



**Multi-year Training and Exercise Plan**  
**21 February 2019**



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## PREFACE

The Big Country Healthcare Coalition (BCHCC) for Trauma Service Area D (TSA-D) Multi-Year Training and Exercise Plan (MYTEP) is the roadmap to accomplish the Healthcare Coalition priorities in accomplishing the development and maintenance of the overall preparedness capabilities required to facilitate effective response to all hazards faced by the BCHCC. This Healthcare Coalition 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 Healthcare Coalition with a means of attaining, practicing, validating and improving its high-priority capabilities.

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## PURPOSE

The 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 the Big Country Health Care Coalition (BCHCC). 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.

The goals of the BCHCC is to identify the top priorities for improving the preparedness and response capabilities 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 2017 through 2022. This is a living document that will be updated and refined as needed.

## PARTICIPATING ORGANIZATIONS

Creating a comprehensive MYTEP requires collaboration with a variety of stakeholders to ensure the community has the necessary medical equipment and supplies, real-time information, communication systems, and trained and educated health care personnel to respond to an emergency. These stakeholders may include core public health departments, hospitals, emergency medical services (EMS), and emergency management agencies.

### Public Health Organizations

- Abilene-Taylor County Public Health
- Brown County Public Health
- DSHS Region 2/3
- Nolan County Public Health

### Healthcare Organizations/Providers/Suppliers/Facilities

#### Big Country Health Care Coalition TSA-D

- Anson General Hospital
- Abilene Behavioral Health
- Brownwood Regional Medical Center
- Coleman County Medical Center
- Comanche County Medical District
- Eastland Memorial Hospital
- Fisher County Hospital
- Hamlin Memorial Hospital
- Haskell Memorial Hospital
- Hendricks Medical Center
- Knox County Hospital
- Mitchell County Hospital
- Rolling Plains Memorial Hospital
- Stephens Memorial Hospital
- Stonewall Memorial Hospital
- Throckmorton County Memorial Hospital

### Emergency Management Agencies

#### Big Country Health Care Coalition TSA-D

- Abilene Emergency Management
- West Central Texas Council of Governments
- Disaster District Coordinator -07



## EMS Agencies

### Big Country Health Care Coalition TSA-D

- Comanche County EMS
- Sweetwater Fire and EMS
- Eastland EMS
- Heart of Texas EMS
- Mitchell County EMS

## PROGRAM PRIORITIES

The BCHCC 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 organization as identified in the locally developed Threat & Hazard Identification and Risk Assessment (THIRA), 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.

### September 2018 Hazard Vulnerability Assessment (HVA)

In September 2018, Trauma Service Area D Healthcare Coalition conducted a regional Hazard Vulnerability Analysis. Trauma Service Area D Healthcare Coalition distributed a Hazard Vulnerability Analysis survey to hospitals for them to input their hospital's risk assessment data. The survey was comprised of four hazard categories (Natural Hazards, Technological Hazards, Human Hazards, and Hazardous Materials). For each category, 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.

<b>2018 Top Ten Hazard Vulnerability Analysis Regional Results</b>	
1)	Inclement Weather
2)	Tornado
3)	Active Shooter
4)	Trauma
5)	Drought
6)	Bomb Threat
7)	Mass Casualty Incident
8)	Temperature Extremes
9)	Chemical Exposure, External
10)	Power Outage

BCHCC TSA-D utilized lessons learned from past exercises as well and as input from stakeholders to establish the MYTEP goals for the coverage period. Considerations for the impact priorities were taken from the 2018 Regional Hazardous Vulnerability Assessment conducted by Trauma Service Area D Healthcare Coalition in coordination with local and regional authorities and other HVA's within the region.

Based upon the 2018 Hazard Vulnerability Assessment, the 2018 West Central Texas Council of Governments THIRA, and regional partner input, the following were shown to be key areas of focus:

The top priority capabilities for the current budget period identified are listed below:

**Capability 3 Objective 5:** Protect Responders' Safety and Health

**Capability 1 Objective 4:** Train and Prepare the Health Care and Medical Workforce

**Capability 2 Objective 3:** Coordinate Response Strategy, Resources, and Communications

**Capability 3 Objective 2:** Plan for Continuity of Operations

<b>2018 Regional Threat and Hazard Identification Risk Assessment Threats and Hazards of Concern</b>
1) Wildfire
2) Dirty Bomb at Hospital Radiology
3) Hazard Chemical Release
4) Active Shooter
5) Infectious Disease Outbreak

Each of these priorities is fully addressed in the ASPR Healthcare Preparedness Capabilities. The Healthcare Coalition Trauma Service Area D Texas training and exercise program will be focused on supporting and achieving these capabilities.

The following is a further description of those top capabilities, including a brief description of the importance of that capability to Trauma Service Area D Healthcare Coalition, 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.

## Protect Responders' Safety and Health

The safety and health of clinical and non-clinical personnel are high priorities for preparedness and continuity as effective care cannot be delivered without available staff. The HCC will conduct activities that will equip, train, and provide necessary resources to protect responders, employees, and their families from hazards during response and recovery operation. These activities will include training on PPE, medical countermeasures, decontamination procedures, and workplace violence.

### Corresponding Capabilities:

**Capability 3 Objective 5:** Protect Responders' Safety and Health

**Capability 1 Objective 4:** Train and Prepare the Health Care and Medical

**Rationale:** The West Central Texas Council of Governments Threat and Hazard Identification Risk Assessment results, Hazard Vulnerability Assessment, Coalition Assessment Tool, and regional partner feedback.

### Supporting Training Courses and Exercises:

- Internet-Basic Emergency Medical Services (EMS) Concepts for Chemical, Biological, Radiological, Nuclear, and Explosive (CBRNE) Events AWR111(TEEX)
- Mass Prophylaxis Awareness for Public Health Emergencies AWR314 (TEEX)
- Medical Management of CBRNE Events PER211 (TEEX)
- L146 HSEEP Training

## Train and Prepare the Health Care and Medical Workforce

Training, drills, and exercises help identify and assess how well the region is prepared to respond to an emergency and help identify capability gaps. These activities will allow the health care and medical workforce in the region to develop the necessary knowledge and skills required to successfully respond to emergencies.

### Corresponding Capabilities:

**Capability 1 Objective 4:** Train and Prepare the Health Care and Medical Workforce  
**Capability 2 Objective 2:** Utilize Information Sharing Procedures and Platforms

**Capability 2 Objective 3:** Coordinate Response Strategy, Resources, and Communications

**Capability 3 Objective 5:** Protect Responders' Safety and Health

**Capability 4 Objective 1:** Plan for Medical Surge

**Rationale:** The West Central Texas Council of Governments Threat and Hazard Identification Risk Assessment results, Hazard Vulnerability Assessment, Coalition Assessment Tool, and regional partner feedback.

### Supporting Training Courses and Exercises:

- IS-130 Exercise Evaluation and Improvement Planning
- Disaster Preparedness for Hospitals and Healthcare Organizations Within the Community Infrastructure MGT341 (TEEX)
- Decontamination Trainings
- CBRNE and HCID Trainings
- PPE and Decontamination exercises

## Coordinate Response Strategy, Resources, and Communications

Our goal is to focus on the need to strengthen the ability to coordinate incident response, identify and coordinate resource needs during an emergency. Incidents present differently and it is paramount that healthcare providers are able to coordinate internally and with other providers to successfully respond to the incident. A clear understanding of HICS, NIMS, EMResource, WebEOC and the Region's Emergency Operations Plan is essential in response coordination.

### Corresponding Capabilities:

**Capability 2 Objective 3:** Coordinate Response Strategy, Resources, and Communications

**Capability 2 Objective 2:** Utilize Information Sharing Procedures and Platforms

**Capability 1 Objective 4:** Train and Prepare the Health Care and Medical Workforce

**Capability 4 Objective 1:** Plan for a Medical Surge

**Rationale:** The West Central Texas Council of Governments Threat and Hazard Identification Risk Assessment results, Hazard Vulnerability Assessment, Coalition Assessment Tool, and regional partner feedback.

### Supporting Training Courses and Exercises:

- IS-100.HCb Introduction to the Incident Command System (ICS 100) for Healthcare/Hospitals
- IS-120.a An Introduction to Exercises FEMA IS
- IS-200.b ICS for Single Resources and Initial Action Incidents
- IS-200.HCa Applying ICS to Healthcare Organizations
- IS-700.a National Incident Management System (NIMS) An Introduction
- IS-800.b National Response Framework, An Introduction
- EMResource and WebEOC Training
- HICS Training
- Coordination components during regional exercises

## Plan for Continuity of Operations

A well formulated Continuity of Operations Plan will help any healthcare provider to continue to provide services during a wide variety of incidents. It also lays the foundation for a provider to be able to transition into recovery once the incident has ended.

### Corresponding Capabilities:

**Capability 3 Objective 2:** Plan for Continuity of Operations

**Capability 3 Objective 6:** Plan for and Coordinate Health Care Evacuation and Relocation.

**Capability 3 Objective 7:** Coordinate Health Care Delivery System Recovery

**Capability 4 Objective 1:** Plan for a Medical Surge

**Rationale:** The West Central Texas Council of Governments Threat and Hazard Identification Risk Assessment results, Hazard Vulnerability Assessment, Coalition Assessment Tool, and regional partner feedback.

### Supporting Training Courses and Exercises:

- IS-520 Introduction to Continuity of Operations Planning for Pandemic Influenzas
- IS-522 Exercising Continuity Plans for Pandemics
- IS-546.a Continuity of Operations Awareness Course
- IS-547.a Introduction to Continuity of Operations
- Recovery Planning Workshops
- Volunteer Callback and Management

## Methodology and Tracking

The previous section of the MYTEP for the Big Country Healthcare Coalition discussed the program priorities and capabilities along with the training and exercise needs for the organization based on the review of the HVA, HPP EOY Survey and THIRA 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.

The training courses and exercises chosen were deemed most appropriate to assist in strengthening the program priority capabilities for the Big Country Healthcare Coalition. For each key area addressed, it was decided upon 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.

The program will be evaluated on an ongoing basis and completion of exercises will be based on written after action reports. Trainings will be evaluated based on evidence of completion.

## Multi-year Priority/Domain Plan

The following table lists the priorities discussed above and indicates the year(s) that will concentrate on the listed priority.

PRIORITY / DOMAIN	BP1	BP2	BP3	BP4	BP5
1. Protect Responders' Safety and Health		X	X	X	X
2. Train and Prepare the Health Care and Medical Workforce	X	X	X	X	X
3. Coordinate Response Strategy, Resources, and Communications	X	X	X	X	X
4. Plan for Continuity of Operations		X	X	X	X



<b>CDC Domains and PHEP Capabilities</b>	
Domain 1 Community Resilience	C1: Community Preparedness C2: Community Recovery
Domain 2 Incident Management	C3: Emergency Operations Coordination
Domain 3 Information Management	C4: Emergency Public Information and Warning C6: Information Sharing
Domain 4 Countermeasures and Mitigation	C8: Medical Countermeasures Dispensing C9: Medical Material Management and Distribution C11: Non-Pharmaceutical Intervention C14: Responder Safety and Health
Domain 5 Surge Management	C5: Fatality Management C7: Mass Care C10: Medical Surge C15: Volunteer Management
Domain 6 Bio-surveillance	C12: Public Health Laboratory Testing C13: Public Health Surveillance and Epidemiological Investigation

<b>ASPR HPP Capabilities</b>	
C1: Foundation for Health Care and Medical Readiness	C2: Health Care and Medical Response Coordination
C3: Continuity of Health Care Service Delivery	C4: Medical Surge

## MULTI-YEAR TRAINING AND EXERCISE SCHEDULE

The following pages contain the Big Country Health Care Coalitions training schedule for at least the current year and the exercise schedule for the years 2019 through 2022. 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.

### Master List of Training Courses and Exercises

- Internet-Basic Emergency Medical Services (EMS) Concepts for Chemical, Biological, Radiological, Nuclear, and Explosive (CBRNE) Events AWR111(TEEX)
- Mass Prophylaxis Awareness for Public Health Emergencies AWR314 (TEEX)
- Medical Management of CBRNE Events PER211 (TEEX)
- L146 HSEEP Training
- IS-130 Exercise Evaluation and Improvement Planning
- Disaster Preparedness for Hospitals and Healthcare Organizations Within the Community Infrastructure MGT341 (TEEX)
- Decontamination Trainings
- CBRNE and HCID Trainings
- PPE and Decontamination exercises
- IS-100.HCb Introduction to the Incident Command System (ICS 100) for Healthcare/Hospitals
- IS-120.a An Introduction to Exercises FEMA IS
- IS-200.b ICS for Single Resources and Initial Action Incidents
- IS-200.HCa Applying ICS to Healthcare Organizations
- IS-700.a National Incident Management System (NIMS) An Introduction
- IS-800.b National Response Framework, An Introduction
- EMResource and WebEOC Training
- HICS Training
- Coordination components during regional exercises.
- IS-520 Introduction to Continuity of Operations Planning for Pandemic Influenzas
- IS-522 Exercising Continuity Plans for Pandemics
- IS-546.a Continuity of Operations Awareness Course
- IS-547.a Introduction to Continuity of Operations
- Recovery Planning Workshops
- Volunteer Callback and Management

**BCHCC Training and Exercise Schedule FY2019 BP2**

	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
Lead Organization	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
TSA-D Exercise	Redundant Communications Drill; TBD C:C2 O2, C1 O4; P:2,3,4 D:3	CBRNE TTX TBD C: C3 O5, C1 O4 P: 1,2,3 D:5	Redundant Communications Drill; TBD C:C2 O2, C1 O4; P:2,3,4 D:3		Redundant Communications Drill; TBD C:C2 O2, C1 O4; P:2,3,4 D:3				Redundant Communications Drill; TBD C:C2 O2, C1 O4; P:2,3,4 D:3	Coalition Surge Test; TBD C: C4 O1 P: 3	Redundant Communications Drill; TBD C:C2 O2, C1 O4; P:2,3,4 D:3	
Nolan County Public Health									Mass Prophylaxis TTX C: C3 O5, C1 O4 P: 1,2,3 D: 4			
DSHS	No Notice Available Bed & Ventilator Reporting DR P3 D1 C2, C3											

**BCHCC Training and Exercise Schedule FY2020 BP3**

	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
Lead Organization	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
TSA-D Exercise			Redundant Communications Drill; TBD C:C2 O2, C1 O4; P:2,3,4 D:3		Redundant Communications Drill; TBD C:C2 O2, C1 O4; P:2,3,4 D:3			Redundant Communications Drill; TBD C:C2 O2, C1 O4; P:2,3,4 D:3	Pediatrics C: C4 O1 P: 3 D:5	Coalition Surge Test; C: C4 O1 P: 3 D:5	Redundant Communications Drill; TBD C:C2 O2, C1 O4; P:2,3,4 D:3	
DSHS	No Notice Available Bed & Ventilator Reporting DR P3 D1 C2, C3											

### BCHCC Training and Exercise Schedule FY2021 BP4

	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
Lead Organization	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
TSA-D Exercise		Redundant Communications Drill; TBD C:C2 O2, C1 O4; P:2,3,4			Redundant Communications Drill; TBD C:C2 O2, C1 O4; P:2,3,4			Redundant Communications Drill; TBD C:C2 O2, C1 O4; P:2,3,4	Infectious Disease TTX TBD C: C4 O1 P: 3 D:5	Coalition Surge Test; TBD C: C4 O1 P: 3	Redundant Communications Drill; TBD C:C2 O2, C1 O4; P:2,3,4	
DSHS	No Notice Available Bed & Ventilator Reporting DR P3 D1 C2, C3											

**BCHCC Training and Exercise Schedule FY2022 BP5**

	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
Lead Organization	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
TSA-D Exercise		Redundant Communications Drill; TBD C:C2 O2, C1 O4; P:2,3,4			Redundant Communications Drill; TBD C:C2 O2, C1 O4; P:2,3,4			Redundant Communications Drill; TBD C:C2 O2, C1 O4; P:2,3,4	Radiation TTX C: C4 O1 P: 3 D:5	Coalition Surge Test; TBD C: C4 O1 P: 3	Redundant Communications Drill; TBD C:C2 O2, C1 O4; P:2,3,4	
DSHS	No Notice Available Bed & Ventilator Reporting DR P3 D1 C2, C3											