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| [ORGANIZATION/FACILITY NAME] |
| Multi-Year Training and Exercise Plan (MYTEP)  [DATE] |
|  |

# Points of Contact (POCs)

**[Emergency Preparedness Lead:]**

Name

Title

Agency

Street Address

City, State ZIP

xxx-xxx-xxxx (office)

xxx-xxx-xxxx (cell)

e-mail

**[Exercise POC:]**

Name

Title

Agency

Street Address

City, State ZIP

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**[Training POC:]**

Name

Title

Agency

Street Address

City, State ZIP

xxx-xxx-xxxx (office)

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e-mail

# Purpose

[Modify and augment language in this section as appropriate.]

The purpose of the multi-year Training and Exercise Plan (TEP) is to document overall training and exercise program priorities for the next [insert number] of years. ***It is considered to be a living document that can be updated and refined annually***. These priorities are linked to existing strategic guidance, risk assessments, corrective actions from previous exercises, and the current Emergency Plan policies and procedures. This document identifies the training and exercises that will help our organization build and sustain the capabilities needed to address our training and exercise program priorities.

The multi-year TEP lays out a combination of progressively building exercises – along with the associated training requirements – which address the priorities identified by our emergency preparedness planning committee. A progressive, multi-year exercise program enables organizations to participate in a series of increasingly complex exercises, with each successive exercise building upon the previous one until mastery is achieved. Further, by including training requirements in the planning process, we can address known shortfalls prior to exercising.

This document serves as a follow-on companion document to the [Organization/Facility Name] Emergency Plan. [List other companion plans and documents as appropriate]

Included in this multi-year TEP is a training and exercise schedule, which provides a graphic illustration of the proposed activities scheduled for the years [YYYY through YYYY].

# Program Priorities

[In this area briefly describe how the organization decided upon its training and exercise priorities. These should be based on your current Emergency Operations Plan (EOP), gaps identified in previous exercises, and most importantly, your risk assessments. Include as many priorities as appropriate.]

1. [PRIORITY]: In this area, briefly describe the priority.
2. [PRIORITY]: In this area, briefly describe the priority.
3. [EXAMPLE] *Priority 3 – Evacuation. Based on the gaps identified in previous drills and exercises, improving our internal evacuation policies and procedures is a high priority for the next year. Specifically, the tracking of patients as they are evacuated, and the sharing of patient information with the receiving facility needs to be tested in more detail.*

[For each priority, list any reference(s) to specific documents, plans, and policies, if applicable, and the training and exercises that will support the priority.]

## [Priority]

[Briefly describe the priority.]

EXAMPLE *Evacuation: Evacuation of a healthcare facility may be necessary following an emergency such as a facility fire or damage from a natural disaster such as an earthquake or flooding. The decision to evacuate a healthcare facility will be based on the ability of the facility to meet the medical needs of the patients. Immediate threats to life, such as internal fires or unstable structures, will require emergent evacuation, while other situations may allow for a planned and phased evacuation. The Incident Commander will make the decision of whether or not to evacuate.*

### Rationale:

* **[**As applicable, reference any items from past After-Action Reports (AAR)/IPs, threat/hazard identifications, national strategies/guidance, etc. that relate to the specified priority.]
* **EXAMPLE:** *See EOP Section III: Evacuation Policies and Procedures, Tasks 5 – 7 (Patient Tracking and Records), Evacuation Checklist, and 2017 Statewide Medical and Health Exercise After Action Report, Pages 18-19*

### Supporting Training Courses and Exercises:

* [Identify training courses—including course numbers and names—that support the specified priority. Also list any exercises that will support the specified priority. List only those training courses and exercises that the organization will choose to conduct over the following years described in this document.]
* EXAMPLE: *Annual Evacuation Drill – June 2017, June 2018, and June 2019*
* EXAMPLE 2: *LA County EMS Agency’s Evacuation and Shelter in Place Guidelines For Healthcare Entities Guidelines – Tabletop Exercises – May 2017, May 2018, May 2019.* [*http://www.calhospitalprepare.org/evacuation*](http://www.calhospitalprepare.org/evacuation)

## [Insert Priority]

[Briefly describe the Priority.]

### Rationale:

* **[**As applicable, reference any items from past AAR/IPs, threat/hazard identifications, national strategies/guidance, etc. that relate to the specified priority.]

### Supporting Training Courses and Exercises:

* [Identify training courses – including course numbers and names – that support the specified priority and associated core capabilities. Also list any exercises that will support the specified priority and associated core capabilities. List only those training courses and exercises that the organization will choose to conduct over the following three years.]

# Methodology and Tracking

[In this section, describe how the training courses and exercises were chosen and how they will be tracked with respect to progression and improvement. The tracking approach should:

* Challenge participants with increasingly advanced coursework and scenarios;
* Incorporate, reinforce, and verify lessons learned;
* Identify demonstrated capabilities and areas in need of improvement;
* Provide a means of evaluation and corrective action for exercises; and
* Ensure a method to share lessons learned and best practices from training courses and exercises.]

# Multi-year Training and Exercise Schedule

[The following instructions are provided to guide you in filling in the schedule template. The template can be modified to meet the requirements of the organization. The guidelines in this section will assist you in entering the appropriate information into the template.

* Enter the appropriate year in which the training course and/or exercise will be conducted followed by a designation, in parentheses, of which year it is in the Multi-year TEP on the schedule cycle at the top of the page. For example, if your organization is constructing the schedule from 2013 through 2015 and you are working on 2013, write “2013 (Year One)”.
* Enter all the participating whole community stakeholders on the left side of the schedule.
* The schedule is broken into quarters and months. For each organization/facility/department, enter the appropriate quarter and month of the training course and/or exercise conduct. If an exact date is not yet determined, enter the information into the appropriate year or quarter.
* Write and color-code cells based on the program priority of each training course and exercise so that users can easily understand what training course or exercise is being conducted to address what priority.
* Remember to consider the cycle, mix, and range of training and exercises.

## [Organization/Facility Name] Multi-year Training and Exercise Schedule [Year One]

| **Organization/Facility** | **Jan** | **Feb** | **Mar** | **Apr** | **May** | **Jun** | **Jul** | **Aug** | **Sep** | **Oct** | **Nov** | **Dec** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Organization/Facility 1 |  |  |  |  | *Evacuation TTX* | *Evacuation Drill* |  |  |  |  |  |  |
| Organization/Facility 2 |  |  |  |  |  |  |  |  |  |  |  |  |
| Organization/Facility 3 |  |  |  |  | *Evacuation TTX* | *Evacuation Drill* |  |  |  |  |  |  |
| Organization/Facility 4 |  |  |  |  |  |  |  |  |  |  |  |  |
| Organization/Facility 5 |  |  |  |  |  |  |  |  |  |  |  |  |

**Program Priorities Addressed: [Insert priority titles in boxes below. In the schedule, color-code events and note in parentheses which priority or priorities are addressed by each training or exercise event.]**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Priority 1  [Insert Priority Title] | Priority 2  [Insert Priority Title] | Priority 3  *[Example: Evacuation]* | Priority 4  [Insert Priority Title] | Priority 5  [Insert Priority Title] | Priority 6  [Insert Priority |

## [Organization/Facility Name] Multi-year Training and Exercise Schedule [Year Two]

| **Organization/Facility** | **Jan** | **Feb** | **Mar** | **Apr** | **May** | **Jun** | **Jul** | **Aug** | **Sep** | **Oct** | **Nov** | **Dec** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Organization/Facility 1 |  |  |  |  |  |  |  |  |  |  |  |  |
| Organization/Facility 2 |  |  |  |  |  |  |  |  |  |  |  |  |
| Organization/Facility 3 |  |  |  |  |  |  |  |  |  |  |  |  |
| Organization/Facility 4 |  |  |  |  |  |  |  |  |  |  |  |  |
| Organization/Facility 5 |  |  |  |  |  |  |  |  |  |  |  |  |

**Program Priorities Addressed: [Insert priority titles in boxes below. In the schedule, color-code events and note in parentheses which priority or priorities are addressed by each training or exercise event.]**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Priority 1  [Insert Priority Title] | Priority 2  [Insert Priority Title] | Priority 3  [Insert Priority Title] | Priority 4  [Insert Priority Title] | Priority 5  [Insert Priority Title] | Priority 6  [Insert Priority |

## [Organization/Facility Name] Multi-year Training and Exercise Schedule [Year Three]

| **Organization/Facility** | **Jan** | **Feb** | **Mar** | **Apr** | **May** | **Jun** | **Jul** | **Aug** | **Sep** | **Oct** | **Nov** | **Dec** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Organization/Facility 1 |  |  |  |  |  |  |  |  |  |  |  |  |
| Organization/Facility 2 |  |  |  |  |  |  |  |  |  |  |  |  |
| Organization/Facility 3 |  |  |  |  |  |  |  |  |  |  |  |  |
| Organization/Facility 4 |  |  |  |  |  |  |  |  |  |  |  |  |
| Organization/Facility 5 |  |  |  |  |  |  |  |  |  |  |  |  |

**Program Priorities Addressed: [Insert priority titles in boxes below. In the schedule, color-code events and note in parentheses which priority or priorities are addressed by each training or exercise event.]**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Priority 1  [Insert Priority Title] | Priority 2  [Insert Priority Title] | Priority 3  [Insert Priority Title] | Priority 4  [Insert Priority Title] | Priority 5  [Insert Priority Title] | Priority 6  [Insert Priority |