

Medical Care Point Exercise Responder Participant Guide

For Official Use Only

This guide is only for use in official business by Medical Care Point Responders (Players), Planners, Controllers, Evaluators, and Exercise Staff. See footnote #1 on Distribution

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GENERAL INFORMATION

Introduction

The Medical Care Point (MCP) Exercise is a component of the TOPOFF (“T4”) full-scale exercise (FSE) in the Oregon venue. An MCP is a temporary medical treatment facility to relieve overextended hospital emergency rooms and emergency clinics.¹

This Participant Guide contains excerpts from the Exercise Control Plan that are relevant to Responder Participants. It was drafted by James Spitzer, Emergency Preparedness Manager for the Multnomah County Health Department, in consultation with planners from other participating organizations.

MCP Exercise Objectives

Pre-MCP exercise objective. This exercise MCP has been artificially arranged by planners and leaders of participating organizations. Therefore on October 16th, TOPOFF response organization(s) should create a foundation for this MCP that meets objective 1:

1. **Plan MCP Relationships.** Define proper ICS relationships for unity of command, coordination, and resource ordering of MCPs to related response organizations, e.g. to ‘protected’ hospital(s); to superior IC/UC (if any); and any direct relationship to jurisdictional and discipline operation center(s). They should also set expectation and plans for MCP leadership to transition from Fire Services to public health/hospitals.

MCP exercise objectives. During the MCP exercise, the objectives for leaders at the MCP are:²

2. **Apply Plans.** Apply/adapt Public Health MCP plan, Portland Fire Bureau MCP training, and the governing IC/UC’s Incident Action Plan.
3. **Apply ICS.** Apply ICS criteria to assemble resources from a number of different organizations and disciplines into a cohesive, well led, and coordinated MCP. Unity of command, span of control, communications, and execution of all or this MCP’s share of SMART objectives are particularly important.
4. **Production.** Adjust the organization and MCP processes to gain the highest throughput consistent with the demands imposed by triage priorities and relationship with supported hospital(s).

¹ **Distribution.** This guide is distributed to the planning contacts of key participating organizations, the Volunteer Coordinator, and Controllers and Evaluators. Participating Organization contacts may distribute the plan to their participating responders. Some may chose not to do so if those responders are not identified before TOPOFF, or if spontaneity is important.

² **Position Name of MCP Leader.** The appropriate ICS position name for the lead Fire Chief is a player action determined by the response organizations having the objectives to establish MCPs. The position may be Division/Group Supervisor if it is part of the Operations Section of an IC/UC affiliated with Fire, Public Health, or a supported hospital; or it may initially be an independent IC/UC that may come under another IC/UC when leadership transitions from fire to public health/hospital.

5. **Relationships with Superior, Host, and Supported Organizations.** Establish the situation/status sharing and inventory/supply/support process relationships with the MCPs superior response organization, the supported hospital, and with ordering point(s).
6. **Transfer of Leadership.** To the extent that this was not done and agreed upon previously (see #1), complete a realistic agreement and plan to transfer leadership/resources from Fire Service to public health and/or hospitals. Actual transfer of leadership is not expected to be executed during the 2 hour exercise.

Scenario Summary and Exercise Schedule

Need for MCP. Hospital emergency rooms in metro Portland routinely operate at or near capacity. TOPOFF's explosion and radiological dispersal scenario (a radioactive dispersal device or RDD) will result in a surge of additional patients to Portland-area emergency rooms and may also reduce emergency medical treatment capacity. Many mass casualty scenarios, such as a major earthquake, could have a similar result. This radiation scenario would also cause greatly increased numbers of patients suffering behavioral or mental health symptoms.

MCP Decision, Scope of Operations. The Incident/Unified Command(s) that consider public health issues will monitor the incident's impact on hospital emergency operations. The Command will forecast and respond to severe shortages of emergency medical care in consultation with hospital leaders. They will consider MCPs as one means to quickly increase emergency medical treatment capacity and 'protect' overwhelmed hospital emergency rooms (ER). Each MCP may be linked to and 'protect' a nearby ER. Access to that ER may be restricted, with all but the most severe medical conditions being diverted to the MCP.

The MCP will refer patients beyond their staffing, equipment, and supply thresholds to the hospital ER. MCP staffing levels may range from emergency medical technicians and paramedics administering first aid and basic life-saving treatments, to emergency room physicians, nurses, and technicians able to provide more complex treatments. The exercised MCP will be a large, sophisticated operation staffed by 125-175 Responders, including many nurses and physicians. It is expected to 'treat' hundreds of Patients during two hours of operation.

Location/Schedule. The MCP exercise is at the University of Portland's Chiles Center, from early morning to early afternoon on Wednesday, October 17, 2007. Table 1 schedules Responder personnel by the activity they are performing.

Table 1. MCP Responder’s Schedule

Date/Time	Personnel	Activity
Tuesday, October 16, 2007		
Afternoon/ evening of DAY BEFORE THE EXERCISE	Public Health Incident Command - in consultation with hospitals	A dire shortage of emergency room capacity is projected to worsen , particularly in area affected by RDD. Appropriate IC/UC sets objective and conducts planning to establish MCP(s) as sufficient resources and facilities are available. The University of Portland MCP is to be ready to receive patients at 10:30 a.m. on Wed., 10/17. A Portland Fire Chief is charged to establish it.
Wednesday, October 17, 2007		
7:45-8:15 a.m. (0745-0815)	Portland Fire and Rescue Chiefs Select Officers University Public Safety Leader Select Staff Lead and Select Controllers	Ground Rules, Size-up for Responders. Controller briefs first arriving Chiefs and other leaders on Responder Ground Rules and need to order every assigned leader in chain of command to brief them to every Responder. Public Safety briefs Chiefs on facility use limitations and helps them to size-up the facility, determine layout and flow, entrances, traffic plans, staging, and deploy personnel to meet and guide arriving Responders. (Note: appropriate ICS position name for this position is a player action; may be a Division Supervisor if part of Ops Section of a distant IC/UC affiliated with Fire, Public Health, or supported hospital, or may be an independent IC/UC).
8:15-8:45 a.m. (0815-0845)	Controllers Evaluators Responders, including resources from: <ul style="list-style-type: none"> ○ Portland Fire and Rescue (MCP Box Alarm of CBRNE rig, engines, truck); ○ Port of Portland (CBRNE rig); Area hospital staff; ○ Boring (Clackamas Co.) Fire District 59 (CBRNE rig, Batt. Chief); ○ University of Portland Public Safety and School of Nursing; ○ Multnomah and partner County Public Health & Human Services; ○ Hospital reps. ○ U.S. Dept of Health and Human Services Oregon and Washington Disaster Medical Assistance Teams 	Responder Arrivals and Briefings. Requested MCP resources arrive between these times. Important Note: Only leaders of responding teams who have arranged to join the lead Fire Chief in the previous row’s activities should arrive earlier! 0830 is the desired time for other resources to arrive. Brief Arriving Responders. On scene leaders brief arriving leaders on Ground Rules and on the MCP organization, facility, MCP layout. Leaders assigned. Arriving leaders brief their assigned staff (including those newly assigned to them from other organizations) on Ground Rules (and hand out copies). Controllers verify that responders have been briefed on facility and exercise Ground Rules. If not, request next senior Responder leader to perform that briefing. Upon completion of Ground Rule briefings responders may offload equipment/supplies and establish MCP. <i>Water and light snack foods for responders on the floor of the MCP on north side and for MCP Patients at waiting area. No other beverages or food on the floor until 1230.</i>

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8:30- 10:30 a.m. (0830-1030)	Responders	MCP Set-up. Supplies offloaded, brought into the MCP, and set up in layout generally prescribed by plans, details directed by Fire Chief MCP leader.
10:30 a.m.- 12:30 p.m. (1030-1230)	All	Conduct Exercise. Patients fed into MCP at high enough rate to force triage, create significant waiting areas or lines that reveal choke points in the MCP process, and compel leaders to make adjustments to strive for maximum throughput. Patients return to the Mezzanine staging area where <i>refreshments, snacks, light lunch available</i> , are given another role, and are reinserted into the MCP until 1230 end of exercise.
12:15-12:30 pm (1215-1230)	ARC/Food Service	<u><i>Set up Lunch Service on edge of MCP operations.</i></u>
12:30-1:15pm (1230-1315)	Responders Evaluators Select Controllers Select Exercise Planning Team	Hot Wash/Working Lunch. Exercise evaluators collaborate with Responder leader(s) working in same focus area, lead and document debriefs of their group(s). Evaluators collect all exercise documentation including patient intake forms from Responders and symptom/evaluation forms from Patients. <i>Refreshments, snacks, light lunch available on north side.</i>
1:15 p.m. to 3:00 p.m. (1315-1500)	Responders Select Controller(s) Exercise Staff	Take-down MCP. Clean up site to pre-exercise condition. Thank all participants.

EXERCISE STAFFING AND GROUND RULES

Exercise Staff

A team of Controllers, Evaluators, and Exercise Staff drawn from many organizations will support the exercise. They will be wearing credentials and many will wear light blue vests that are labeled with roles.

Ground Rules, Briefings, and Credentials

Most MCP Responders and their organizations are meeting for the first time at the MCP.³ Therefore, exercise Ground Rules and the Fire Chief's desired organization and action plan will have to be methodically briefed to every Responder. The Ground Rules will be both distributed in writing and verbally briefed to ensure understanding. Controllers will also issue credentials that each Responder and Actor Patient must be prominently display. A briefing system should include:

1. **Exercise controllers brief the first arriving Fire Chief(s) and Public Safety Representatives on Ground Rules.** Responder Ground Rules are the 3rd and 4th to the last pages of this MCP Exercise Plan.
2. **The Fire Chief briefs leaders of teams, forces, and crews that s/he forms. Those leaders are responsible for briefing Responders** assigned to them as they check-in, are assigned a supervisor, or are given their role in the MCP organization.
3. **The Actor Patient Controller and his/her Exercise Staff brief Patients** using the Patient Ground Rules briefing sheet found in the last two pages of this Exercise Plan.

EVALUATION AND POST-EXERCISE ACTIVITIES

Hot Wash Debriefing

The Hot Wash is an opportunity for all Responders to voice their evaluation of the exercise and their own performance immediately following the exercise, when memories are fresh, immediately following the exercise. Evaluators will lead a Hot Wash session in collaboration with the Responder Leader within their area of focus. This is the time for the Evaluator to understand the Responder's perspective about issues that were of concern. This Hot Wash should be done as a working lunch that should not last more that 45 minutes. Evaluators should

³ This and other virtual MCPs would likely stem from a Public Health Incident Command objective set during the previous day's planning. Resources would then have been ordered to report to this MCP. Task Forces, Teams, and crews will check in under their leader. They may be assigned as a cohesive groups, or split up and integrated in a newly formed team. Single resources will check in to the MCP and be integrated into the MCP organization.

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take notes during the Hot Wash and include these observations in their evaluation report. Thank the Responders for their time and efforts.

LOGISTICS

Location and Directions

The exercise is at the University of Portland's Chiles Center located at the corner of N. Willamette and N. Portland Avenues in northeast Portland. The main University address is 5000 N. Willamette Boulevard Portland, OR 97203-5743. A campus map oriented with north at the lower left of the page (Bus Stop #40 relative to Chiles Center) is available from <http://www.up.edu/showimage/show.aspx?file=5811> . The Chiles Center exercise site is at the lower right.

Directions for Observers, Patients, Controllers, and Evaluators

DRIVING FROM INTERSTATE HIGHWAY-5 HEADING NORTH

- From I-5 - Exit #304, Rosa Parks Way (formerly Portland Blvd.).
- Left onto Rosa Parks Way. Go to Willamette Blvd.
- Right on Willamette Blvd.
- Stay on Willamette Blvd for approximately one-and-a-half miles.
- U of P main entrance is on your left – enter here.
- Go down entrance road, past the soccer fields (*Go Pilots!*) on your right. Take first right to the Main Parking lot.
- Enter the Chiles Center (BIG red domed field house) through south entrance (the one closest to the Main Parking lot with large flag pole).

DRIVING FROM INTERSTATE HIGHWAY-5 HEADING SOUTH

- From I-5 - Exit #304, Rosa Parks Way (formerly Portland Blvd.).
- Right onto Rosa Parks Way. Go to Willamette Blvd.
- Right on Willamette Blvd.
- Stay on Willamette Blvd for approximately one-and-a-half miles.
- U of P main entrance is on your left – enter here.
- Go down entrance road, past the soccer fields (*Go Pilots!*) on your right. Take first right to the Main Parking lot.
- Enter the Chiles Center (BIG red domed field house) through south entrance (the one closest to the Main Parking lot with large flag pole).

DRIVING FROM PORTLAND INTERNATIONAL AIRPORT

- Exit Portland Airport on Airport Way.
- Right on 82nd Ave.
- Right on Columbia Blvd.; continue for approximately 7 miles.
- Left on Portsmouth Ave.
- Left on Willamette Blvd.
- The main entrance to campus will be on your right.
- Go down entrance road, past the soccer fields (*Go Pilots!*) on your right. Take first right to the Main Parking lot.
- Enter the Chiles Center (BIG red domed field house) through south entrance (the one closest to the Main Parking lot with large flag pole).

Directions for Responders, Emergency vehicles, and supporting trucks and vans. From the corner of N. Willamette and N. Portsmouth Avenues proceed down N. Portsmouth Avenue on the west side of the dome. The lead Fire Chief should arrange for traffic control to provide

directions to arriving responders, particularly fire apparatus and DMAT trucks/trailers. Options will include reserved street parking adjacent to the Chiles Center on N. Portsmouth Ave., the loading dock of the Chiles Center (marked LD on the map at the first link noted above), the perimeter paved area around the Center, and the parking lot of the Public Safety building across N. Portsmouth Ave. from the Chiles Center. Responders should not park in the Main Parking Lot used by Exercise Staff and Patients.

Participating Agencies: This is for information only. Please to not collaborate between organizations on this MCP exercise until:

1. you arrive at scene on October 17 as dispatched by your organization, or
2. you are identified as leader of the resources committed by your organization during previous TOPOFF exercise ‘player actions’ on Tuesday, October 16th.

Table 2: Participating Agencies

Participating Agencies/Resources	Lead Planner or Point of Contact
University of Portland Department of Public Safety <ul style="list-style-type: none"> o Various officers and staff [5-10 persons] School of Nursing <ul style="list-style-type: none"> o faculty and seniors in MCP [~10-15, plus ~40 Actor Patients] 	Harold Burke-Sivers, Director Bill Reed, Chiles Center Director Lori Chorpenning, Instructor
Portland Bur. of Fire and Rescue (PFB) <ul style="list-style-type: none"> o Batt. Chief o CBRNE Rig o Truck o 3 Engines [~22 persons] 	Captain Mike Glenn Lieutenant Lonnie Fuller
U. S. Health & Human Services <ul style="list-style-type: none"> o Oregon and Washington Disaster Medical Assistance Teams (DMAT) [~70 persons] 	Captain Andrew Stevermer
Various Metro Portland Hospitals <ul style="list-style-type: none"> o Single resource medical staff [~15 persons] 	POCs: Al Rhodes, Providence Hospitals John Reid, Legacy Hospitals
Multnomah County: Health Department Human Services Department <ul style="list-style-type: none"> o Behavioral Health Response Team augmented by Pacific Univ..students [~8 persons] 	James Spitzer, Emergency Prep. Mgr. Sean Derrickson, Mental Health Supv.
Partner County Health Departments <ul style="list-style-type: none"> o Single resources health staff [~3 persons] 	POC: Robin Holm, Emerg. Prep. Assoc.
Port of Portland Fire Department <ul style="list-style-type: none"> o CBRNE Rig [~4 persons] 	Via PFB
Boring Fire District 59 (Clackamas Co.) <ul style="list-style-type: none"> o CBRNE rig 	Chief Branch, contacted via PFB

o Batt. Chief Unit [~5 persons]	
Oregon Air National Guard	Captain Michael Hicks
o Medical Team [~3 persons]	

Communications

Player Communications. Players will use routine, in-place agency communication systems with additional communication assets made available as player actions as the exercise progresses. The need to maintain capability for a real-world response may preclude the use of certain communication channels or systems that would usually be available for an actual emergency incident. In no instance will exercise communication interfere with real emergency communications.

Exercise Props

Fire apparatus and the Disaster Medical Assistance Teams will come with equipment and supplies intended for patient care during disaster operations. Digital clocks will allow Patients and Responders to record time-stamp data for later operations research analysis. Controller provided signs will display letter designations for MCP stages. Patients will not be prepared with applied ‘wounds.’ Symptom cards will give patients the information needed to act-out symptoms and complaints.

Safety

Safety Officer. The Controller for Safety is the overall Safety Officer for this exercise. This Safety Officer’s duties shall be guided by the T4 Oregon EXERCISE PLAN and the overall goal that no one gets hurt and no property is damaged. The Controller for Safety is independent of any Safety Officer position identified by the lead Responder Chief.

Weapon Policy. The MCP operation does not require participant Responders, Patients, or Exercise Staff to be armed or to simulate the use of weapons. Weapons such as firearms shall only be carried by University Public Safety and law enforcement officers who are working in their official capacity and are not participating in the exercise.

Security, Access to the Exercise, Credentials

Credentials in General. Credentialing policies outlined in the T4 Oregon Exercise Plan shall be applied by the MCP Lead Controller with the assistance of all Control, Evaluation, Exercise Staff, and Responders. All shall display an exercise credential identifying their role, except for Real World Emergency Responders and Chiles Center Staff displaying University issued credentials.

The main floor area of MCP operations and parked emergency vehicles are restricted to credentialed Responders, Controllers, Evaluators, Exercise Staff, those whom they escort; and Patients sent to the area during MCP operations. Controlled access promotes safety, control over operations, and security. Responders will assign individuals to secure these areas. Any

Responder or Exercise Staff should challenge any unknown personnel, and ask unauthorized individuals to immediately leave the restricted area. Report suspicious individuals, or those who do not respond to an order to leave, to Security or Exercise Staff.

Real World Emergencies

For a Real World emergency (as opposed to the simulated emergencies that the MCP handles”) take action as noted in the Responder briefing handout at the end of this plan.

Emergency Services. Numerous paramedics and credentialed medical personnel including hospital emergency room staff will be participating in this exercise and are available for evaluation, first aid, and treatment. Any serious medical or law enforcement emergency requires that 911 be called to obtain further assistance. University Public Safety will be at the site.

Refreshments, Feeding, and Restroom Facilities

Beverage, Snacks, and Lunch for Responders will be provided by an American Red Cross (ARC) contractor and will be set up on the north side of the MCP area.

Restrooms. We want to fully separate unescorted Media, Observers, and prospective Patients from Responders. Please only use restrooms designated for Responders. Leaders should learn which rest rooms are designated and inform their Responders.

Media and Observers

News Media representatives and Observers with a professional need to know about MCP operations are welcome to cover and observe the exercise in ways that do not compromise exercise realism, safety, or objectives. Media participation is critical to inform the public about emergency response plans and possible operations. Media representatives and Observers may go through the MCP as Patients in order to provide a unique perspective. When in the MCP area they will either be escorted by Exercise Staff or have the credential of an Actor Patient role player. Otherwise they will enter the south entrance (flag pole) and be limited to the Mezzanine.

Ground Rules for Responder Participants

Initial Briefings and Chain/Unity of Command for All Responders

Each Responder is responsible for seeking and understanding this information and their assignment. This starts with the assigned Fire Chief understanding the objective, assignment, and gaining situational awareness from the Unified Command, and from a Public Safety Rep. briefing on:

- parking
- traffic routing
- staging area
- offloading areas
- doors/routes to access the main floor of the Chiles Center

The Fire Chief will inform all arriving Responders of the ICS response organization and tactical details thru the chain of command s/he creates. Arrival briefings must include:

- hand out these Ground Rules pages, brief, and ensure understanding,
- MCP assignment, organization, tactics, communications, and
- Responder's role/responsibility, supervisor, and who Responder supervises.

Communications

All communications directed to non-exercise participants will start and end with the statement, ***"THIS IS AN EXERCISE."***

How to Declare a Real-World Emergency

Anyone who needs to declare a Real-World Emergency (something that is NOT part of the Exercise Emergencies that you are enacting) should shout: **"I HAVE A REAL-WORLD EMERGENCY!"**

Then state:

- **the kind of emergency,**
- **where it is, and**
- **what assistance is needed.**

Appropriate exercise staff, participants, or requested emergency services suspend exercise operations to deal with the

emergency within the scope of their training and

CALL 911 FOR OUTSIDE ASSISTANCE

Anyone NOT needed for the Real-World Emergency continues the MCP exercise unless the lead Exercise Controller announces that exercise play is suspended or cancelled in order to facilitate real-world response operations.

The Area of Play for Responders

The Area of Play is:

- designated parking areas,
- the playing surface (covered courts) on the ground level of the Chiles Center,

- designated routes from parking and loading areas to the MCP area, and
- designated player rest rooms.

Responders shall not use the Main Entrance to the Chiles Center (by the large flag pole

on the south side, closest to Main Parking Lot), its foyer, and stairs/landings to the Mezzanine level. Patients will enter the MCP from the south entrance to the MCP

playing surface. Allocate a 75-foot clear radius from this entrance for patients waiting to enter the first stage of the MCP.

Document Patient, Evaluation, Treatment, and Time Stamps

MCP Stages that record information on patient intake form shall also record that stage's letter or code along with time-stamps that will allow further evaluation of the operation. Reading one of the two large six-digit clocks, record the times for each stage as follows:

- a. time of arrival e.g., **B/10-05-23**
- b. time service begins (if applicable) e.g. **B/10-25-15**
- c. time referred to next stage (after service) e.g., **B/10-50-05**

Extent of Evaluation and Treatment

- **Patient Clothing and Handling.** Evaluate Patients only to the extent that Patients are **not** asked to remove clothing that would expose the torso or upper legs; avoid handling the Patient if it might cause real injury to the Patient or Responder (i.e., lifting a patient as 'dead-weight').
- **Evaluation and Treatment, Real vs. Simulated.** Evaluation that would require the removal of this clothing and all treatment procedures shall be simulated in a way that is not obtrusive, but approximates the time required for the procedure and includes obtaining and recording the supplies that would be used. Explain all real or simulated procedures to the patient.

- **Use of Force, Restraints.** Patients are requested to 'act-out' symptoms and behaviors which may include irritation, pain, frustration, and deep concern. However, they are told not to act in any way that may be perceived as a threat of physical harm that may call for physical restraint or other use of force.

Any use of physical restraint or force is not exercise induced. It is a response to a Real World Emergency as noted on previous page.

Clean Up - Leave Facility in Pre-Exercise Condition

After lunch and the Hot Wash debrief, clean up MCP area to pre-exercise conditions:

- Return items borrowed from the U of P (i.e., chairs, tables, and rope barricades) to pre-exercise locations.
- Remove indoor and outdoor signs about the exercise.
- Return supplies and materials to exercise vehicles
- **Provide exercise documentation such as patient intake forms and symptom cards to Evaluators at Hot Wash.**

Ground Rules for Patients

Initial Briefings for Patients

All Patients are responsible for seeking and understanding their role(s), and the information they will be told during the exercise.

This starts when you check in: you sign a permission form and you are given credentials that identify your role. Wear your credentials at all times during the exercise.

After Patients check in, Exercise Staff will:

- Provide a credential that you need to display
- form you into an actor group,
- assign you a number to use as your last name for the exercise,

- brief you on:
 - these Ground Rules,
 - the complaint and symptoms that you are to enact,
 - assign an area for your group to wait until the group is sent to the MCP.

When you complete your first role in the MCP exercise:

- return to the staging area,
- hand in the symptom form,
- join another group, and
- repeat the process until the exercise ends at 12:30 pm.

How to Declare a Real-World Exercise Emergency

Anyone who needs to declare a Real-World Emergency (something that is NOT part of the Exercise Emergencies that you are enacting) should shout: **“I HAVE A REAL-WORLD EMERGENCY!”**

Then state:

- **the kind of emergency,**
- **where it is, and**
- **what assistance is needed.**

Appropriate exercise staff, participants, or requested emergency services will suspend

exercise operations to deal with the emergency within the scope of their training

CALL 911 FOR OUTSIDE ASSISTANCE

Anyone NOT needed for the Real-World Emergency continues the MCP exercise unless the lead Exercise Controller announces that exercise play is suspended or cancelled in order to facilitate response operations.

The Area of Play for Patients

The Area of Play is:

- Patient staging area is on the west Mezzanine and nearby seats reserved for Patients,
- the playing surface (covered courts) on the ground level of the Chiles Center only when sent to the MCP

- by exercise staff during MCP operations, and
- designated rest rooms near the stairwell to the Patient staging area.

Document Your Evaluation and Treatment including Time Stamps

Record and evaluate your treatment on your symptom form as you go through the MCP.

MCP stages are marked with letters. Please record the times that you wait for and complete each stage. You will pass through several stages during each visit to the MCP. Record the stage's letter with the time of the

following events read from one of two large six digit clocks (hour, minute, seconds):

- a. time of arrival e.g., B/10-05-23
- b. time at end of wait time and beginning of service e.g., B/10-25-15
- c. time referred to next stage (after service) e.g., B/10-50-05

Extent of Evaluation and Treatment

Patient Clothing, Handling. Patient evaluation and treatment is simulated to the extent that:

- the skin of your torso and upper legs remains covered,
- there are no obtrusive procedures, and
- there is no physical handling that might cause injury to the Patient or Responder (such as lifting a patient as 'dead-weight').

In the unlikely event that you are uncomfortable with part of the process, please tell the Responder to stop.

Evaluation and Treatment, Real vs. Simulated. Evaluation and treatment procedures are to be simulated in a way that approximates the time required for the procedure. Responders will explain procedures to you to assist your evaluation.

Use of Force, Restraints. You are requested to 'act-out' symptoms and behaviors which may include irritation, mild anger, pain, and deep concern. However, please do not act in any way that may be perceived as a real threat of physical harm. That may cause someone to declare a real-world emergency (as described above) that may result in a forceful response or physical restraint.

Any threat of physical harm and a response of physical restraint or use of force is NOT part of the Exercise. It is a Real World Emergency and the response to it.

When the exercise ends at 12:30 pm, please help us leave the patient staging area in pre-exercise condition.

**On behalf of all participating agencies,
thank you for your community service!**

