing
- 301 • Medical Materiel Management and Distribution
- 302 • Medical Surge
- 303 • Volunteer Management

304 **References:**

305 **Real World:**

- 306 • 2003 Hurricane Isabel After Action Report

307 • 2009-2010 Novel Influenza A (H1N1) Response After Action Report

308 **Exercises:**

309 • 2008 FLuEx After Action Report

310 • 2009 NOVA RSS TTX

311 **Supporting Training Courses and Exercises:**

312 • **Training Courses (External)**

313 • PER-310-Strategic National Stockpile Course

314 • MGT-442-1-Mass Antibiotic Dispensing Train-the-Trainer

315 • Centers for Disease Control Courses/Training

316 • SNS overview Course-ID#-1059349

317 • Mass Dispensing Overview Course-ID# 1054681

318 • Closed Points of Dispensing Considerations-ID# 1055915

319 • Receive, Stage and Store (RSS) Warehouse-Floor Marking-ID# 1052978

320 • 2 Day Receive, Stage and Store (RSS) Course

321 • **Training Courses (Internal-Agency/Office/Coalition Specific)**

322 • Mass Immunization Just-in-Time Training

323 • RSS Training for the Office of Family Health Services Staff

324 • Inventory Management and Tracking System (IMATS)

325 • MCMORR Training

326 • MCM Action Plan Training

327 • Pharmacy Training for Dispensing

328 • **Exercises (Annual)**

329 • 3 Medical Counter Measure Drills-Districts

330 • Staff Notification and Assembly

331 • Facility Set Up

332 • Site Activation

333 • Inventory Management and Tracking System (IMATS) or Inventory Data Exchange  
334 Test

335 • **Exercises (One per Project Period)**

336 • Medical Countermeasure Distribution Full Scale Exercise (TBD 2019)

337 • Medical Countermeasure Dispensing/Mass Vaccination Exercise

338 • **Exercises (Other)**

339 • Virginia Operations Plan Exercises (VOPEX) (2018-2022)

- 340 • VOPEX Out of Sequence Events (2018-2022)
- 341 • Evacuation Assembly Center Drills
- 342 • Medical Services Drills

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344 **Priority 4: Ensure the Continuity of Public Health and Healthcare in the**  
345 **Commonwealth Throughout All Hazards**

346 **Corresponding Capabilities:**

- 347 • Community Preparedness
- 348 • Community Recovery
- 349 • Continuity of Healthcare Service Delivery
- 350 • Foundation For Healthcare and Medical Readiness
- 351 • Medical Surge
- 352 • Responder Safety and Health

353 **References:**

354 **Real World:**

- 355 • 2003 Hurricane Isabel After Action Report
- 356 • 2009 Far Southwest Winter Weather After Action Report
- 357 • 2011 Hurricane Irene After Action Report
- 358 • 2011 Caroline County Bus Crash After Action Report
- 359 • 2012 Derecho After Action Report
- 360 • 2012 Hurricane Sandy After Action Report
- 361 • 2014 Bath County Nursing Home Evacuation After Action Report
- 362 • 2015 Central Region Meningitis Investigation After Action Report
- 363 • 2017 Public Health Training Needs Assessment
- 364 • 2017 Healthcare Emergency Management Training Needs Assessment
- 365 • Executive Order 41-State Agency Continuity Planning
- 366 • VDH Strategic Plan (Goal 2)

367 **Exercises:**

- 368 • 2008-Flu EX AAR
- 369 • 2011-Statwide Functional Exercise AAR
- 370 • 2017-Marble Challenge FSE AAR

371 **Supporting Training Courses and Exercises:**

372 • **Training Courses (External)**

- 373 • MGT-454 Healthcare Coalition Response Leadership Course (Resident Course)
- 374 • AWR-900 Framework for Healthcare Emergency Management
- 375 • MGT-901 Healthcare Leadership for Mass Casualty Incidents
- 376 • PER-902 Hospital Emergency Response for Mass Casualty Incidents
- 377 • PER 903-1 Hospital Emergency Response for Mass Casualty Incidents Train-the-
- 378 Trainer
- 379 • Federal Patient Tracking System
- 380 • Basic Disaster Life Support Course
- 381 • Advanced Disaster Life Support Course

382 • **Training Courses/Professional Development (Internal-Agency/Office/Coalition**  
383 **Specific)**

- 384 • Hospital Evacuation Training
- 385 • General Continuity of Operations Plan orientation (VDH, Agency, District)
- 386 • Personal Protective Equipment (PAPR, Etc., Division and District)

387 • **Exercises**

- 388 • 2018 HHS Patient Movement TTX
- 389 • Atlantic Fury/Vigilant Guard/Virginia Emergency Support Team Exercise (VESTEX)
- 390 2018 **(To Satisfy Joint Exercise FE Requirement for the Project Period)**
- 391 • Virginia Operations Plan Exercises (VOPEX) (2018-2022)
- 392 • VOPEX Out of Sequence Events (2018-2022)
- 393 • Annual Coalition Surge Test
- 394 • Annual Hospital Surge Test
- 395 • Annual Agency and District COOP Exercise (VDH)

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405 **Priority 5: Improve the integration and coordination of Infrastructure (ESF 3) into**  
406 **the Public Health and Healthcare Emergency Management organization in the**  
407 **Commonwealth**

408 **Corresponding Capabilities:**

- 409 • Community Preparedness
- 410 • Community Recovery
- 411 • Continuity of Healthcare Service Delivery
- 412 • Foundation For Healthcare and Medical Readiness

413 **Supporting Training Courses and Exercises:**

- 414 • **Training Courses (External)-(In addition to some courses in Priority #2):**
  - 415 • E-202-Debris Management Planning for State, Local, Territorial and Tribal Officials
  - 416 • IS-0556-Damage Assessment for Public Works
  - 417 • IS-0558-Public Works Disaster Recovery
  - 418 • IS-0632 a-Introduction to Debris Operations
  - 419 • IS-803-Emergency Support Function 3-Public Works and Engineering
  - 420 • IS-0913a-Critical Infrastructure and Resilience: Achieving Results through
  - 421 Partnership and Collaboration
  - 422 • IS-0915-Protecting Critical Infrastructure Against Insider Threats
  - 423 • MGT 317-Disaster Management for Public Services
  - 424 • MGT 342-Strategic Overview of Disaster Management for Water and Wastewater
  - 425 Utilities
  - 426 • MGT 343-Disaster Management for Water and Wastewater Utilities
  - 427 • MGT 414-Advanced Critical Infrastructure Protection
  - 428 • MGT 452-Physical and Cyber Security for Critical Infrastructure
  - 429
- 430 • **Training Courses/Professional Development (Internal-Agency/Office/Coalition**  
431 **Specific)**
  - 432 • VDH Incident Management Team Orientation
  - 433 • VDH Incident Management Team Sustainment Training
  - 434 • VEST Orientation and Sustainment for ESF 3
  - 435
- 436 • **Exercises**
  - 437 • Atlantic Fury/Vigilant Guard/Virginia Emergency Support Team Exercise (VESTEX)
  - 438 2018

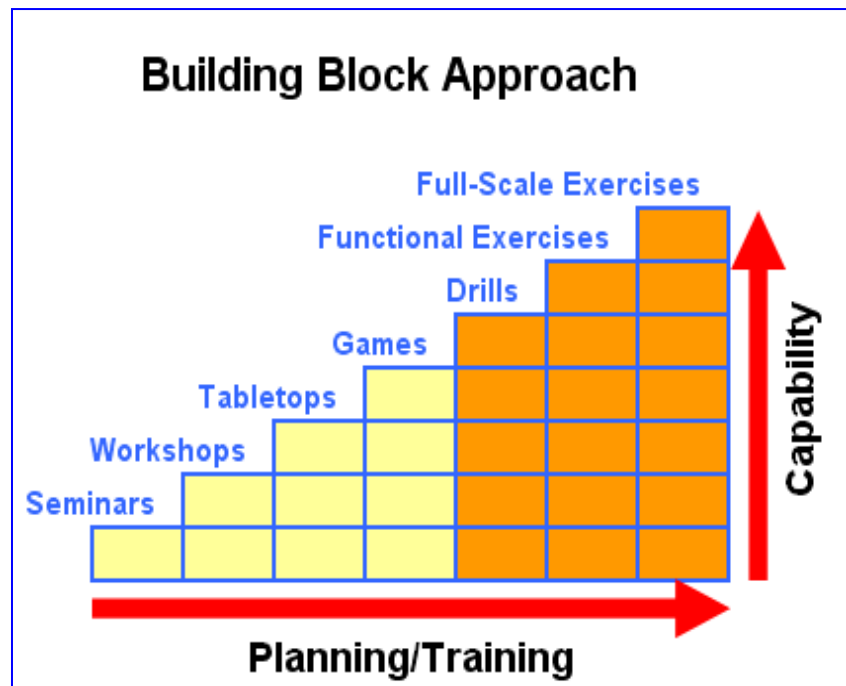
- 439 • ESF 3 WebEOC Walkthrough Drill
- 440 • Office of Drinking Water/ESF 3 Partners Regional Office TTX
- 441 • WARN Tabletop Exercises
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## METHODOLOGY AND TRACKING

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454 The Commonwealth of Virginia has developed an exercise methodology that is compliant with  
455 the Homeland Security Exercise and Evaluation Program (HSEEP) guidelines and FEMA  
456 Exercise Design Fundamentals, which will enable the community to successfully accomplish our  
457 planning, training, and exercise goals. This methodology reflects a cycle of activity that meets  
458 collaborating agencies' specific needs. The following elements listed in **Graphic 1** are part of  
459 this exercise methodology:

Graphic 1-Exercise Building Block Methodology

- 460 • A cycle of exercise  
461 activity that includes  
462 exercises of increasing  
463 levels of complexity.
- 464 • Threat-based, realistic,  
465 and accurate exercise  
466 scenarios.
- 467 • Exercises that involve  
468 players from multiple  
469 disciplines to test  
470 interagency relationships  
471 and agreements.
- 472 • A means of evaluation and improvement  
473 planning for each  
474 exercise.
- 475 • A method to share best  
476 practices and lessons  
477 learned with the  
478 homeland security  
479 community.
- 480 • Each entity's level of preparedness to assess a proper starting point in the cycle of  
481 exercises.
- 482



483 All exercises begin with planning and exercise design meetings that are coordinated between  
484 the planners and trainers, leverage exercise-specific expertise within the agency, and involve  
485 outside exercise contractors (if applicable) to lay out the exercise goals, objectives, and  
486 timelines. **Graphic 1** depicts a pattern, or building-block approach, that moves from the  
487 planning/training stages to a full-scale exercise through a series of activities of increasing  
488 complexity. By using this type of methodology, Virginia can ensure that the exercise scope,  
489 scale, and complexity are tailored to each specific region or jurisdiction within the state, while  
490 maintaining a consistent statewide delivery method.

491 At the conclusion of each exercise, an After Action Report/Improvement Plan (AAR/IP) will be  
492 completed and implementation of corrective actions will be tracked. Even though this is the  
493 Multi-Year Exercise and Training Plan for the Public Health and Healthcare Emergency  
494 Management partners, all real-world events and pre-planned events will be followed by a debrief  
495 of the event and the creation of an After Action Report/Improvement Plan (AAR/IP). The  
496 AAR/IPs from real world and pre-planned events will also be tracked in order for the department  
497 to continue to build its capability.

### The After Action Report/Improvement Plan (AAR/IP)



500 The purpose of the After Action Report (AAR) is to summarize the events of an exercise (or  
501 real-world incident) and contains an analysis of performance. An exercise AAR contains  
502 analysis of an entity's ability to accomplish tasks, achieve exercise objectives and demonstrate  
503 capabilities. A real-world incident AAR presents analysis of how an entity performed in response  
504 to an incident and provides candid discussion of lessons learned and suggestions for improving  
505 future performance. The Improvement Plan (IP) section of an AAR includes corrective actions  
506 for improvement, timelines for implementation and specific points of contact. AARs shall be  
507 submitted in accordance with grant guidance guidelines for all qualifying exercises within 120  
508 days of the exercise.

### 509 **Training**

510 Education and training activities to support the Commonwealth Exercise Plan will be developed  
511 to enhance the knowledge, skills, and abilities of the agency and its partners to mitigate, plan  
512 for, respond to, and recover from natural, manmade, and technological emergencies. All  
513 educational and training activities are competency-based and designed based on an identified  
514 need, including but not limited to AARs or IPs.

### 515 **Applicability**

516 All parties described herein will use the Multi-Year Training and Exercise Plan, along with the  
517 HSEEP and exercise fundamental guidelines, when designing, planning, training for, and  
518 conducting exercises.

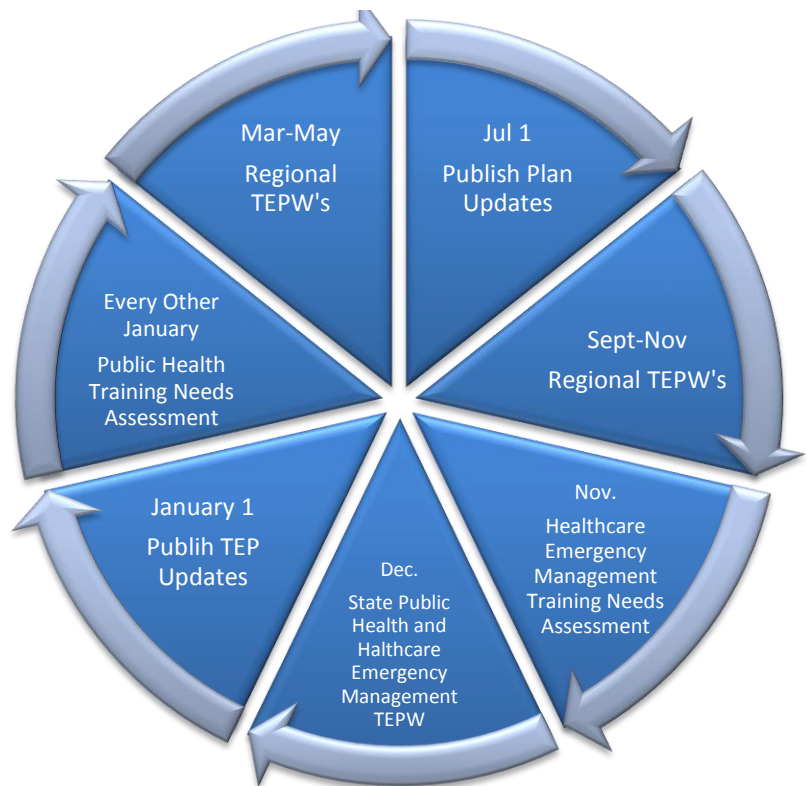
### 519 **Program Planning, 520 Implementation and 521 Maintenance**

522 This plan will be effective  
523 on January 1, 2018, and  
524 from that point forward  
525 shall align to the Fiscal  
526 Year-Budget Period  
527 timeline. After that, the plan  
528 and program will be  
529 maintained on the Plan of  
530 Action and Milestones  
531 outlined in **Graphic 2**.

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**Graphic 2 Training and Exercise Program Planning Timeline**



## APPENDIX A: TRAINING AND EXERCISE PLAN WORKSHOP SUMMARY

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On October 17, 2017, The Virginia Department of Health and Healthcare Coalitions conducted the inaugural Joint Training and Exercise Plan Workshop (TEPW) at the Eastern Henrico Recreation Center at 1440 North Laburnum Avenue, Richmond, VA 23223. The purpose of the TEPW was to use guidance provided by grants, code, statues and other authorities to identify and set exercise program priorities and develop a multi-year schedule of training and exercise events to meet those priorities. At the TEPW, stakeholders drew on agency/entity-specific threats and hazards, identified areas for improvement, core capabilities, external requirements, and accreditation standards or regulations to develop or update the Multi-Year TEP.

The TEPW provided an opportunity to collaboratively establish exercise program priorities and develop or update the Multi-Year Training and Exercise Plan (TEP). Coordination of training and exercise events is important for the community to prevent duplication of efforts, ensure resources are not overextended during training or exercises, and maximize the efficacy of training and exercise appropriations. Moreover, schedule collaboration presents opportunities for organizations to fulfill multiple grant requirements with a single exercise or training course.

The Office of Risk Communication and Education facilitated the meeting. Participants engaged in four activities during the workshop to establish the plan and strategy for the Budget Periods outlined in current grant funding requirements. During the morning session of the TEPW, in Activity 1, participants considered the following factors: national threats and hazards, organizational or jurisdictional threats and hazards, Threat and Hazard Identification and Risk Assessment (THIRA), local risk assessments, and Hazard Vulnerability Analysis.

Time	Item
9:30 am	Welcome and Introductions
9:45 am	HSEEP Overview
10:00 am	Capabilities Based Planning
10:15 am	Review of previous Training and Exercise Plan
10:30 am	Break
10:45 am	<b>TEPW Activity 1- Identify Factors for Consideration</b>
11:30 am	<i>Group Report Back</i>
12:00 pm	Lunch

In addition, participants also addressed areas for improvement/capability assessments from exercises and real-world events, including strengths that could be shared with other organizations, open and non-validated corrective actions, and identified and/or perceived areas for improvement. They also discussed external sources and requirements, including industry reports, state or national preparedness reports, and Homeland Security strategies, and Accreditation Standards, regulations, or legislative requirements, including hospital accreditation requirements, and regulations or legislative requirements.

579 Participants then began to  
 580 engage in the afternoon session  
 581 activities. Once participants had a  
 582 comprehensive list of all factors  
 583 for consideration, they began to  
 584 link the factors to Public Health  
 585 and Healthcare Preparedness  
 586 and Response Capabilities.  
 587 These capabilities are distinct  
 588 critical elements necessary to  
 589 achieve specific mission areas  
 590 and domains. By linking each  
 591 factor to one or more capability,  
 592 participants identified and  
 593 prioritized the most common  
 594 capabilities. This process helped  
 595 identify the areas most in need of  
 596 attention.

597 Exercise program priorities are  
 598 the strategic, high-level priorities  
 599 that will guide the overall exercise  
 600 program. These priorities inform  
 601 the development of exercise  
 602 objectives, ensuring individual  
 603 exercises evaluate and assess  
 604 capabilities in a coordinated and integrated fashion. Working from both the factors to consider  
 605 and capabilities, participants identified a number of program priorities.

606 The final afternoon activity allowed participants to provide inputs into a draft multi-year schedule  
 607 that outlined the exercises and associated training events that will address the exercise program  
 608 priorities. Workshop participants focused on the following tasks:

- 609 • **Identify Potential Exercises.** Identify potential exercises for inclusion in the multi-year  
 610 schedule, including pre-planned exercises, standing exercise requirements, and  
 611 additional exercises to address program priorities.
- 612 • **Identify Training Opportunities.** Identify training opportunities to support specific  
 613 exercises, address areas for improvement or capability gaps, or meet training  
 614 requirements.
- 615 • **Update the Exercise Schedule.** Update the calendar with exercises and training events  
 616 that will enhance collaboration and address the exercise program priorities. Participants  
 617 should focus on updating the current exercise schedule and identifying exercises that  
 618 could benefit from collaboration.

619 The training opportunities and exercise schedule developed by TEPW participants, in addition to  
 620 exercise program priorities, are they key components of the Multi-year TEP. The meeting  
 621 concluded at approximately 3:30 p.m. The following agencies, offices and partners took part in  
 622 the TEPW:

- 623 • Virginia Department of Health:

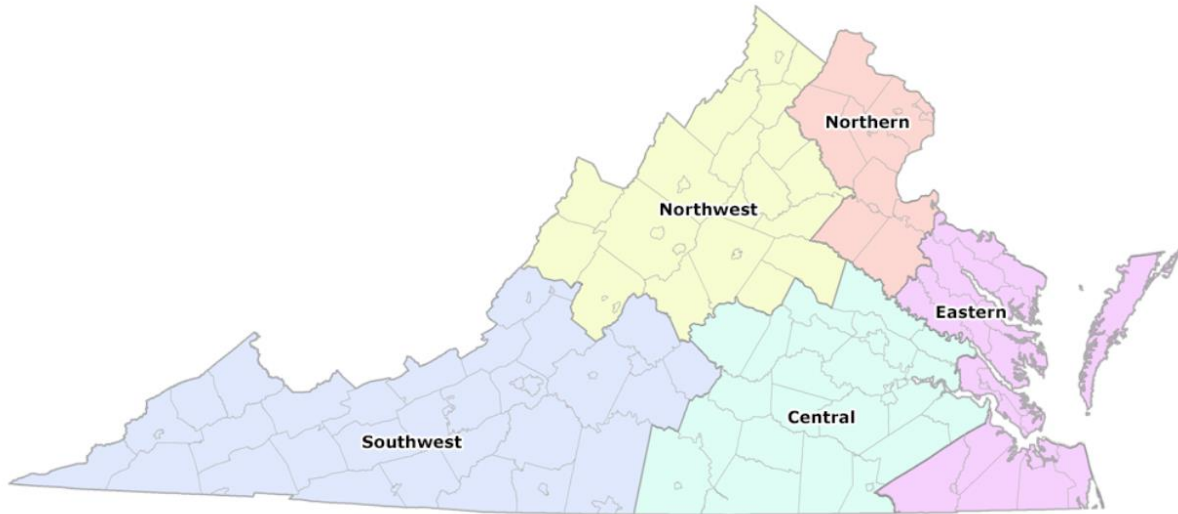
Time	Item
12:30 pm	<b>TEPW Activity 2- Link Factors to Capabilities</b>
1:00 pm	<i>Group Report Back</i>
1:30 pm	Break
1:45 pm	<b>TEPW Activity 3- Establish Training and Exercise Program Priorities</b>
2:00 pm	<i>Group Report/Facilitated Discussion</i>
2:30 pm	Break
2:45 pm	<b>TEPW Activity 4- Develop a Multi-Year Schedule</b>
3:45 pm	Wrap up and Next Steps
4:00 pm	Adjourn

- 624 ○ Chief Deputy Commissioner
- 625 ○ Office of the Chief Medical Examiner
- 626 ○ Office of Drinking Water
- 627 ○ Office of Emergency Medical Services
- 628 ○ Office of Emergency Preparedness
- 629 ○ Office of Environmental Epidemiology
- 630 ○ Office of Epidemiology
- 631 ○ Office of Human Resources
- 632 ○ Office of Risk Communication and Education
- 633 ○ Monitoring Program
- 634 ○ Nurse Manager
- 635 ○ Northern Region PIO
- 636 ○ Pharmacy
- 637 ● Healthcare Emergency Management:
  - 638 ○ Central Virginia Healthcare Coalition
  - 639 ○ Eastern Virginia Healthcare Coalition
  - 640 ○ Near Southwest Healthcare Coalition
  - 641 ○ Northwest Region Healthcare Coalition
- 642 ● Division of Consolidated Laboratory Services (DCLS)
- 643
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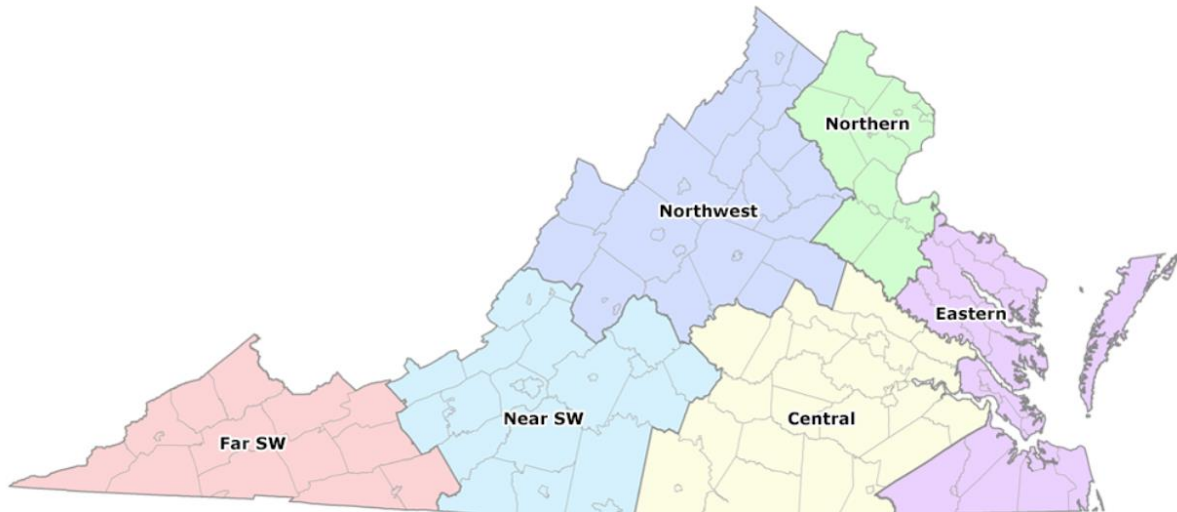
## APPENDIX B: PUBLIC HEALTH AND HEALTHCARE ORGANIZATION IN VIRGINIA

### VDH Regions



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659

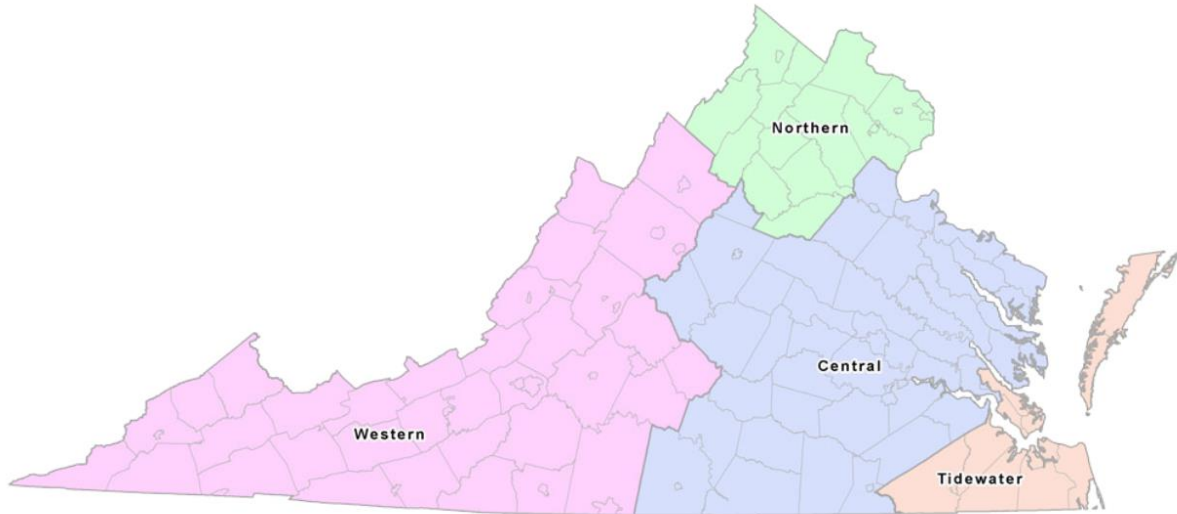
### Virginia Healthcare Coalitions



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662  
663  
664



665 **Office of the Chief Medical Examiner Regional Offices**



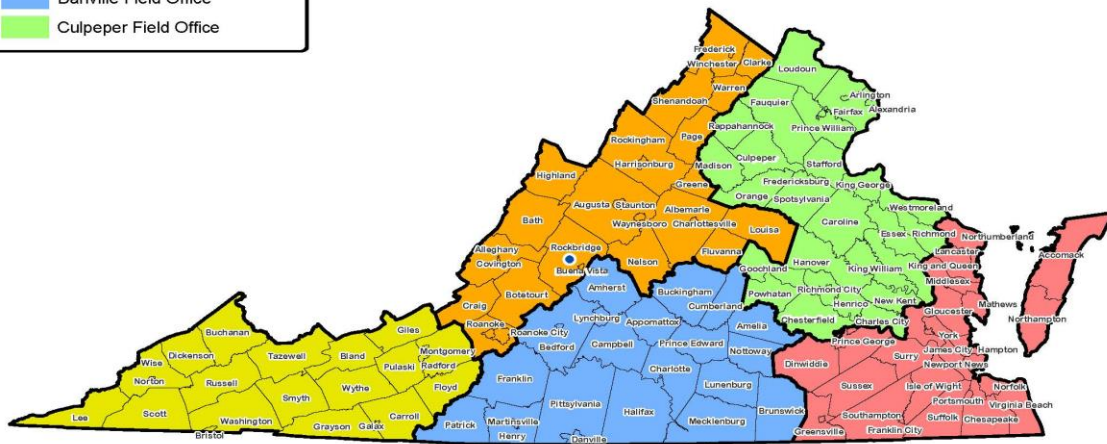
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667  
668 **VDH Office of Drinking Water Regions**  
669

Service Areas	
<span style="display:inline-block; width:15px; height:10px; background-color:yellow; border:1px solid black;"></span>	Abingdon Field Office
<span style="display:inline-block; width:15px; height:10px; background-color:orange; border:1px solid black;"></span>	Lexington Field Office
<span style="display:inline-block; width:15px; height:10px; background-color:lightcoral; border:1px solid black;"></span>	South East Virginia Field Office
<span style="display:inline-block; width:15px; height:10px; background-color:lightblue; border:1px solid black;"></span>	Danville Field Office
<span style="display:inline-block; width:15px; height:10px; background-color:lightgreen; border:1px solid black;"></span>	Culpeper Field Office

**Office of Drinking Water**

[www.vdh.virginia.gov/odw](http://www.vdh.virginia.gov/odw)

Date: 9/29/2016

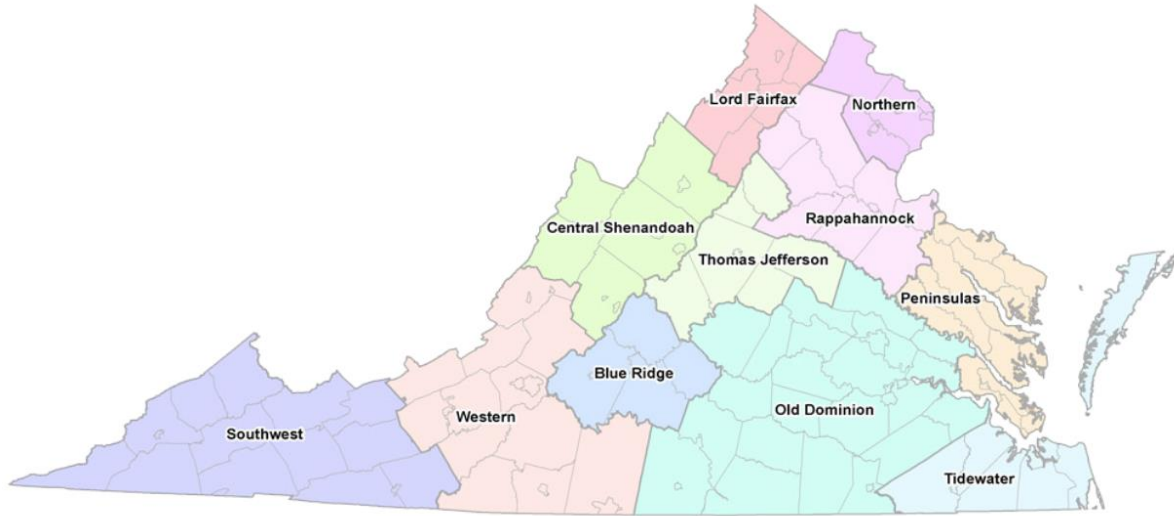


The mission of the Office of Drinking Water is to protect public health by ensuring that all people in Virginia have access to an adequate supply of affordable, safe drinking water that meets federal and state drinking water standards.



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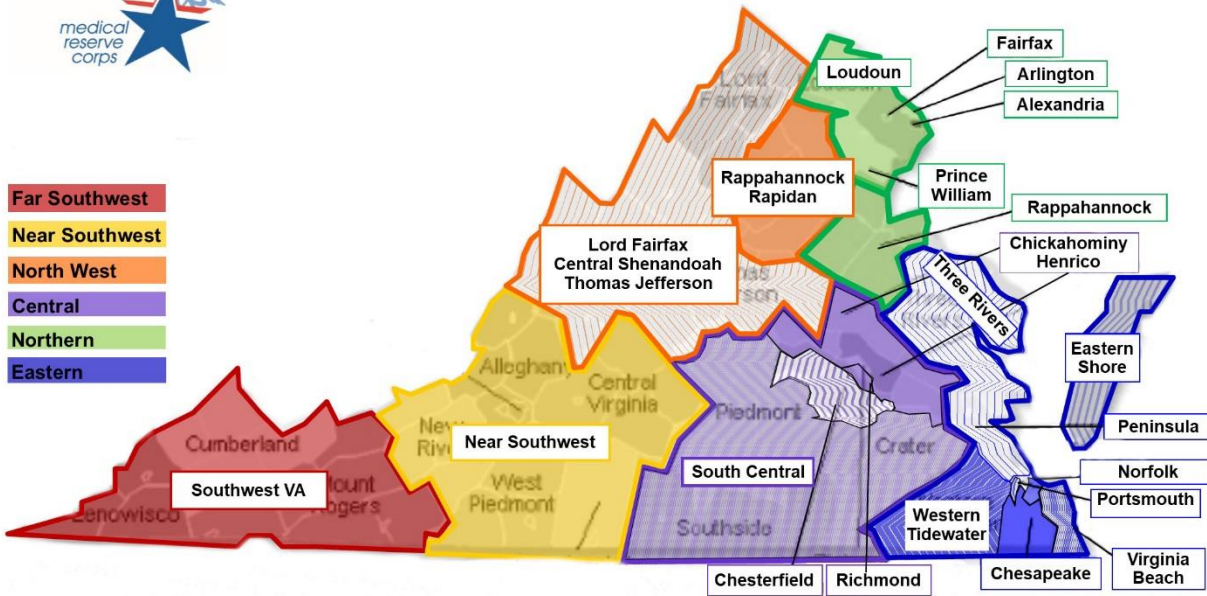
674 Virginia Department of Health-Office of Emergency Medical Services  
 675 Regions/Councils



676 Virginia Medical Reserve Corps Units  
 677



Virginia Medical Reserve Corps Units



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## APPENDIX C: TYPES OF EXERCISES

### 683 DISCUSSION-BASED EXERCISES

684 Discussion-based exercises are normally used as a starting point in the building-block approach  
 685 to the cycle, mix, and range of exercises. Discussion-based exercises include seminars,  
 686 workshops, and tabletop exercises (TTXs). These typically highlight existing plans, policies,  
 687 mutual-aid agreements (MAAs), and procedures. Therefore, they are exceptional tools for  
 688 familiarizing agencies and personnel with current or expected jurisdictional capabilities.  
 689 Discussion-based exercises typically focus on strategic, policy-oriented issues; operations-  
 690 based exercises tend to focus more on tactical, response-related issues. Facilitators and/or  
 691 presenters usually lead the discussion, keeping participants on track while meeting the  
 692 objectives of the exercise.

### 693 Seminars

694 Seminars are generally used to orient participants to, or provide an overview of, authorities,  
 695 strategies, plans, policies, procedures, protocols, response resources, or concepts and ideas.  
 696 Seminars provide a good starting point for jurisdictions that are developing or making major  
 697 changes to their plans and procedures. They offer the following attributes:

- 698 • Low-stress environment employing a number of instruction techniques such as lectures,  
 699 multimedia presentations, panel discussions, case study discussions, expert testimony,  
 700 and decision support tools
- 701 • Informal discussions led by a seminar leader
- 702 • Lack of time constraints caused by real-time portrayal of events
- 703 • Proven effectiveness with both small and large groups

### 704 Workshops

705 Workshops represent the second tier of exercises in the Homeland Security Exercise and  
 706 Evaluation Program (HSEEP) building-block approach. Although similar to seminars, workshops  
 707 differ in two important aspects: participant interaction is increased, and the focus is on achieving  
 708 or building a product (such as a plan or a policy). Workshops provide an ideal forum for the  
 709 following:

- 710 • Collecting or sharing information
- 711 • Obtaining new or different perspectives
- 712 • Testing new ideas, processes, or procedures
- 713 • Training groups in coordinated activities
- 714 • Solving complex problems
- 715 • Obtaining consensus
- 716 • Building teams

717 In conjunction with exercise development, workshops are most useful in achieving specific  
 718 aspects of exercise design, such as:

- 719 • Determining program or exercise objectives



- 720 • Developing exercise scenario and key events listings
- 721 • Determining evaluation elements and standards of performance

722 A workshop may be used to produce new standard operating procedures (SOPs) or emergency  
723 operations plans (EOPs), MAAs, multi-year training and exercise plans (TEPs), and  
724 improvement plans (IPs). To be effective, workshops must be highly focused on a specific issue,  
725 and the desired outcome or goal must be clearly defined.

726 Potential relevant topics and goals are numerous, but all workshops share the following  
727 common attributes:

- 728 • Low-stress environment
- 729 • No-fault forum
- 730 • Information conveyed employing different instructional techniques
- 731 • Facilitated, working breakout sessions
- 732 • Plenary discussions led by a workshop leader
- 733 • Goals oriented toward an identifiable product
- 734 • Lack of time constraint from real-time portrayal of events
- 735 • Effective with both small and large groups

## 736 **Tabletop Exercises**

737 TTXs involve senior staff, elected or appointed officials, or other key personnel in an informal  
738 setting discussing simulated situations. This type of exercise is intended to stimulate discussion  
739 of various issues regarding a hypothetical situation. It can be used to assess plans, policies, and  
740 procedures or to assess types of systems needed to guide the prevention of, response to, and  
741 recovery from a defined incident or emergency. TTXs are typically aimed at facilitating  
742 understanding of concepts, identifying strengths and shortfalls, and/or achieving a change in  
743 attitude. Participants are encouraged to discuss issues in depth and develop decisions through  
744 slow-paced problem solving, rather than the rapid, spontaneous decision-making that occurs  
745 under actual or simulated emergency conditions. In contrast to the scale and cost of operations-  
746 based exercises and games, TTXs can be a cost-effective tool when used in conjunction with  
747 more complex exercises. The effectiveness of a TTX is derived from the energetic involvement  
748 of participants and their assessment of recommended revisions to current policies, procedures,  
749 and plans.

750  
751 TTX methods are divided into two categories: basic and advanced. In a basic TTX, the scene  
752 set by the scenario materials remains constant. It describes an event or emergency and brings  
753 discussion participants up to the present time. Players apply their knowledge and skills to a list  
754 of problems presented by the leader/moderator; problems are discussed as a group; and  
755 resolution is generally agreed on and summarized by the leader. The exercise controller (also  
756 known as the moderator) usually introduces problems one at a time in the form of a written  
757 message, simulated telephone call, videotape, or other means. Participants discuss the issues  
758 raised by the problem, using appropriate plans and procedures. TTX attributes may include the  
759 following:

- 760 • Practicing group problem-solving
- 761 • Familiarizing senior officials with a situation

- 762 • Familiarizing staff with a new plan or procedure
- 763 • Conducting a specific case study
- 764 • Examining personnel contingencies
- 765 • Testing group message interpretation
- 766 • Participating in information sharing
- 767 • Assessing interagency coordination
- 768 • Achieving limited or specific objectives
- 769

770 **OPERATIONS-BASED EXERCISES**

771 Operations-based exercises represent the next iteration of the exercise cycle; they are used to  
 772 validate the plans, policies, agreements, and procedures solidified in discussion-based  
 773 exercises. Operations-based exercises include drills, functional exercises (FEs), and full-scale  
 774 exercises (FSEs). They can clarify roles and responsibilities, identify gaps in resources needed  
 775 to implement plans and procedures, and improve individual and team performance. Operations-  
 776 based exercises are characterized by actual response, mobilization of apparatus and resources,  
 777 and commitment of personnel, usually over an extended period.

778  
 779 **Drills**

780  
 781 A drill is a coordinated, supervised activity usually used to test a single specific operation or  
 782 function in a single agency. Drills are commonly used to provide training on new equipment,  
 783 develop or test new policies or procedures, or practice and maintain current skills. Typical  
 784 attributes are as follows:

- 785 • A narrow focus, measured against established standards
- 786 • Instant feedback
- 787 • Realistic environment
- 788 • Performance in isolation
- 789 • VDH ORH/REP Clarification on Definitions for Nuclear Power Stations:
- 790
- 791 • Training Drill – Activation of Technical Support Center (TSC), Operational Support  
 792 Center (OSC) & Local Emergency Operations Facility (LEOF) is expected. Limited  
 793 Corporate Emergency Response Center (CERC) participation. Operational Support  
 794 Center (OSC) simulation. ***VDEM and VDH/ORH representative participation in the  
 795 LEOF desired for interface and training with the ERO. Communications drill  
 796 (Instaphone use) is desired/an opportunity for State and Local Governments.  
 797 Report of Emergency Messages will be transmitted.***
- 798
- 799 • Emergency Plan Drill – Full participation of Emergency Response Organization  
 800 (ERO) Facilities (Station & Corporate). ***VDEM and VDH/ORH representative  
 801 participation in the LEOF desired for interface and training with the ERO.  
 802 Communications drill (Instaphone use) is desired/an opportunity for State and  
 803 Local Governments. Report of Emergency Messages will be transmitted.***

804 ***Certain of these drills, to be determined on a case-by-case basis, may also***  
805 ***include deployment of State Field Monitoring Team(s).*** The Joint Information  
806 Center (JIC) will be activated and functions will be demonstrated during the exercise.  
807 A mock up location may be used for the JIC.  
808

809 • Full Scale Drill – (Licensee and State; may or may not include NRC/FEMA  
810 Evaluation) – Full participation of ERO Facilities (Station & Corporate). ***VDEM and***  
811 ***VDH/ORH representative participation in the LEOF desired for interface with***  
812 ***the ERO. Communications drill (Instaphone use) for State and Local***  
813 ***Governments. Report of Emergency messages will be transmitted. Federally***  
814 ***evaluated exercises will include deployment of State Field Monitoring Team(s).***  
815 The actual state JIC is desired ***to be used and full functions demonstrated during***  
816 ***an exercise.***  
817

818 • ***Hydroelectric Project (Lake Anna Dam) Activity – Selected ERO members’***  
819 ***participation only. Telephone communications drill with TBD-affected state***  
820 ***and local government agency contacts.***  
821

822 • Station Medical Drill – NAPS / SPS EPlan-required annual contam/injured evaluated  
823 drill with actual ambulance and hospital participation. (Station EPlan recognizes  
824 VCU-MCV Hospital) *(May be performed in conjunction with State MS-1 Exercise.)*  
825

826 • State Medical Services (MS-1) Exercise – State EPlan-FEMA evaluated exercise  
827 with actual ambulance and hospital participation. (State EPlan recognizes VCU-  
828 MCV, Mary Washington and Riverside Hospitals) *(May be performed in conjunction*  
829 *with Station Medical Drill.)*  
830

## 831

## 832 **Functional Exercises**

833 The FE is designed to test and evaluate individual capabilities, multiple functions or activities  
834 within a function, or interdependent groups of functions. FEs generally focus on exercising the  
835 plans, policies, procedures, and staffs of the direction and control nodes of Incident Command  
836 and Unified Command. Generally, events are projected through an exercise scenario with event  
837 updates that drive activity at the management level. Movement of personnel and equipment is  
838 simulated.

839 The objective of the FE is to execute specific plans and procedures and apply established  
840 policies, plans, and procedures under crisis conditions, within or by particular function teams. An  
841 FE simulates the reality of operations in a functional area by presenting complex, realistic  
842 problems that require rapid and effective responses by trained personnel in a highly stressful  
843 environment. Attributes of an FE are as follows:

- 844 • Evaluating functions
- 845 • Evaluating emergency operations centers (EOCs), headquarters, and staff
- 846 • Reinforcing established policies and procedures

- 847 • Measuring resource adequacy
- 848 • Examining interagency and interjurisdictional relationships

## 849 **Full-Scale Exercises**

850 The FSE is the most complex step in the exercise cycle. FSEs are multi-agency,  
851 multi-jurisdictional exercises that test many facets of emergency response and recovery. They  
852 include many first responders operating under the Incident Command System (ICS) and unified  
853 command structure to effectively and efficiently respond to, and recover from, an incident. An  
854 FSE focuses on implementing and analyzing the plans, policies, and procedures developed in  
855 discussion-based exercises and honed in previous, smaller, operations-based exercises. The  
856 events are projected through a scripted exercise scenario with built-in flexibility to allow updates  
857 to drive activity. An FSE is conducted in a real-time, stressful environment that closely mirrors a  
858 real incident. First responders and resources are mobilized and deployed to the scene where  
859 they conduct their actions as if a real incident had occurred (with minor exceptions). The FSE  
860 simulates the reality of operations in multiple functional areas by presenting complex and  
861 realistic problems requiring critical thinking, rapid problem solving, and effective responses by  
862 trained personnel in a highly stressful environment. Other entities that are not involved in the  
863 exercise, but who would be involved in an actual incident response, are represented by a  
864 simulation cell (SIMCELL).

865 An FSE provides an opportunity to execute plans, procedures, and MAAs in response to a  
866 simulated incident. Typical FSE attributes are as follows:

- 867 • Assessing organizational and functional performance
- 868 • Demonstrating interagency cooperation
- 869 • Allocating resources and personnel
- 870 • Assessing equipment capabilities
- 871 • Assessing plans and procedures in a simulated incident
- 872 • Activating personnel and equipment
- 873 • Assessing interjurisdictional cooperation
- 874 • Exercising public information systems
- 875 • Testing communications systems and procedures
- 876 • Analyzing memoranda of understanding (MOUs), SOPs, plans, policies, and procedures

877  
878 The level of support needed to conduct an FSE is greater than that needed during other types of  
879 exercises. The exercise site is usually extensive with complex site logistics. Food and water  
880 must be supplied to participants and volunteers. Safety issues, including those surrounding the  
881 use of props and special effects, must be monitored.

882  
883 FSE controllers ensure that participants' behavior remains within predefined boundaries.  
884 SIMCELL controllers inject scenario elements to simulate real events and represent non-playing  
885 organizations that would be responding in a real-world incident. Evaluators observe behaviors  
886 and compare them against established plans, policies, procedures, and standard practices (if  
887 applicable). Safety controllers ensure all activity is executed within a safe environment.

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## APPENDIX C: TYPES OF EXERCISES

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### CMS RULE-EXERCISE INTERPRETATIVE GUIDANCE

894

- Since the term full-scale exercise may vary by sector, facilities are not required to conduct a full-scale exercise as defined by FEMA or DHS’s Homeland Security Exercise and Evaluation Program (HSEEP).

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- For the purposes of this requirement, a full-scale exercise is defined and accepted as any operations-based exercise (drill, functional, or full-scale exercise) that assesses a facility’s functional capabilities by simulating a response to an emergency that would affect the facility’s operations and its community. A full-scale exercise is also an operations-based exercise that typically involves multiple agencies, jurisdictions, and disciplines performing functional or operational elements.

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- There is also no definition for “community” since it is subject to variation based on geographic setting, (e.g. rural, suburban, urban, etc.), state and local agency roles and responsibilities, types of providers in a given area in addition to other factors. Therefore, facilities have the flexibility to participate in and conduct exercises that more realistically reflect the risks and composition of their communities. Facilities are expected to consider their physical location, agency and other facility responsibilities and needs of the community when planning or participating in exercises. The term could, however, mean entities within a state or multi-state region.