



“Operation Ripple Surge”

2026

EXERCISE PLAN

As the primary guidance document for the Medical Response and Surge Exercise (MRSE), the Exercise Plan (EXPLAN) equips all participants from executive leadership to observers and players with the necessary framework for successful engagement. It details the exercise scope, including objectives, logistical plans, participant roles, and communication protocols. The EXPLAN is an open document for everyone involved, though specific materials required for exercise control and evaluation are accessible only to their designated teams.

EXERCISE OVERVIEW

Exercise Name	“Operation Ripple Surge”
Exercise Date	February 25, 2026
Scope	This is a functional exercise, planned for four hours. Exercise play is limited to Connecticut Health Care Coalition partners and members.
Focus Area(s)	Response
Capabilities	<p>Capability 2: Health Care and Medical Response Coordination</p> <p>Capability 3: Continuity of Health Care Service Delivery</p> <p>Capability 4: Medical Surge</p>
ASPR Required Objectives	<ul style="list-style-type: none"> Engage CT HCC health care partners and their executives to participate in the exercise and the After-Action Review. Effectively notify CT HCC health care partners of an incident and facilitate ongoing information sharing during a community-wide emergency or disaster. Demonstrate the ability of CT HCC members to assess and meet critical resource needs (personnel, supplies, equipment, Emergency Medical Services (EMS) capacity, etc.) to manage patient surge during a community-wide emergency or disaster. CT HCC members and partners will demonstrate the ability to reduce patient morbidity and mortality through appropriate patient placement during a large patient surge by assisting with the identification and coordination of available patient care resources.
HCC Objectives	<ul style="list-style-type: none"> Objective One: Assess the ability to request, share, and coordinate critical resources (personnel, equipment, supplies, and pharmaceuticals). Objective Two: Test the interoperability and reliability of communication tools (radio, phone, and digital platforms) between in state and out-of-state partners. Objective Three: Evaluate patient triage, intake, and internal distribution processes (e.g., critical care vs. general med-surg), including procedures for interfacility and interstate patient movement. Objective Four: Evaluate Connecticut health and medical partners’ understanding and implementation of the Regional Disaster Health Response System (RDHRS) Patient Movement Plan, and define their roles in coordinating, supporting, and executing interstate patient movement operations.
Threat/Hazard	Hospital Evacuation

<p>Scenario</p>	<p>Multi-hospital evacuation operations that require coordinated, cross-border collaboration among EMS agencies, receiving and sending hospitals, and State Departments of Public Health. These incidents have necessitated activation of the RDHRS Patient Movement Capability (PMC) to support multi-jurisdictional patient distribution, resource coordination, situational awareness, and clinical prioritization across the Connecticut healthcare system.</p>
<p>Sponsor</p>	<p>Connecticut Health Care Coalition</p>
<p>Participating Organizations</p>	<ul style="list-style-type: none"> • Acute Care Hospitals • Long-Term Acute Care • Emergency Medical Services • Emergency Management • Public Health • Post Acute Care
<p>Point of Contact</p>	<p>Mary Beth Skarote, MEP All Clear Emergency Management Group HCC Division Manager MaryBethS@AllClearEMG.com</p> <p>Jake Peterson All Clear Emergency Management Group Senior Planning Specialist JakeP@AllClearEMG.com</p> <p>Connecticut Health Care Coalition Kim Cerullo, MSW Lia Randazzo, MPH Readiness and Response Coordinators coordinator@cthcc.org</p>

GENERAL INFORMATION

Exercise Objectives and Capabilities

The following exercise objectives in Table 1 describe the expected outcomes for the exercise. The objectives are linked to capabilities, which are distinct critical elements necessary to achieve the specific mission area(s). The objectives and aligned capabilities are guided by senior leaders and selected by the Exercise Planning Team.

Exercise Objective	Capability
Objective One: Assess the ability to request, share, and coordinate critical resources (personnel, equipment, supplies, and pharmaceuticals).	Capability 2: Health Care and Medical Response Coordination Capability 3: Continuity of Health Care Service Delivery
Objective Two: Test the interoperability and reliability of communication tools (radio, phone, and digital platforms) between in-state and out-of-state partners.	Capability 2: Health Care and Medical Response Coordination Capability 4: Medical Surge
Objective Three: Evaluate patient triage, intake, and internal distribution processes (e.g., ICU vs. general med-surg), including procedures for interfacility and interstate patient movement.	Capability 3: Continuity of Health Care Service Delivery
Objective Four: Evaluate Connecticut health and medical partners' understanding and implementation of the RDHRS Patient Movement Plan, and define their roles in coordinating, supporting, and executing interstate patient movement operations.	Capability 2: Health Care and Medical Response Coordination Capability 4: Medical Surge

Table 1. Exercise Objectives and Associated Capabilities

ASPR Exercise Requirements

In accordance with the Notice of Funding Opportunity (NOFO), this exercise incorporates the required objectives from the Administration for Strategic Preparedness and Response (ASPR) guidance, which, while labeled as objectives, are structured to collect and report data for associated performance measures. We recognize that the data collection required to evaluate these specific measures may not be standard practice during an actual response effort. Therefore, while these ASPR metrics are included in our evaluation framework, they are supplemented by a broader set of traditional exercise objectives. The additional objectives are specifically designed to facilitate a comprehensive assessment of our core operational capabilities, interagency coordination, and decision-making processes.

MRSE Required Objective	MRSE Performance Measure
1. Effectively notify HCC health care partners of an incident and facilitate ongoing information sharing during a community-wide emergency or disaster	PM 10: Percent of HCC members contacted acknowledging initial emergency notification
	PM 11: Percent of contacted HCC members who responded to the initial information request

MRSE Required Objective	MRSE Performance Measure
	PM 12: Percent of contacted HCC members and health care readiness partners who responded to an information request using backup systems during the MRSE
2. Demonstrate the ability to assess and meet critical resource needs (personnel, supplies, equipment, etc.) to manage patient surge during a community-wide emergency or disaster by the end of the MRSE	PM 13: Percent of all preidentified critical required personnel types that were met by participating HCC members to manage patient surge
	PM 14: Percent of all pre identified critical resources that were met to manage patient surge
	PM 15: Percent of all preidentified critical EMS resources that were met to safely respond to triage and transportation needs
3. Demonstrate the ability to reduce patient morbidity and mortality through appropriate patient placement during a large patient surge by assisting with the identification and coordination of available patient care resources by the end of the MRSE	PM 16: Percent of patients requiring inpatient care who were placed at a receiving facility with an appropriate bed by the end of the exercise
4. Engage health care partners and their executives to participate in the exercise and the After-Action Review	PM 17: Percent of preidentified HCC health care partners with at least one executive participating in the Medical Response and Surge Exercise (MRSE) After-Action Review
	PM 18: Percent of all preidentified HCC health care partners that participated in the MRSE

Table 2: Required ASPR Objectives and Performance Measure Alignment

Participant Roles and Responsibilities

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

- **Exercise Staff:** Exercise staff oversee and manage exercise execution by facilitating discussions, controlling scenario flow, evaluating participant actions, and ensuring a safe and structured environment for achieving exercise objectives.
- **Facilitators:** Guide discussions, provide scenario updates, and clarify information as needed. They ensure engagement by moderating player interactions and addressing questions. Key Exercise Planning Team members may also serve as facilitators, offering subject matter expertise during the exercise.
 - **Evaluators:** Observe and document player actions and discussions to assess whether they align with established plans, policies, and procedures. Their primary role is to track exercise objectives and capture key observations for post-exercise analysis.
- **Controllers:** Oversee and manage exercise execution by setting up the exercise environment, directing scenario flow, and ensuring continuity of play. They provide key data to players and

prompt necessary actions. Controllers also distribute exercise materials, monitor the timeline, and ensure participant safety throughout the exercise.

- **Simulators:** Control staff who deliver scenario messages representing actions, activities, and conversations of an individual, agency, or organization that is not participating in the exercise. They most often operate out of the Simulation Cell (SimCell) but 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).
- **Players:** 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.
 - **EMS/Fire:** Responsible for discussing and conducting triage to prioritize patients from the scene based on the severity of the injuries. EMS is also responsible for identifying transportation for patients to ensure they are placed at an appropriate medical facility. When appropriate to the scenario, EMS personnel may also assist in activities associated with the decontamination of individuals exposed to hazardous chemicals or substances at the scene.
 - *Field staff, fire partners, and executive leadership.*
 - **Hospitals (Receiving Facilities):** Responsible for discussing and managing the surge of patients that have been transported by Emergency Medical Services (EMS). Managing a surge of patients may include rapid discharge, a transfer, or medical treatment and stabilization.
 - *Bed management staff, emergency manager or disaster preparedness coordinator, emergency department director/staff, the incident management team, and executive leadership.*
 - **Long Term Care Partners:** Responsible for discussing and assisting with the management of surge of patients when decompressing hospitals.
 - **Emergency Management:** Responsible for discussing, activating, and maintaining activities associated with incident management, resource management, and interagency coordination.
 - *Emergency Operations Center (EOC) staff (operations) and executive leadership.*
- **RDHRS:** Responsible for discussing activation and responsibilities related to intrastate patient movement.
 - *Patient movement coordination staff and executive leadership*
 - **Public Health:** Responsible for discussing, activating, and maintaining activities associated with Public Health impacts, interventions and communications, as applicable to the exercise scenario and typical resource capabilities.
 - *Preparedness coordinator(s) and executive leadership.*
- **Executive Leadership:** Responsible for participating in discussion, exercise decisions, and attending the After-Action Review. An executive is a decision-maker for their respective organization and should have decision-making power that includes, but is not limited to, allocating or reallocating resources, changing staffing roles and responsibilities, and modifying business processes in their organization.

- *Chief Executive Officer, Chief Operating Officer, Chief Medical Officer, Chief Clinical Officer, Chief Nursing Officer, State and/or Local Director of Public Health, Director of Emergency Management (EM), Administrator on Duty, or Chief of EMS, among others.*
- **All Other Stakeholders:** Incident Management Team(s), patient care team(s), or other staff who have a role in an emergency response.

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 impact their participation.

Assumptions

Assumptions constitute the implied factual foundation for the exercise and, as such, are assumed to be present before the exercise starts. The following assumptions apply to the exercise:

- The exercise is conducted in a no-fault learning environment wherein capabilities, plans, systems, and processes will be evaluated.
- The exercise scenario is plausible, and events occur as they are presented.
- Exercise 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 agencies may need to balance exercise play with real-world emergencies. Real-world emergencies take priority.
- Patients arriving from Massachusetts have been accepted by the receiving facility and they will go directly to an inpatient bed.

Artificialities

During this exercise, the following artificialities apply:

- While it is not the typical procedure, surveys will be utilized to efficiently collect the required performance measure data for this exercise.
- Only communication methods listed in the Communications Directory are available for players to use during the exercise.
- The RDHRS has already been activated and is communicating with State Departments of Health.
- While every attempt has been made to utilize RDHRS technology some sections are imitated for visual cues only.

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 ensuring the exercise is conducted in a safe environment; 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 Lead Controller and Exercise Director with the location of the emergency and resources needed, if any. The Lead Controller will notify the SimCell as soon as possible if a real emergency occurs.

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 emails to 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.
- Virtual participants can log into the provided link 15-30 minutes prior to the exercise. You will be placed in a “Waiting Room” until the exercise begins.
- Sign in when you arrive or when prompted virtually.

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.
- 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 Hotwash 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.
- Upload any notes or materials generated from the exercise onto the After-Action Report. Sign in sheets are required for individuals to receive participation credit.

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.

POST-EXERCISE ACTIVITIES

Debriefings

Post-exercise debriefings aim to collect sufficient relevant data to support effective evaluation and improvement planning.

Hotwash

At the conclusion of exercise play, a controller or evaluator will lead a Hotwash 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 information gathered during a hotwash contributes to the After-Action Report/Improvement Plan and any exercise suggestions can improve future exercises.

Participant Feedback Forms

Participant Feedback Forms provide players with the opportunity to comment candidly on exercise activities and exercise design, and to share their observed strengths and areas for improvement. The Participant Feedback Form is available online. A QR Code will be provided during the After-Action Meeting or Hotwash. You may upload additional documents such as your activity log, patient distribution information, and organization sign in sheets into the Participant Feedback Form.

After-Action Meeting

After the conclusion of the exercise the Lead Facilitator will lead an After-Action Meeting to allow players to validate strengths and areas for improvement, and to seek clarification regarding any areas for improvement. All participants are welcome to attend, and it is highly recommended that Executive Leadership from participating organizations attend.

INITIAL NOTIFICATION AND ACTIVATION

Participant Information

During this portion of the exercise, all participants will remain together for a facilitated discussion focused on the initial activation and notification processes specific to this incident. The discussion will emphasize coordination actions related to patient movement, including early communication, information sharing, and alignment across participating organizations.

Please respond based on your current knowledge, capabilities, capacities, and resources.

Scenario

At approximately 0815 AM, a rare severe storm has struck the Longwood area of Boston, destroying the Medical Area Total Energy Plant (MATEP) power plant that supports Brigham and Women's Hospital, Boston Children's Hospital, and Beth Israel Deaconess Medical Center, as well as some of the physical plant for these hospitals. Because these hospitals require MATEP for power, heating, and cooling, they must evacuate the majority of their patients. Patients are of all ages from the hospitals. Patients will be evacuated across New England, but CT has been asked to receive about 500 patients. The hospitals are running on generators but will need to evacuate within the next 12-24 hours.

Following the decision to evacuate, the Massachusetts Department of Public Health (MA DPH) submits a request to the Region 1 RDHRS to coordinate patient movement from the three impacted Boston hospitals to receiving facilities throughout New England. RDHRS Leadership approves to activate the PMC and MA DPH contacts the New England Departments of Public Health to request support. CT is asked to take up to 500 patients. Patient placement phone calls and decisions for the first wave of transfers has already take place.

1. What notifications are made to alert State DPHs, affected hospitals, EMS, and other stakeholders about PMC activation?
2. What role does the ASPR Region 1 Representative(s) have in supporting this incident?
 - a. Is there specific support to the states receiving patients? What does that look like?
3. Who is responsible for transfer of patients from Massachusetts to Connecticut?
4. What actions are CT healthcare partners taking to prepare for a Regional PMC activation after support is requested?
 - a. Department of Public Health/Office of Emergency Preparedness and Response
 - b. Department of Emergency Management and Homeland Security
 - c. Connecticut Hospital Association
 - d. Hospitals
 - e. EMS/Centralized Medical Emergency Dispatch (CMED)/Air Medical:
 - f. CT HCC

5. Who is responsible for requesting information such as bed availability from Connecticut healthcare partners?
 - a. Who has the authority to activate an event to begin situational awareness?
6. How are patients matched to receiving facilities?

PATIENT MOVEMENT

Participants will now move into breakout rooms based on their respective disciplines.

Discipline breakout:

- CT DPH Coordination Center (State Partners, RDHRS, ASPR, CT HCC, CT Hospital Association, ProtectAdvisr™)
- EMS, CMED & Air Medical
- Hospitals
- Post Acute Care
- Public Health, Emergency Management & Medical Reserve Corps (MRC)

Participant Guidance

During the remainder of the exercise, please stay alert for notifications and emails regarding exercise injects and activities. These communications often contain vital information such as updates on schedules, changes in scenarios, or specific tasks that require immediate attention. By promptly responding to or acknowledging these notifications, participants can avoid missing key details that could impact their role in the exercise. It also allows for better coordination and alignment with other participants, ensuring that everyone is on the same page and ready to respond effectively during the exercise.

During this module, participants are encouraged to use the information provided to actively engage in activities and discussion. The material has been curated to enhance your understanding and provide context for a meaningful conversation. To help guide the discussion and elicit valuable insights from everyone, the following questions are suggested.

CT Public Health Coordination Center

1. What tools or platforms will be used to track hospital capacity, bed availability, and critical care resources across Connecticut?
2. What do you see as the role of ProtectAdvisr™?
 - a. Who can activate an incident in ProtectAdvisr™ and send messages?
 - b. Do bed categories match the Patient Movement Platform (PMP) categories?
 - c. Are the ProtectAdvisr™ bed categories consistent with the National Healthcare Safety Network (NHSN) Categories?
3. What support can Connecticut Hospital Association (CHA) provide?
 - a. Can CHA rapidly pull CHIME bed categories consistent with the NHSN Categories?
 - b. Is there a process for requesting this information?

4. Once the RDHRS shares the PMP technology access codes, access link, and instructions, how will the Public Health Coordination Center disseminate this information to the receiving facilities?
5. Who from the Public Health Coordination Center will be permitted access to the PMP? Are they all identified and will they be able to have pre-registered logins?
6. How will Public Health Coordination Center integrate information from federal partners (ASPR) with state systems (DEMHS, DPH) to maintain a common operating picture?
7. How will the Public Health Coordination Center coordinate with CT Hospital Association?
8. Who will the Public Health Coordination Center collaborate with to mobilize transportation resources for ground and air patient movement?
9. How will the Public Health Coordination Center ensure all partners are briefed simultaneously to prevent conflicting instructions?
10. What are the processes to track and reconcile patient census data with sending facilities in Massachusetts?
11. How will the Public Health Coordination Center identify resource gaps (beds, staff, medical supplies) and mobilize mutual aid or federal support?
12. What processes will the Public Health Coordination Center use to prioritize critical resources during shortages?
13. How will the Public Health Coordination Center track and support surge staffing for hospitals, Long-Term Care (LTC) facilities, and emergency response teams?
14. How will the Public Health Coordination Center coordinate federal assets from ASPR (National Disaster Medical System (NDMS) teams, federal medical stations) in alignment with state priorities?
15. How will the Public Health Coordination Center ensure that logistical support (transport, PPE, pharmaceuticals) is distributed efficiently?
16. How will the Public Health Coordination Center ensure accurate public messaging regarding patient transfers and healthcare capacity?
17. How will the Public Health Coordination Center coordinate family assistance centers or hotlines with hospitals and LTC facilities?
18. What is the Public Health Coordination Center's role in managing multi-lingual or culturally sensitive communication for families?
19. How will the Public Health Coordination Center protect patient privacy while providing timely updates to families and partner agencies?
20. How will the Public Health Coordination Center debrief partners after initial operations to capture lessons learned for continuous improvement?

21. If a request for a family assistance or reunification center is received, please explain the process for activation.

APPENDIX A: COMMUNICATIONS PLAN

Exercise Staff Directory

Name	Group
Jake Peterson	Hospital Facilitator
Mary Beth Skarote	Hospital Controller/Evaluator
Kristopher Pickens	Post Acute Care Controller/Evaluator
Alyson Angel	EMS Facilitator
Jamie Stout	Public Health/MRC Facilitator
Ginny Schwartzer	Public Health/MRC Controller/Evaluator
Emily Peterson	Post Acute Care Facilitator and Evaluator
Jen Mackle	Tech Support
Will Moorhead	Command Center Facilitator
Lia Randazzo	Command Center Controller/Evaluator

APPENDIX B: EXERCISE SCHEDULE

February 10, 2026	Personnel	Activity
12:00 PM	Controllers, evaluators, and exercise staff	Controller and Evaluator Briefing

February 25, 2026	Personnel	Activity
8:30 AM	Controllers and exercise staff	Check-in for final instructions and communications check
9:00 AM	All Participants	Exercise Briefing
9:20 AM	All	Exercise starts
12:00 PM	All	Coordination Call
12:30 PM	All	ENDEX and After-Action Meeting

APPENDIX C: ACRONYMS

Acronym	Term
ASPR	Administration for Strategic Preparedness and Response
CHA	Connecticut Hospital Association
CMED	Centralized Medical Emergency Dispatch
DEMHS	Department of Emergency Management and Homeland Security
DHS	U.S. Department of Homeland Security
DPH	Department of Public Health
EM	Emergency Management
EMS	Emergency Medical Services
EOC	Emergency Operations Center
EXPLAN	Exercise Plan
HSEEP	Homeland Security Exercise and Evaluation Program
MA DPH	Massachusetts Department of Public Health
MATEP	Medical Area Total Energy Plan
MRC	Medical Reserve Corps
MRSE	Medical Response and Surge Exercise
MSEL	Master Scenario Events List
NHSN	National Healthcare Safety Network
PMC	Patient Movement Capacity
PMP	Patient Movement Platform
RDHRS	Regional Disaster Health Response System
SimCell	Simulation Cell
SME	Subject Matter Expert