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**Draft Date: April 3, 2025**

**EXERCISE PLAN**

A person in a white protective suit and rubber boots in a river

AI-generated content may be incorrect.

**Full Scale Exercise**

APRIL 24, 2025

# PREFACE

## INTRODUCTION

The *2025 Orange County Statewide Medical and Health Exercise – Full Scale Exercise* is sponsored by the Orange County Health Care Agency – Emergency Medical Services. This Exercise Plan (ExPlan) was produced with input, advice, and assistance from the Exercise Planning Team (EPT), comprised of representatives from:

Xxxx (Optional to include list of agencies)

This ExPlan provides exercise participants with all the necessary tools and information to perform their roles in the exercise. Conducting and participating in this exercise is tangible evidence of your community’s commitment to ensuring public safety through collaborative partnerships. These partnerships will enhance preparedness and information-sharing capabilities across the sector.

TABLE OF CONTENTS

[PREFACE 1](#_Toc194653714)

[EXERCISE SCHEDULE [SAMPLE] 3](#_Toc194653715)

[EXERCISE OVERVIEW 4](#_Toc194653716)

[GENERAL INFORMATION 6](#_Toc194653717)

[APPENDIX A: ACRONYMS 16](#_Toc194653718)

[APPENDIX B: EXERCISE PARTICIPANTS 17](#_Toc194653719)

[APPENDIX C: COMMUNICATIONS PLAN 18](#_Toc194653720)

[APPENDIX D: EXERCISE SCENARIO 19](#_Toc194653721)

[APPENDIX E: EXERCISE SITE MAPS 20](#_Toc194653722)

# EXERCISE SCHEDULE

|  |  |
| --- | --- |
| Time | Activity |
| 7:30 AM | Controller and Evaluator/Mentor Briefing  Site Setup |
| 8:00 AM | Player Arrival and Sign In |
| 8:15 AM | Player Briefing |
| 8:45 AM | Players in Position, Communications Check |
| 9:00 AM | StartEx |
| 12:00 PM | EndEx |
| 12:15 PM | Exercise Hotwash |
| 12:45 PM | Controller/Evaluator Debriefing |
| 1:15 PM | Venue Cleanup and Adjourn |

# EXERCISE OVERVIEW

|  |  |
| --- | --- |
| **Exercise Name** | 2025 Orange County SWMHE Full Scale Exercise (FSE) |
| **Exercise Dates** | April 24, 2025 |
| **Scope** | This FSE is planned for the Orange County Health Care Agency – Emergency Medical Services, healthcare coalition partners, healthcare facilities and organizations, and emergency response partners as part of the Statewide Medical and Health Exercise. This FSE will take place on April 24, 2025 from [9:00 AM to 12:00 PM] at the [Insert Location]. |
| **PHEP Capabilities** | Emergency Operations Coordination; Information Sharing; Emergency Public Information and Warning; Medical Surge. |
| **HPP Capabilities** | Health Care and Medical Response Coordination; Continuity of Health Care Service Delivery; Medical Surge. |
| **Objectives** | [Each organization should select their appropriate objectives from the list below, remove the rest, and add anymore custom objectives applicable; and ensure the selected objectives align with the discussion questions used.]   1. Validate the ability to activate and staff the Emergency Operations Center (EOC, HCC, DOC) within one hour of notification. 2. Assess the coordination and communication processes between the EOC, and field personnel during an emergency. 3. Evaluate the implementation of the Incident Command System (ICS or HICS) structure and its effectiveness in managing emergency response operations. 4. Test the functionality and interoperability of communication systems and tools used during emergency operations. 5. Measure the timeliness and accuracy of information sharing and situational awareness among all response partners 6. Alert and notify Hospital Command Center (HCC) staff of event within ten (10) minutes. Activate the Hospital Command Center within ten (10) minutes. 7. Develop an Incident Action Plan (IAP) and conduct Incident Briefing and Planning Meeting within the first operational period. 8. Assess the coordination and communication processes between the HCC, and frontline personnel during an emergency. 9. Test the functionality and interoperability of communication systems and tools used during emergency operations. 10. Measure the timeliness and accuracy of information sharing and situational awareness among all response partners. 11. Review/test the adequacy of the information management plans and technology for gathering intelligence and sharing information internally with employees. 12. Ensure that all participating agencies can access and share information through designated communication channels within the first hour of the exercise. 13. Discuss options to communicate facility needs to outside sources (e.g., vendors, suppliers, local emergency medical services agency, city/operational area medical health point of contact, corporate health care system) for essential supplies, services and equipment to ensure integrity of resource supply chain. 14. Test the utilization of communications systems (ReddiNet, Med1, DPHC listserv) to share and disseminate actionable information. 15. Effectively notify HCC members of an incident and facilitate ongoing information sharing during a community-wide emergency or disaster 16. Test the activation and deployment of medical surge staff and volunteers within 30 minutes of notification. 17. Test the capability to evacuate patients or respond to a surge in the number of patients related to a disruption in the public water supply to the facility. 18. Ensure appropriate patient placement during a large patient surge by assisting with the identification and coordination of available patient care resources to reduce patient morbidity and mortality by the end of the exercise. 19. Identify behavioral health needs during a medical surge response and coordinate specific resources and care protocols accordingly. 20. Evaluate the triage process and prioritization of patients based on severity within the first hour of surge activation. 21. Prepare to manage mass fatalities by identifying morgue surge capacity, determining safe handling procedures, activating surge personnel, and setting up family information centers. |
| **Threat/Hazard** | Potential threat to the public water system in Orange County |
| **Sponsor** | The 2025 SWMHE FSE is sponsored by the Orange County Health Care Agency – Emergency Medical Services and the Orange County Health Care Coalition. |

# GENERAL INFORMATION

## EXERCISE OBJECTIVES AND ASSOCIATED CAPABILITIES

Due to the combination of public health, healthcare, and first responder agencies participating in this exercise, the objectives and tasks for this FSE have been aligned with the Public Health Emergency Preparedness (PHEP) Capabilities and the Healthcare Preparedness Program (HPP) Capabilities. [Each organization should tailor the objectives list to focus on their selected objectives and goals].

**Table 1: FSE Objectives**

| **OBJECTIVES** | **PHEP CAPABILITIES** | **HPP CAPABILITIES** |
| --- | --- | --- |
| 1. Validate the ability to activate and staff the Emergency Operations Center (EOC, HCC, DOC) within one hour of notification. | **PHEP Capability 3: Emergency Operations Coordination** | **HPP Capability 2: Health Care and Medical Response Coordination** |
| 1. Assess the coordination and communication processes between the EOC, and field personnel during an emergency. | **PHEP Capability 3: Emergency Operations Coordination** | **HPP Capability 2: Health Care and Medical Response Coordination** |
| 1. Evaluate the implementation of the Incident Command System (ICS or HICS) structure and its effectiveness in managing emergency response operations. | **PHEP Capability 3: Emergency Operations Coordination** | **HPP Capability 2: Health Care and Medical Response Coordination** |
| 1. Test the functionality and interoperability of communication systems and tools used during emergency operations. | **PHEP Capability 3: Emergency Operations Coordination** | **HPP Capability 2: Health Care and Medical Response Coordination** |
| 1. Measure the timeliness and accuracy of information sharing and situational awareness among all response partners. | **PHEP Capability 3: Emergency Operations Coordination** | **HPP Capability 2: Health Care and Medical Response Coordination** |
| 1. Alert and notify Hospital Command Center (HCC) staff of event within ten (10) minutes. Activate the Hospital Command Center within ten (10) minutes. | **PHEP Capability 3: Emergency Operations Coordination** | **HPP Capability 2: Health Care and Medical Response Coordination** |
| 1. Develop an Incident Action Plan (IAP) and conduct Incident Briefing and Planning Meeting within the first operational period. | **PHEP Capability 3: Emergency Operations Coordination** | **HPP Capability 2: Health Care and Medical Response Coordination** |
| 1. Assess the coordination and communication processes between the HCC, and frontline personnel during an emergency. | **PHEP Capability 6: Information Sharing** | **HPP Capability 2: Health Care and Medical Response Coordination** |
| 1. Test the functionality and interoperability of communication systems and tools used during emergency operations. | **PHEP Capability 6: Information Sharing** | **HPP Capability 2: Health Care and Medical Response Coordination** |
| 1. Measure the timeliness and accuracy of information sharing and situational awareness among all response partners. | **PHEP Capability 6: Information Sharing** | **HPP Capability 2: Health Care and Medical Response Coordination** |
| 1. Review/test the adequacy of the information management plans and technology for gathering intelligence and sharing information internally with employees. | **PHEP Capability 6: Information Sharing** | **HPP Capability 3: Continuity of Health Care Service Delivery** |
| 1. Ensure that all participating agencies can access and share information through designated communication channels within the first hour of the exercise. | **PHEP Capability 6: Information Sharing** | **HPP Capability 3: Continuity of Health Care Service Delivery** |
| 1. Discuss options to communicate facility needs to outside sources (e.g., vendors, suppliers, local emergency medical services agency, city/operational area medical health point of contact, corporate health care system) for essential supplies, services and equipment to ensure integrity of resource supply chain. | **PHEP Capability 6: Information Sharing** | **HPP Capability 3: Continuity of Health Care Service Delivery** |
| 1. Test the utilization of communications systems (ReddiNet, Med1, DPHC listserv) to share and disseminate actionable information. | **PHEP Capability 6: Information Sharing** | **HPP Capability 3: Continuity of Health Care Service Delivery** |
| 1. Effectively notify HCC members of an incident and facilitate ongoing information sharing during a community-wide emergency or disaster. | **PHEP Capability 6: Information Sharing** | **HPP Capability 3: Continuity of Health Care Service Delivery** |
| 1. Test the activation and deployment of medical surge staff and volunteers within 30 minutes of notification. | **PHEP Capability 10: Medical Surge** | **HPP Capability 4: Medical Surge** |
| 1. Test the capability to evacuate patients or respond to a surge in the number of patients related to a disruption in the public water supply to the facility. | **PHEP Capability 10: Medical Surge** | **HPP Capability 4: Medical Surge** |
| 1. Ensure appropriate patient placement during a large patient surge by assisting with the identification and coordination of available patient care resources to reduce patient morbidity and mortality by the end of the exercise. | **PHEP Capability 10: Medical Surge** | **HPP Capability 4: Medical Surge** |
| 1. Identify behavioral health needs during a medical surge response and coordinate specific resources and care protocols accordingly. | **PHEP Capability 10: Medical Surge** | **HPP Capability 4: Medical Surge** |
| 1. Evaluate the triage process and prioritization of patients based on severity within the first hour of surge activation. | **PHEP Capability 10: Medical Surge** | **HPP Capability 4: Medical Surge** |
| 1. Prepare to manage mass fatalities by identifying morgue surge capacity, determining safe handling procedures, activating surge personnel, and setting up family information centers. | **PHEP Capability 10: Medical Surge** | **HPP Capability 4: Medical Surge** |

## PARTICIPANT ROLES AND RESPONSIBILITIES

The term *participant* encompasses many groups of people, not just those playing in the exercise. Types of participants involved in the exercise, and their respective roles and responsibilities, are as follows:

* **Players.** Players are personnel who have an active role in discussing or performing their regular roles and responsibilities during the exercise. Players discuss or initiate actions in response to the simulated emergency.
* **Observers.** Observers do not directly participate in the exercise; however, they may support the development of player responses to the situation during the exercise by asking relevant questions or providing subject matter expertise.
* **Controllers.** Controllers plan and manage exercise play, set up and operate the exercise activities, and act in the roles of organizations or individuals that are not playing in the exercise. Controllers direct the pace of the exercise, provide key data to players, and may prompt or initiate certain player actions to ensure exercise continuity. In addition, they issue exercise material to players as required, monitor the exercise timeline, and supervise the safety of all exercise participants.
* **Simulators.** Simulators are control staff personnel who role play nonparticipating organizations or individuals. They most often operate out of the Simulation Cell (SimCell), but they may occasionally have face-to-face contact with players. Simulators function semi-independently under the supervision of SimCell controllers, enacting roles (e.g., media reporters or next of kin) in accordance with instructions provided in the Master Scenario Events List (MSEL). All simulators are ultimately accountable to the Exercise Director and Senior Controller.
* **Evaluators.** Evaluators evaluate and provide feedback on a designated functional area of the exercise. Evaluators observe and document performance against established capability targets and critical tasks, in accordance with the Exercise Evaluation Guides (EEGs).
* **Actors.** Actors simulate specific roles during exercise play, typically victims or other bystanders. [Delete bullet if not applicable]
* **Media Personnel.** Some media personnel may be present as observers, pending approval by the sponsor organization and the Exercise Planning Team. [Delete bullet if not applicable]
* **Support Staff.** The exercise support staff includes individuals who perform administrative and logistical support tasks during the exercise (e.g., registration, catering).

## EXERCISE ASSUMPTIONS AND ARTIFICIALITIES

In any exercise, assumptions and artificialities may be necessary to complete play in the time allotted and/or account for logistical limitations. Exercise participants should accept that assumptions and artificialities are inherent in any exercise, and should not allow these considerations to negatively affect their participation. During this exercise, the following apply:

*Assumptions*

### This exercise is conducted in a no-fault learning environment wherein players will have a chance to test capabilities, plans, systems, and processes.

### The exercise scenario and associated injects are plausible, and events occur as they are presented.

### Players have access to exercise venues and extensive resources and funding within the organization to secure necessary resources in order to respond to the simulated incident.

### Simulation contains sufficient detail to allow players to react to information and situations as they are presented as if the simulated incident were real.

### Participating individuals may need to balance exercise play with real-world emergencies. Real-world emergencies take priority.

*Artificialities*

### Exercise communication and coordination is limited to those participating exercise organizations, venues, and the SimCell.

### Players will use communication methods identified for them by Exercise Controllers.

### Time jumps may be used within the scenario to test additional response and recovery functions as needed.

## EXERCISE LOGISTICS

*Safety*

Exercise participant safety takes priority over exercise events. The following general requirements apply to the exercise:

* A Safety Controller is responsible for participant safety; any safety concerns must be immediately reported to the Safety Controller. The Safety Controller and Exercise Director will determine if a real-world emergency warrants a pause in exercise play and when exercise play can be resumed.
* For an emergency that requires assistance, use the phrase [“real-world emergency.”] The following procedures should be used in case of a real emergency during the exercise:
  + Anyone who observes a participant who is seriously ill or injured will immediately notify emergency services and the closest controller, and, within reason and training, render aid.
  + The controller aware of a real emergency will initiate the [“real-world emergency”] broadcast and provide the Safety Controller, Senior Controller, and Exercise Director with the location of the emergency and resources needed, if any. The Senior Controller will notify the [Control Cell or SimCell] as soon as possible if a real emergency occurs.

*Fire Safety [delete section if not applicable]*

Standard fire and safety regulations relevant to the [jurisdiction, venue, or organization] will be followed during the exercise. [Insert any organization- or venue-specific guidelines or protocols.]

*Emergency Medical Services [delete section if not applicable]*

The sponsor organization will coordinate with local emergency medical services in the event of a real-world emergency. [Insert any organization- or venue-specific guidelines or protocols.]

*Electrical and Generating Device Hazards [delete section if not applicable]*

All applicable electrical and generating device safety requirements should be documented prior to the start of the exercise. [Insert any organization- or venue-specific guidelines or protocols.]

*Weapons Policy [delete section if not applicable]*

All participants will follow the relevant weapons policy for the exercising organization or exercise venue. [Please see Appendix [X] for a detailed description of the weapons policy.]

*Security*

If entry control is required for the exercise venue(s), the sponsor organization is responsible for arranging appropriate security measures. To prevent interruption of the exercise, access to exercise sites and the [Control Cell and/or SimCell] is limited to exercise participants. Players should advise their venue’s controller or evaluator of any unauthorized persons.

*Media/Observer Coordination [delete section if not applicable]*

Organizations with media personnel and/or observers attending the event should coordinate with the sponsor organization for access to the exercise site. Media/Observers are escorted to designated areas and accompanied by an exercise controller at all times. Sponsor organization representatives and/or the observer controller may be present to explain exercise conduct and answer questions. Exercise participants should be advised of media and/or observer presence.

*Exercise Identification [delete section if not applicable]*

Exercise staff may be identified by badges, hats, and/or vests to clearly display exercise roles; additionally, uniform clothing may be worn to show agency affiliation. Table 2 describes these identification items.

**Table 2: Exercise Identification**

| **Group** | **Color** |
| --- | --- |
| Exercise Director | White |
| Controllers | Blue |
| Evaluators | Red |
| Actors | Black |
| Support Staff | Gray |
| Observers/VIPs | Orange |
| Media Personnel | Purple |
| Players, Uniformed | Yellow |
| Players, Civilian Clothes | Yellow |

## POST-EXERCISE EVALUATION

*Hot Wash*

At the conclusion of exercise play, controllers facilitate a Hot Wash to allow players to discuss strengths and areas for improvement, and evaluators to seek clarification regarding player actions and decision-making processes. All participants may attend; however, observers are not encouraged to attend the meeting. The Hot Wash should not exceed 30 minutes.

*Controller and Evaluator Debriefing*

Controllers and evaluators attend a facilitated C/E Debriefing immediately following the exercise. During this debriefing, controllers and evaluators provide an overview of their observed functional areas and discuss strengths and areas for improvement.

*Participant Feedback Forms*

Participant Feedback Forms provide players with the opportunity to comment candidly on exercise activities and exercise design. Participant Feedback Forms should be collected at the conclusion of the Hot Wash.

*Exercise Evaluation Guides*

EEGs assist evaluators in collecting relevant exercise observations. EEGs document exercise objectives and aligned core capabilities, capability targets, and critical tasks. Each EEG provides evaluators with information on what they should expect to see demonstrated in their functional area. The EEGs, coupled with Participant Feedback Forms and Hot Wash notes, are used to evaluate the exercise and compile the After-Action Report (AAR).

*After-Action Report*

The AAR summarizes key information related to evaluation. The AAR primarily focuses on the analysis of core capabilities, including capability performance, strengths, and areas for improvement. AARs also include basic exercise information, including the exercise name, type of exercise, dates, location, participating organizations, mission area(s), specific threat or hazard, a brief scenario description, and the name of the exercise sponsor and POC.

*After-Action Meeting*

The After-Action Meeting (AAM) is a meeting held among decision- and policy-makers from the exercising organizations, as well as the Lead Evaluator and members of the Exercise Planning Team, to debrief the exercise and to review and refine the draft AAR and Improvement Plan (IP). The AAM should be an interactive session, providing attendees the opportunity to discuss and validate the observations and corrective actions in the draft AAR/IP

*Improvement Plan*

Improvement planning is the process by which the observations recorded in the AAR are resolved through development of concrete corrective actions, which are prioritized and tracked as a part of a continuous corrective action program. The IP identifies specific corrective actions, assigns them to responsible parties, and establishes target dates for their completion. It is created by elected and appointed officials from the organizations participating in the exercise, and discussed and validated during the AAM.

## PARTICIPANT INFORMATION AND GUIDANCE

*Exercise Rules*

The following general rules govern exercise play:

* Real-world emergency actions take priority over exercise actions.
* Exercise players will comply with real-world emergency procedures, unless otherwise directed by the control staff.
* All communications (including written, radio, telephone, and e-mail) during the exercise will begin and end with the statement [“This is an exercise.”]
* Exercise players who place telephone calls or initiate radio communication with the SimCell must identify the organization or individual with whom they wish to speak.

*Players Instructions*

Players should follow certain guidelines before, during, and after the exercise to ensure a safe and effective exercise.

*Before the Exercise*

* Review appropriate organizational plans, procedures, and exercise support documents.
* Be at the appropriate site at least 30 minutes before the exercise starts. Wear the appropriate uniform and/or identification item(s).
* Sign in when you arrive.
* If you gain knowledge of the scenario before the exercise, notify a controller so that appropriate actions can be taken to ensure a valid evaluation.

*During the Exercise*

* Respond to exercise events and information as if the emergency were real, unless otherwise directed by an exercise controller.
* Controllers will give you only information they are specifically directed to disseminate. You are expected to obtain other necessary information through existing emergency information channels.
* Do not engage in personal conversations with controllers, evaluators, observers, or media personnel. If you are asked an exercise-related question, give a short, concise answer. If you are busy and cannot immediately respond, indicate that, but report back with an answer as soon as possible.
* If you do not understand the scope of the exercise, or if you are uncertain about an organization’s participation in an exercise, ask a controller.
* Parts of the scenario may seem implausible. Recognize that the exercise has objectives to satisfy and may require incorporation of unrealistic aspects. Every effort has been made by the exercise’s trusted agents to balance realism with safety and to create an effective learning and evaluation environment.
* All exercise communications will begin and end with the statement [“This is an exercise.”] This precaution is taken so that anyone who overhears the conversation will not mistake exercise play for a real-world emergency.
* When you communicate with the SimCell, identify the organization or individual with whom you wish to speak.
* Speak when you take an action. This procedure will ensure that evaluators are aware of critical actions as they occur.
* Maintain a log of your activities. Many times, this log may include documentation of activities that were missed by a controller or evaluator.

*After the Exercise*

* Participate in the Hot Wash at your venue with controllers and evaluators.
* Complete the Participant Feedback Form. This form allows you to comment candidly on emergency response activities and exercise effectiveness. Provide the completed form to a controller or evaluator.
* Provide any notes or materials generated from the exercise to your controller or evaluator for review and inclusion in the AAR.

*Simulation Guidelines*

Because the exercise is of limited duration and scope, certain details will be simulated. The physical description of what would fully occur at the incident sites and surrounding areas will be relayed to players by simulators or controllers. A SimCell will simulate the roles and interactions of nonparticipating organizations or individuals. [Include any additional simulations to be used in the exercise.]

# APPENDIX A: ACRONYMS

|  |  |
| --- | --- |
| AAR | After Action Report |
| AAR/IP | After Action Report / Improvement Plan |
| AMR | American Medical Response |
| ARC | American Red Cross |
| CDC | Centers for Disease Control and Prevention |
| CDPH | California Department of Public Health |
| CST | Civil Support Team |
| DOC | Department Operations Center |
| EOC | Emergency Operations Center |
| EPT | Exercise Planning Team |
| FBI | Federal Bureau of Investigation |
| FEMA | Federal Emergency Management Agency |
| FSE | Full Scale Exercise |
| HAZMAT | Hazardous Materials |
| HCC | Health Care Coalition |
| HPP | Hospital Preparedness Program |
| HSEEP | Homeland Security Exercise and Evaluation Program |
| IP | Improvement Plan |
| MCM | Medical Countermeasures |
| MHOAC | Medical and Health Operational Area Coordinator |
| OCHCA | Orange County Health Care Agency |
| PHEP | Public Health Emergency Preparedness |
| SITMAN | Situation Manual |
| SME | Subject Matter Expert |
| TTX | Tabletop Exercise |
| WEROC | Water Emergency Response Organization of Orange County |

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# APPENDIX B: EXERCISE PARTICIPANTS

|  |
| --- |
| **Participating Organizations** |
| County |
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|  |
| City |
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| [Agency A] |
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| [Agency B] |
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# APPENDIX C: COMMUNICATIONS PLAN

| **Name/Position** | **Phone** | **Email** |
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# APPENDIX D: EXERCISE SCENARIO

## MODULE 1

Law enforcement and homeland security officials have identified suspicious activities around key water infrastructure sites in Orange County and have issued warnings to local organizations accordingly. Reports indicate that security cameras at a major reservoir in the county were disabled overnight, and unknown individuals were seen accessing a restricted area near multiple water treatment facilities. An anonymous social media account has posted cryptic messages alluding to an attack on public utilities, heightening concerns of an orchestrated effort.

Over the past 72 hours, emergency departments across Orange County have seen a surge in patients presenting with symptoms including severe gastrointestinal distress, nausea, vomiting, fever, dehydration, and neurological symptoms such as dizziness and confusion. Local laboratories have reported unusual bacterial and chemical contaminants in water samples collected from multiple locations.

The Orange County Health Care Agency (OCHCA), in collaboration with hospitals, clinics, and emergency management personnel, must now determine the scope of the contamination, coordinate patient care, and communicate effectively with the public to prevent further exposure. The County Emergency Operations Center (EOC) has been partially activated, and a multi-agency response is underway. The Water Emergency Response Organization of Orange County (WEROC) has activated their operations center and deployed representatives to the County EOC. The Health Officer is currently considering implementing “do not use” orders and those are expected to be announced very soon.

## MODULE 2

The County Health Officer has implemented a “do not use” order for all county residents and businesses, and issued public guidance that residents should use bottled water or boil their tap water before consumption until further notice. It is unclear how long this advisory will be in place. County emergency management and public health officials have begun working on resource requests to bring in outside sources of water to distribute to healthcare facilities, though scarce resource allocation standards may be in place to prioritize initial supplies.

Several facilities and organizations across the county have requested backup water supplies, prompting the activation of the State Operations Center (SOC) and Medical and Health Coordination Center (MHCC) at the state level to help coordinate emergency requests as well.

# APPENDIX E: EXERCISE SITE MAPS

**Figure E.1: [Map Title]**

[Insert map]

**Figure E.2: [Map Title]**

[Insert map]