



# Multi-Year Training and Exercise Plan

<b>Submitting Organization / Jurisdiction:</b>	<b>North Central Texas Trauma Regional Advisory Council, TSA-E</b>
<b>Period Covered:</b>	<b>2016 - 2021</b>
<b>Person Completing:</b>	<b>Brandi Farris</b>

## **Preface**

The North Central Texas Trauma Regional Advisory Council's (NCTTRAC's) Multi-Year Training and Exercise Plan (MYTEP) is the roadmap to accomplish the organizational priorities in accomplishing the development and maintenance of the overall preparedness capabilities required to facilitate effective response to all hazards faced by NCTTRAC. This organization is pursuing a coordinated preparedness strategy that combines enhanced planning, resource acquisition, innovative training and realistic exercises to strengthen its emergency preparedness and response capabilities. The training and exercises play a crucial role in providing the organization with a means of attaining, practicing, validating and improving its high-priority capabilities.

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## Table of Contents

Points of Contact	1
Purpose	2
Participating Organizations	2
Program Priorities	4
Methodology and Event Tracking	10
BP5 Training Plan	13
Multi-Year Exercise Schedule	27

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## **PURPOSE**

The purpose of the North Central Texas Trauma Regional Advisory Council's Multi-Year Training and Exercise Plan (MYTEP) is to identify the top priorities for improving the preparedness and response capabilities of the organization and define the cycle of training and exercise activities that will provide the most benefit in the development, refinement and maintenance of those capabilities.

Included in this document are training and exercise schedules providing a graphic illustration of the proposed activities for the years 2016 through 2021. This is a living document that will be updated and refined as needed.

## **PARTICIPATING ORGANIZATIONS**

NCTTRAC has developed and continues to refine a Healthcare Coalition (HCC) that provides integration, coordination, and organization for unified regional healthcare preparedness activities and response. A collaborative network of public and private sector response partners, NCTTRAC's HCC focuses healthcare delivery by hospitals and EMS agencies, and their interaction with other pre-hospital, hospital, jurisdiction emergency management, and public health authorities. NCTTRAC also serves as the lead Regional Advisory Council (RAC) for the Texas Emergency Medical Task Force Region 2 (EMTF-2). Partner RACs include North Texas RAC (TSA-C) and Big County RAC (TSA-D). The HCC reinforces National Response Framework concepts and provides multiagency coordination during disasters that interfaces and integrates healthcare delivery and other regional healthcare coalitions into disaster response.

The TSA-E HCC directly supports the region's 187 hospitals and 250 EMS provider agencies in their preparation for, and response to emergencies that require a health and medical care delivery response. More than 120 hospitals are active participants in NCTTRAC's Hospital Preparedness Program, including all of the region's thirty-five trauma centers. The HCC includes five full service county health departments and the Department of State Health Services regional offices, enabling HPP collaboration with the region's Public Health Emergency Response Program and the Cities Readiness Initiative. Integrated into the HCC are county emergency management officials from all nineteen counties, major cities, and Texas Department of Public Safety regional offices. NCTTRAC staff support other regional initiatives, including preparedness and patient distribution activities with the Dallas - Fort Worth Hospital Council and area medical societies. NCTTRAC provides advisory support to the North Central Texas Council of Government's (NCTCOG) Emergency Preparedness Planning Council, and its Regional Emergency Preparedness Advisory Committee (REPAC). NCTTRAC similarly

participates with the smaller Texoma Council of Governments, which supports three TSA-E counties that border Oklahoma.

In developing the HCC, NCTTRAC established over 330 support and participation agreements with pre-hospital and hospital healthcare providers, public health, and jurisdiction authorities. These agreements include memoranda of understanding, mutual aid agreements, sharing agreements, and inter-local cooperation contracts, which enhance emergency and/or disaster healthcare delivery capacity.

Other partners are routinely integrated into the TSA-E HCC by peer representation during response by their physical or virtual presence in the TSA-E Medical Coordination Center (EMCC). For example, DSHS Health Service Region 2/3 (HSR 2/3) in Arlington operates a public health regional medical operations center that encompasses the Texas Health and Human Services Commission and sister agencies (Department of Aging and Disability, Department of Family Protective Services, and the Department of Assistive Rehabilitative Services). Focusing primarily on infectious disease control, the HSR 2/3 command center is linked to the TSA-E Medical Coordination Center (EMCC) by a seated liaison and/or virtually by phone, video teleconferencing, WebEOC, and EMResource. The TSA-E MCC acts as a secondary site for DSHS's regional command center if the ROC has to relocate.

## **PROGRAM PRIORITIES**

The North Central Texas Trauma Regional Advisory Council's (NCTTRAC) MYTEP planning group focused its program priorities on the top priority capabilities that need to be in place to meet the top threats facing the organizations to comply with any related grant-based requirements and improve the overall preparedness and response capabilities of the organization. The following assessment process was used to determine the MYTEP program needs.

### **August 2016 HPP Year 14 End of Year (EOY) Assessment**

NCTTRAC facilitated the HPP Year 1 End of Year (EOY) Assessment to determine the status of the Healthcare Coalition's progress and any outstanding needs. As part of the survey, respondents were asked what training opportunities were needed. The top five responses are listed below:

- Patient Tracking 65%
- Resource Requesting 57%
- Radio Interoperable Communications 45%
- National Incident Management System 46%
- Crisis Applications 61%

### **July 2016 Hazard Vulnerability Assessment (HVA)**

In July 2016 TSA-E, conducted a regional Hazard Vulnerability Analysis. NCTTRAC distributed the Kaiser Permanente formulated spreadsheet tool for hospital emergency preparedness coordinators (EPCs) to input their hospital's risk assessment data. The spread sheet was comprised of four hazard tabs (Natural Hazards, Technological Hazards, Human Hazards, and Hazardous Materials). For each tab, the participants were asked to score each event type according to the probability of the event occurring and the severity of the event based on six factors, (Human Impact, Property Impact, Business Impact, Preparedness, Internal Response, and External Response). From the facilities self-reported scores, each event was assigned a corresponding risk percentage. The assessment provided the top three hazards by type.



## Top Three Hazards by Type

### Natural Hazards

1. Tornado
2. Severe Thunderstorm
3. Ice Storm

### Human Hazards

1. Mass Casualty Incident, Trauma
2. Mass Casualty Incident, Medical / Infectious
3. Terrorism, Biological

### Technological Hazards

1. Electrical Failure
2. Communications Failure
3. Information Systems Failure

### Hazardous Materials

1. Small Casualty Hazmat Incident
2. Chemical Exposure, External
3. Small Medium Size Internal Spill

## TSA-E Performance Measures Status Report

Each quarter TSA-E completes a Performance Measures Status Report. This report captures the status of each of the performance elements within each function for each of the eight HPP capabilities. The September 2016 report indicated, 92% completion for Capability 6, and 86% and completion for Capability 10, and. Capability 1, 2, 3, 5, 14, and 15 indicated 100 % completion, however these capabilities remain as sustainment activities.

The top priority capabilities for the current budget period (BP5) identified by the MYTEP planning group are listed below:

1. Capability 10: Medical Surge
2. Capability 6: Information Sharing
3. Capability 1: Healthcare System Preparedness

Each of these priorities is fully addressed in the ASPR Healthcare Preparedness Capabilities. North Central Texas Trauma Regional Advisory Council's (NCTTRAC) training and exercise program will be focused on supporting and achieving these capabilities.

The challenges and / or barriers hindering completion of these priority capabilities through training and exercising include:

- Lack of personnel due to funding issues
- Lack of supporting infrastructure
- Legal barriers
- Lack of subject matter experts

- Lack of IT Systems

The following is a further description of those top capabilities, including a brief description of the importance of that capability to NCTTRAC, an outline of improvement ideas relative to that capability, any associated priority capabilities and ideas for cycles of specific planning, training and exercise activities that would strengthen this capability for the organization

## I. **Capability 10: Medical Surge**

The Medical surge capability is the ability to provide adequate medical evaluation and care during incidents that exceed the limits of the normal medical infrastructure within the community. This encompasses the ability of healthcare organizations to survive an all-hazards incident, and maintain or rapidly recover operations that were compromised. The rapid expansion of the capacity and capability of the healthcare system to provide the appropriate and timely clinical level of care in response to an incident that causes increased numbers (capacity) or special types of patients (capability) that overwhelm the day-to-day acute-care medical resources. This encompasses the appropriate decisions regarding patient care that require multi-agency coordination between healthcare organizations and incident management during medical surge operations

### **Corresponding Capabilities:**

Capability 1: Healthcare System Preparedness

Capability 6: Information Shringing

**Rationale:** During the October 2014 Dallas Ebola event, medical surge reporting was evident, yet there is a need to train on the surge capacity and capability. These functions are also noted as gaps in the TSA-E Performance Measures Status Report. Additionally, the 2016 HVA noted the top human caused hazards to be Mass Casualty Incidents (Trauma and Medical / Infectious) and Terrorism (Biological), both of which would lead to a surge in medical care.

### **Supporting Training Courses and Exercises**

- EMTF-2 Mobile Medical Unit Strike Team Initial Training
- EMTF-2 Mobile Medical Unit Strike Team Advanced Logistics Training
- EMTF-2 Communications Orientation Training
- EMTF-2 Medical Incident Support Team Orientation Training
- EMTF-2 Crisis Applications Component Specific Training
- EOC Operations and Planning for All-Hazards - MGT-346

- Jurisdictional Threat and Hazard Identification and Risk Assessment - MGT-310
- Pediatric Disaster Response and Emergency Preparedness- MGT-439
- Medical Preparedness and Response for Bombing Incidents - MGT-348
- Medical Management of CBRNE Events - PER-211
- Psychological Simple Triage and Rapid Treatment (PsySTART)

## II. **Capability 6: Information Sharing**

Information sharing is the ability to conduct multijurisdictional, multidisciplinary exchange of public health and medical related information and situational awareness between the healthcare system and local, state, Federal, tribal and territorial levels of government and the private sector. This includes the sharing of healthcare information through routine coordination with the Joint Information System for dissemination to the local, state and Federal levels of government and the community in preparation for and response to events or incidents of public health and medical significance. During an emergency event it is critical that healthcare coalition partners are able to communicate and share information effectively. An effective information sharing system will provide durable, reliable, and effective information exchanges between those responsible for gathering information and the analysts and consumers of threat or hazard-related information. It will also allow for feedback and other necessary communication in addition to the regular flow of information and intelligence.

### **Corresponding Capabilities:**

Capability 1: Healthcare System Preparedness

Capability 10: Medical Surge

Capability 3: Emergency Operations Coordination

**Rationale:** The October 2014 Dallas Ebola event after action discussions listed communication as both a strength and an opportunity for improvement. Validation of information also posed as a challenge during this real life event. However, NCTTRAC was commended has a critical assets for the seamless information sharing and coordination. Furthermore, the TSA-E Performance Measures Status Report indicated gaps in providing and delivering Healthcare information sharing plans, as well as patient record tracking during disasters. Lastly, the 2016 HVA indicated electrical systems and information systems failure as the top technological hazards for the region.

### **Supporting Training Courses and Exercises**

- EMResource Task Training: Bed Reporting
- EMResource Task Training: NEDOCS

- EMTF-2 Mobile Medical Unit Strike Team Initial Training
- EMTF-2 Mobile Medical Unit Strike Team Advanced Logistics Training
- EMTF-2 Communications Orientation Training
- EMTF-2 Medical Incident Support Team Orientation Training
- EMTF-2 Crisis Applications Component Specific Training
- EOC Operations and Planning for All-Hazards - MGT-346
- Disaster Management for Electric Power Systems - MGT-345
- Public Information in an All-Hazards Incident - MGT-318
- Disaster Preparedness for Hospitals and Healthcare Organizations Within the Community Infrastructure

### **III. *Capability 1: Healthcare System Preparedness***

Healthcare system preparedness is the ability of a community's healthcare system to prepare to, respond, and recover from incidents that have a public health and medical impact in the short and long term. The healthcare system role in community preparedness involves coordination with emergency management, public health, mental/behavioral health providers, community and faith-based partners, state, local, and territorial governments to attain needed disaster response and recovery capabilities. Having a well prepared healthcare system is a key capability for responding to the threats the region faces. The organization identified improvement areas that would help strengthen and sustain this capability over the project period.

#### **Corresponding Capabilities:**

- Capability 10: Medical Surge
- Capability 6: Information Sharing
- Capability 14: Responder Safety and Health

**Rationale:** The TSA-E Performance Measures Status Report indicated gaps in identifying healthcare assets and essential services planning, best practices and lessons learned sharing, and health care planning for at risk individuals.

#### **Supporting Training Courses and Exercises**

- Flash Point for Healthcare: Workplace Violence Training
- Shots Fired for Healthcare: Active Shooter Training
- Silent Storm: Domestic Violence in the Workplace Training
- EMResource Task Training: NEDOCS
- EMTF-2 Mobile Medical Unit Strike Team Initial Training
- EMTF-2 Mobile Medical Unit Strike Team Advanced Logistics Training
- EMTF-2 Communications Orientation Training

- EMTF-2 Medical Incident Support Team Orientation Training
- EMTF-2 Crisis Applications Component Specific Training
- EOC Operations and Planning for All-Hazards - MGT-346
- Disaster Management for Electric Power Systems - MGT-345
- Essentials of Promoting Community Cybersecurity – AWR 136
- Public Information in an All-Hazards Incident - MGT-318
- Disaster Preparedness for Hospitals and Healthcare Organizations Within the Community Infrastructure – MGT 341
- Jurisdictional Threat and Hazard Identification and Risk Assessment - MGT-310
- Pediatric Disaster Response and Emergency Preparedness- MGT-439
- Personal Protective Measure for Biological Incidents – PER 320
- Medical Preparedness and Response for Bombing Incidents - MGT-348
- Medical Management of CBRNE Events - PER-211
- Promoting Community Cybersecurity – AWR 135
- Psychological Simple Triage and Rapid Treatment PsySTART

## **Methodology and Event Tracking**

The previous section of the MYTEP for NCTTRAC discussed the program priorities and capabilities along with the training and exercise needs for the organization based on the review of the THRIA results for the applicable jurisdiction and applicable healthcare capabilities. All efforts were made to build on or eliminate duplicate training and exercises and to coordinate these training and exercise activities with all stakeholders and response partners. NCTTRAC's preparedness and/or emergency management office will be the agency that will provide direction and oversight for the organization's MYTEP.

The training courses and exercises chosen were deemed most appropriate to assist in strengthening the program priority capabilities for NCTTRAC. For each key area addressed, the planning group implemented a cycle, mix and range of training courses/activities and exercises that will allow the organization to increase its preparedness through different and progressively difficult training courses and exercise activities. The results of the training activities and implementation of the corrective action recommendations resulting from exercises will be monitored to ensure a consistent approach to continually improve planning, training, and exercising to ensure full development of each healthcare capability.

In its training history, NCTTRAC has established a strong base of HCC partners that have received initialized training and have a basic working knowledge of NCTTRAC's crisis application systems. NCTTRAC will continue to provide introductory training to maintain the region's baseline as turnover occurs, and increase the base of introductory trained HCC partners. For the upcoming training cycle, NCTTRAC's training program will focus on providing intermediate and advanced level training to build upon the already provided baseline training in order to build specific capabilities throughout the region.

Training topics are determined through regional needs assessments and specific feedback received from our partners. In addition, NCTTRAC will solicit constant feedback from partners within TSA-E through task specific workgroups, including the re-established Training and Exercise workgroup to review recommended processes, ongoing assessments and evaluations, and participant training evaluations. All gathered feedback will be interpreted and used to continuously adapt and target NCTTRAC's training program to meet the region's expressed needs.

Training will lead to yearly regional functional exercises for HCC partners' participation. Using the Homeland Security Exercise Evaluation Program (HSEEP) toolkit, exercises will be designed to focus on regional training initiatives and serve as a culmination of training and a test for participants. Strengths and weaknesses will be identified in the

submitted After Action Report and noted in NCTTRAC's corrective action plan, which will be used to further guide the training program.

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## **Training and Multi-Year Exercise Schedules**

The following pages contain the North Central Texas Trauma Regional Advisory Council's (NCTTRAC) training schedule for at least the current year and the exercise schedule for the years 2016 through 2021. This schedule will be updated annually to reflect the accomplishments and progress of the program as well as current planning for priority capability related training and exercise activities.

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### Training Schedule

Please provide the following information for each training course to be conducted in Budget Period 5.

1. Name of Training Course	2. Applicable Capability	3. Frequency / Date(s)	4. Locations	5. Number & Type of Personnel Trained	6. Identified Gaps to be Addressed	7. Funding (PHEP, HPP, other)
Flash Point for Healthcare: Workplace Violence Training	1,14	Ongoing; As Requested	Online; Site specific as requested	Variable; Web-based training available 24/7 to all Healthcare Coalition Partners	Provide awareness level training on how to recognize and combat violence in the workplace for the healthcare field.	HPP
Shots Fired for Healthcare: Active Shooter Training	1,14	Ongoing; As Requested	Online; Site specific as requested	Variable; Web-based training available 24/7 to all Healthcare Coalition Partners	Provide awareness level training on how to react to an active shooter in the healthcare environment.	HPP
Silent Storm: Domestic Violence in the Workplace Training	1,14	Ongoing; As Requested	Online; Site specific as requested	Variable; Web-based training available 24/7 to all Healthcare Coalition Partners	Provide awareness level training on how to recognize and combat domestic violence, and its effects in the workplace.	HPP

1. Name of Training Course	2. Applicable Capability	3. Frequency / Date(s)	4. Locations	5. Number & Type of Personnel Trained	6. Identified Gaps to be Addressed	7. Funding (PHEP, HPP, other)
Bed Reporting	1,3,6,10	Ongoing; As Requested	Online / WebEx; Site specific as requested	Variable; Web-based training available 24/7 to all Healthcare Coalition Partners	Provide instructional training on how to report current available beds and ventilators within EMResource.	HPP

1. Name of Training Course	2. Applicable Capability	3. Frequency / Date(s)	4. Locations	5. Number & Type of Personnel Trained	6. Identified Gaps to be Addressed	7. Funding (PHEP, HPP, other)
EMResource Task Training: NEDOCS	1,3,6,10	Ongoing; As Requested	Online / WebEx; Site specific as requested	Variable; Web-based training.	Provide instructional training on how to use the National Emergency Department Overcrowding Score tool in EMResource.	HPP
EMTF-2 Mobile Medical Unit Strike Team Initial Training	1,3,6,10,14	As needed to address turnover in team and gap in staffing.	NCTTRAC Warehouse	Up to 24 per class; Open to all EMTF-2 MMU partners	Train new EMTF-2 MMU personnel to fill unfilled MMU positions and replace team attrition; orientation to EMTF & MMU operations and equipment	HPP

<b>1. Name of Training Course</b>	<b>2. Applicable Capability</b>	<b>3. Frequency / Date(s)</b>	<b>4. Locations</b>	<b>5. Number &amp; Type of Personnel Trained</b>	<b>6. Identified Gaps to be Addressed</b>	<b>7. Funding (PHEP, HPP, other)</b>
EMTF-2 Mobile Medical Unit Strike Team Advanced Logistics Training	1,3,6,10,14	Semi-annually	NCTTRAC Warehouse; Other	Up to 35; Pre-trained EMTF MMU members	Train and drill all EMTF-2 MMU logistics staff in familiarization of generators, HVACs, communications, site considerations, and resupply operations	HPP
EMTF-2 Communications Orientation Training	1,3,6,10	Annually; As Needed	NCTTRAC Offices and Warehouse; Other	Up to 20; Pre-trained EMTF-2 members	Provide technical training on communications equipment in the EMTF program and specific to EMTF-2.	HPP
EMTF-2 Medical Incident Support Team Training	1,3,6,10,15	Annually; As Needed	NCTTRAC Offices and Warehouse; Other	Up to 20; Pre-trained EMTF-2 MIST members	Provide EMTF-2 specific training to pre-trained MIST members to include EMTF overview, equipment overview and technical training, and EMTF-2 alerting and activation procedures.	HPP

<b>1. Name of Training Course</b>	<b>2. Applicable Capability</b>	<b>3. Frequency / Date(s)</b>	<b>4. Locations</b>	<b>5. Number &amp; Type of Personnel Trained</b>	<b>6. Identified Gaps to be Addressed</b>	<b>7. Funding</b>
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						(PHEP, HPP, other)
EMTF-2 Crisis Applications Component Specific Training	1,3,6,10	Annually; As Needed	NCTTRAC Offices and Warehouse; Other	Up to 35; Pre-trained EMTF-2 members	Provide training on NCTTRAC's web-based crisis applications (WebEOC, and EMResource, ) specific to the need of each of the EMTF-2 components: <ul style="list-style-type: none"> <li>- AMBUS Operations</li> <li>- Ambulance Strike Teams, Leaders, and Staging Managers</li> <li>- Mobile Medical Units</li> </ul> Medical Incident Support Teams	HPP
EOC Operations and Planning for All-Hazards - MGT-346	1,3, 6, 10	Annually; Last held March 2016	NCTTRAC Offices	Up to 50, healthcare coalition members and emergency management personnel	Priority healthcare assets and essential services planning.	HPP
Disaster Management for Electric Power Systems - MGT-345	1, 6, 14	Annually	NCTTRAC Offices	Up to 50, healthcare coalition members and emergency management personnel	Priority healthcare assets and essential services planning.	HPP

1. Name of Training Course	2. Applicable Capability	3. Frequency / Date(s)	4. Locations	5. Number & Type of Personnel Trained	6. Identified Gaps to be Addressed	7. Funding (PHEP, HPP, other)
Public Information in an All-Hazards Incident - MGT-318	1,3,6	Annually; Scheduled for January 2017	NCTTRAC Offices	Up to 50, healthcare coalition members and emergency management personnel	Priority healthcare assets and essential services planning.	HPP
Disaster Preparedness for Hospitals and Healthcare Organizations Within the Community Infrastructure - MGT-341	1,6	Annually;	NCTTRAC Offices	Up to 50, healthcare coalition members and emergency management personnel	Priority healthcare assets and essential services planning. Healthcare planning for at-risk individuals and functional needs.	HPP
Essentials of Promoting Community Cybersecurity – AWR 136	1, 10, 6	Annually	NCTTRAC Offices	Up to 50, healthcare coalition members and emergency management personnel	Information Sharing	HPP
Jurisdictional Threat and Hazard Identification and Risk Assessment - MGT-310	1	Annually; Last held September 2016	NCTTRAC Offices	Up to 50, healthcare coalition members and emergency management personnel	Priority healthcare assets and essential services planning.	HPP



Pediatric Disaster Response and Emergency Preparedness-MGT-439	1, 10	Annually	NCTTRAC Offices	Up to 50, healthcare coalition members and emergency management personnel	Healthcare planning for at-risk individuals and functional needs. Special medical needs planning.	HPP
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<b>1. Name of Training Course</b>	<b>2. Applicable Capability</b>	<b>3. Frequency / Date(s)</b>	<b>4. Locations</b>	<b>5. Number &amp; Type of Personnel Trained</b>	<b>6. Identified Gaps to be Addressed</b>	<b>7. Funding (PHEP, HPP, other)</b>
Medical Preparedness and Response for Bombing Incidents - MGT-348	1, 14, 10	Annually	NCTTRAC Offices	Up to 50, healthcare coalition members and emergency management personnel	Responder safety and health. Priority healthcare assets and essential services planning.	HPP
Medical Management of CBRNE Events - PER-211	1, 14, 10	Annually	NCTTRAC Offices	Up to 50, healthcare coalition members and emergency management personnel	Responder Safety and Health.	HPP
Personal Protective Measures for Biological Events –PER 320	1, 10, 14	Annually	NCTTRAC Offices	Up to 50, healthcare coalition members and emergency management personnel	Responder Safety and Health	HPP
Promoting Community	1,10,6	Annually	NCTTRAC Offices	Up to 50, healthcare	Information Sharing	HPP

Cybersecurity – AWR 135				coalition members and emergency management personnel		
PsySTART	1, 14, 10	Annually	NCTTRAC Offices	Up to 50, healthcare coalition members and emergency management personnel	Responder disaster behavioral health.	HPP

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### TSA-E Training Gaps

1. Topic of training course	2. Target audience	3. Applicable capability	4. Gaps to be addressed	5. Funding type	6. Primary challenges to offering this training?
Crisis Standards of Care Training	Health and medical personnel	Capability 10-Medical Surge	Indicators for crisis standards of care.  Legal protections for healthcare practitioners and institutions.  Crisis standards of care training	HPP	<input type="checkbox"/> Lower priority <input type="checkbox"/> Lack of trained personnel to provide the training <input type="checkbox"/> Lack of subject matter experts to inform development of the training <input type="checkbox"/> Lack of personnel due to funding to develop or deliver the training <input checked="" type="checkbox"/> Other _____ <b>Legal Barriers</b>
Topic of training course	Target audience	Applicable capability	Gaps to be addressed	Funding type	Primary challenges to offering this training?
Patent Record Tracking Training	Health and medical personnel	Capability 6-Information Sharing	Medial surge capacity and capability.	HPP	<input type="checkbox"/> Lower priority <input checked="" type="checkbox"/> <b>Lack of trained personnel to provide the training</b> <input type="checkbox"/> Lack of subject matter experts to inform development of the training <input type="checkbox"/> Lack of personnel due to funding to develop or deliver the training <input type="checkbox"/> Other _____

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## Exercise Schedule

NCTTRAC	Multi-Year Exercise Schedule										June 2016- July 2017 BP-5	
Lead Organization	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March	April	May	June
TSA-E	Redundant Communications Drill; 26 Aug 2016 C:1,3,6 P:1,2	Redundant Communications Drill; 26 Aug 2016 C:1,3,6 P:1,2,4	Redundant Communications Drill; 30 Sep 2016 C:1,3,6 P:1,2,4	Redundant Communications Drill; 28 Oct 2016 C:1,3,6 P:1,2,4	Redundant Communications Drill; 18 Nov 2016 C:1,3,6 P:1,2,4		Redundant Communications Drill; 27 Jan 2017 C:1,3,6 P:1,2,4	Redundant Communications Drill; 24 Feb 2017 C:1,3,6 P:1,2,4	Redundant Communications Drill; 231 Mar 2017 C:1,3,6 P:1,2,4	Redundant Communications Drill; 28 April 2017 C:1,3,6 P:1,2,4	Redundant Communications Drill; 26 May 2017 C:1,3,6 P:1,2,4	Redundant Communications Drill; 30 June 2017 C:1,3,6 P:1,2,4
Emergency Medical Task Force Region 2			Activation Drill; TBD C:1,3,6,10,15 P:1,2,3		Activation Drill; TBD C:1,3,6,10,15 P:1,2,3			Activation Drill; TBD C:1,3,6,10,15 P:1,2,3		Activation Drill; TBD C:1,3,6,10,15 P:1,2,3		
TSA-E		Ebola Preparedness and Response – Full Scale; 30-31 Aug C:1,2,3,5,6,10,14,15 P:1,2,3,4					Operational Readiness Exercise – Discussion Based; TBD C:1,2,3,5,6,10,14,15 P:1,2,3			Operational Readiness Exercise - Full Scale; April 20, 2017 C:1,2,3,5,6,10,14,15 P:1,2,3		
Texas Department of State Health Services (DSHS)	DSHS No-Notice Available Bed & Ventilator Reporting Drill; TBA C:1,3,6,10 P:1,2,3											
<b>Priority 1</b> C: 10			<b>Priority 2</b> C: 6			<b>Priority 3</b> C: 1			<b>Priority 4</b> C: 3			

North Central Texas Trauma Regional  
Advisory Council

Multi-Year Exercise Schedule

June 2017- July 2018 BP-6

	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
Lead Organization	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March	April	May	June
TSA-E	Redundant Communications Drill; TBD C:1,3,6 P:1,2,4	Redundant Communications Drill; TBD C:1,3,6 P:1,2,4	Redundant Communications Drill; TBD C:1,3,6 P:1,2,4	Redundant Communications Drill; TBD C:1,3,6 P:1,2,4	Redundant Communications Drill; TBD C:1,3,6 P:1,2,4		Redundant Communications Drill; TBD C:1,3,6 P:1,2,4	Redundant Communications Drill; TBD C:1,3,6 P:1,2,4	Redundant Communications Drill; TBD C:1,3,6 P:1,2,4	Redundant Communications Drill; TBD C:1,3,6 P:1,2,4	Redundant Communications Drill; TBD C:1,3,6 P:1,2,4	Redundant Communications Drill; TBD C:1,3,6 P:1,2,4
Emergency Medical Task Force Region 2			Activation Drill; TBD C:1,3,6,10,15 P:1,2,3		Activation Drill; TBD C:1,3,6,10,15 P:1,2,3			Activation Drill; TBD C:1,3,6,10,15 P:1,2,3		Activation Drill; TBD C:1,3,6,10,15 P:1,2,3		
TSA-E		Ebola Preparedness and Response – Full Scale; TBD C:1,2,3,5,6,10,14,15 P:1,2,3,4		Operational Readiness Exercise – Discussion Based; TBD C:1,2,3,5,6,10,14,15 P:1,2,3						Operational Readiness Exercise - Full Scale; TBD C:1,2,3,5,6,10,14,15 P:1,2,3		
Texas Department of State Health Services (DSHS)	DSHS No-Notice Available Bed & Ventilator Reporting Drill; TBA C:1,3,6,10 P:1,2,3											

North Central Texas Trauma Regional Advisory Council			Multi-Year Exercise Schedule				June 2018- July 2019 BP-7					
Lead Organization	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March	April	May	June
TSA-E	Redundant Communications Drill; TBD C:1,3,6 P:1,2,4	Redundant Communications Drill; TBD C:1,3,6 P:1,2,4	Redundant Communications Drill; TBD C:1,3,6 P:1,2,4	Redundant Communications Drill; TBD C:1,3,6 P:1,2,4	Redundant Communications Drill; TBD C:1,3,6 P:1,2,4		Redundant Communications Drill; TBD C:1,3,6 P:1,2,4	Redundant Communications Drill; TBD C:1,3,6 P:1,2,4	Redundant Communications Drill; TBD C:1,3,6 P:1,2,4	Redundant Communications Drill; TBD C:1,3,6 P:1,2,4	Redundant Communications Drill; TBD C:1,3,6 P:1,2,4	Redundant Communications Drill; TBD C:1,3,6 P:1,2,4
Emergency Medical Task Force Region 2			Activation Drill; TBD C:1,3,6,10, 15 P:1,2,3,4		Activation Drill; TBD C:1,3,6,10, 15 P:1,2,3,4			Activation Drill; TBD C:1,3,6,10, 15 P:1,2,3,4		Activation Drill; TBD C:1,3,6,10, 15 P:1,2,3,4		
TSA-E		Ebola Preparedness and Response – Full Scale; C:1,2,3,5,6,10,14,15 P:1,2,3,4		Operational Readiness Exercise –Discussion Based; TBD C:1,2,3,5,6,10,14,15 P:1,2,3,4						Operational Readiness Exercise - Full Scale; TBD C:1,2,3,5,6,10,14,15 P:1,2,3,4		
Texas Department of State Health Services (DSHS)	DSHS No-Notice Available Bed & Ventilator Reporting Drill; TBA C:1,3,6,10 P:1,2,3											

Priority 1 C:10	Priority 2 C:6	Priority 3 C:1	Priority 4 C:3
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North Central Texas Trauma Regional Advisory Council			Multi-Year Exercise Schedule				June 2019- July 2020 BP-8					
Lead Organization	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March	April	May	June
TSA-E	Redundant Communications Drill; TBD C:1,3,6 P:1,2,4	Redundant Communications Drill; TBD C:1,3,6 P:1,2,4	Redundant Communications Drill; TBD C:1,3,6 P:1,2,4	Redundant Communications Drill; TBD C:1,3,6 P:1,2,4	Redundant Communications Drill; TBD C:1,3,6 P:1,2,4		Redundant Communications Drill; TBD C:1,3,6 P:1,2,4	Redundant Communications Drill; TBD C:1,3,6 P:1,2,4	Redundant Communications Drill; TBD C:1,3,6 P:1,2,4	Redundant Communications Drill; TBD C:1,3,6 P:1,2,4	Redundant Communications Drill; TBD C:1,3,6 P:1,2,4	Redundant Communications Drill; TBD C:1,3,6 P:1,2,4
Emergency Medical Task Force Region 2			Activation Drill; TBD C:1,3,6,10, 15 P:1,2,3,4		Activation Drill; TBD C:1,3,6,10, 15 P:1,2,3,4			Activation Drill; TBD C:1,3,6,10, 15 P:1,2,3,4		Activation Drill; TBD C:1,3,6,10, 15 P:1,2,3,4		
TSA-E		Ebola Preparedness and Response – Full Scale; C:1,2,3,5,6,10,14,15 P:1,2,3,4		Operational Readiness Exercise –Discussion Based; TBD C:1,2,3,5,6,10,14,15 P:1,2,3,4						Operational Readiness Exercise - Full Scale; TBD C:1,2,3,5,6,10,14,15 P:1,2,3,4		
Texas Department of State Health Services (DSHS)	DSHS No-Notice Available Bed & Ventilator Reporting Drill; TBA C:1,3,6,10 P:1,2,3											

Priority 1 C:10	Priority 2 C:6	Priority 3 C:1	Priority 4 C:3
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North Central Texas Trauma Regional Advisory Council				Multi-Year Exercise Schedule			June 2020- July 2021 BP-9					
Lead Organization	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March	April	May	June
TSA-E	Redundant Communications Drill; TBD C:1,3,6 P:1,2,4	Redundant Communications Drill; TBD C:1,3,6 P:1,2,4	Redundant Communications Drill; TBD C:1,3,6 P:1,2,4	Redundant Communications Drill; TBD C:1,3,6 P:1,2,4	Redundant Communications Drill; TBD C:1,3,6 P:1,2,4		Redundant Communications Drill; TBD C:1,3,6 P:1,2,4	Redundant Communications Drill; TBD C:1,3,6 P:1,2,4	Redundant Communications Drill; TBD C:1,3,6 P:1,2,4	Redundant Communications Drill; TBD C:1,3,6 P:1,2,4	Redundant Communications Drill; TBD C:1,3,6 P:1,2,4	Redundant Communications Drill; TBD C:1,3,6 P:1,2,4
Emergency Medical Task Force Region 2			Activation Drill; TBD C:1,3,6,10, 15 P:1,2,3,4		Activation Drill; TBD C:1,3,6,10, 15 P:1,2,3,4			Activation Drill; TBD C:1,3,6,10, 15 P:1,2,3,4		Activation Drill; TBD C:1,3,6,10, 15 P:1,2,3,4		
TSA-E		Ebola Preparedness and Response – Full Scale; C:1,2,3,5,6,10,14,15 P:1,2,3,4		Operational Readiness Exercise –Discussion Based; TBD C:1,2,3,5,6,10,14,15 P:1,2,3,4						Operational Readiness Exercise - Full Scale; TBD C:1,2,3,5,6,10,14,15 P:1,2,3,4		
Texas Department of State Health Services (DSHS)	DSHS No-Notice Available Bed & Ventilator Reporting Drill; TBA C:1,3,6,10 P:1,2,3											

Priority 1 C:10	Priority 2 C:6	Priority 3 C:1	Priority 4 C:3
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