TABLETOP EXERCISE

SNS Medical Countermeasure Response

County-Level Public Health Department

Exercise Overview

This tabletop exercise (TTX) places participants in the role of county public health emergency response professionals managing the receipt and distribution of a Strategic National Stockpile (SNS) push package during an active biological incident. The exercise is grounded in a realistic Day 4 response scenario and is structured to surface gaps in logistics planning, documentation, chain of custody, resupply forecasting, and reimbursement readiness.

This exercise does not require any specific technology platform. It is designed to evaluate processes, roles, and decision-making — regardless of the tools your agency currently uses.

Exercise Details

Format: Facilitated Tabletop Exercise (Discussion-Based)

Duration: Approximately 3.5 – 4 hours (including breaks)

Jurisdiction Level: County Public Health Department

Recommended Participants: Public Health Emergency Preparedness Coordinator, Logistics Lead, Dispensing Site Managers, Medical Reserve Corps Coordinator, Finance/Grants Officer, Emergency Management Liaison

Classification: For Official Use Only — Not for public distribution

PURPOSE & SCOPE

This exercise is designed to evaluate and improve a county public health department's capability to receive, account for, distribute, and document Medical Countermeasures (MCMs) from the Strategic National Stockpile (SNS) during a declared public health emergency.

The exercise is structured around six functional modules corresponding to the major phases of an SNS response at the county level. Each module includes a scenario narrative, exercise injects, structured discussion questions, a facilitator guide, and associated core capabilities.

Exercise Objectives

1. Evaluate the agency's pre-receipt preparation process and ability to use advance SNS hand receipt documentation before a shipment arrives.
2. Assess real-time inventory visibility at active dispensing sites and the agency's ability to make data-driven distribution decisions.
3. Evaluate the POD activation and personnel deployment process, including role-based access and site documentation management.
4. Assess SNS receipt, manifest verification, and chain-of-custody documentation processes at the county RSS.
5. Evaluate the agency's ability to calculate burn rates, forecast resupply needs, and complete an ICS 213RR Resource Request accurately and on time.
6. Assess the comprehensiveness and accuracy of response documentation for FEMA reimbursement and federal SNS accountability.

Scope & Limitations

This is a discussion-based exercise. No actual MCMs, personnel deployments, or system activations will occur. Participants should respond based on their current documented processes and real-world capabilities — not on aspirational or ideal-state capabilities.

Participants are encouraged to identify gaps honestly. The purpose of this exercise is improvement, not evaluation of individual performance.

MASTER SCENARIO OVERVIEW

EXERCISE SCENARIO | DAY 4 OF A BIOLOGICAL INCIDENT RESPONSE

A county in your region has confirmed a mass biological incident involving suspected anthrax exposure at a regional transit hub. The incident was identified on Day 1, a public health emergency was declared, and Medical Points of Distribution (PODs) were activated by Day 2 to begin dispensing prophylactic MCMs — Ciprofloxacin 500mg and Doxycycline 100mg — to the exposed population.

Three PODs are currently active and have been operating continuously for 48 hours. They are drawing from county-held MCM inventory, which is nearly exhausted. A Strategic National Stockpile push package has been requested and is en route to the county's RSS point.

The exercise begins on Day 3 with preparation and planning activities (Modules 1–2), then picks up on Day 4 as the SNS shipment arrives and operations accelerate (Modules 3–6).

Key Assumptions

- A public health emergency has been declared and the Emergency Operations Center is activated at a full staffing level.
- Three PODs are active and dispensing. A fourth site has been pre-identified with an executed MOU.
- An SNS push package has been approved and is en route. The hand receipt has been received electronically. Physical arrival is expected at the RSS on Day 4.
- Regional MCM inventory is critically low at all three active sites.
- Many county operations have been suspended or scaled back to support the response.

Exercise Timeline

MODULE	PHASE / TIMING	FOCUS AREA
1	Day 3 — Pre-Receipt Planning	Pre-receipt preparation, real-time POD inventory visibility, burn rate analysis, initial allocation planning
2	Day 3 — POD Expansion	Fourth POD activation, site documentation, personnel assignment, role-based access
3	Day 4 — Receipt	SNS physical receipt, manifest verification, discrepancy handling, inventory entry, chain of custody
4	Day 4 — Distribution	Transfer documentation, POD receiving and acceptance, dispensing records, real-time data flow
5	Day 4–5 — Planning	Burn rate forecasting, 213RR completion, expiration management, resupply lead time planning
6	Day 4–Demob — Close	FEMA reimbursement documentation, SNS lot-level accountability, after-action readiness

RECOMMENDED PARTICIPANT ROLES

This exercise is designed for 8–16 participants. The following roles are recommended. Each role should be filled by the individual who would occupy that function in a real response, or the closest available equivalent.

ROLE	PRIMARY EXERCISE FOCUS
Public Health Emergency Preparedness Coordinator	Overall response coordination, activation decisions, inter-agency liaison
Logistics Lead / Warehouse Manager	RSS operations, receiving, transfer documentation, inventory management
POD Site Manager (one or more)	Site-level operations, receiving, dispensing documentation, staff management
Medical Reserve Corps Coordinator	Volunteer activation, credentialing, deployment
Finance / Grants Officer	Cost documentation, reimbursement requirements, FEMA interface
Emergency Management Liaison	EOC interface, resource requests, ICS structure
Public Health Director (or designee)	Executive decision authority, media/public interface
State SNS Coordinator (optional)	Federal interface, 213RR submission, accountability requirements

FACILITATOR INSTRUCTIONS

Before the Exercise

- Review all six modules in full. Identify which discussion questions are most relevant to your jurisdiction's known gaps and be prepared to spend additional time on those.
- Distribute the Participant Briefing (see below) to all participants at least one week before the exercise. Do not distribute the scenario narrative or injects in advance.
- Confirm participant roles and ensure the Finance Officer and at least one POD Site Manager are present — these roles generate the most productive discussion in Modules 4 and 6.
- Prepare a flip chart, whiteboard, or shared screen for capturing key discussion points and gap findings. These will feed directly into the After-Action Report (AAR) and Improvement Plan (IP).

During the Exercise

- Read each scenario narrative aloud or invite a participant to do so. Then distribute or display the inject before opening discussion.
- Use the discussion questions as a guide, not a script. If the group surfaces a gap or insight that is not in the guide, pursue it — it is likely more valuable than the scripted question.
- Avoid correcting participants or providing "right answers" during discussion. The facilitator's role is to surface gaps, not to evaluate performance.
- If a participant describes a process that sounds robust, probe it: "Has this process been tested in an actual response? What happened?"
- Time management: each module is designed for 20–35 minutes. If discussion runs long on a module, consider combining or condensing later modules rather than cutting discussion short on a productive topic.

After the Exercise — Hot Wash & AAR

- Conduct a 20–30 minute hot wash immediately following the final module. Ask: "What is the single most important thing your agency will do differently before the next activation?"
- Capture all identified gaps and improvement actions. These become the basis of the HSEEP-required Improvement Plan.
- Produce an AAR/IP document within 60 days of the exercise. Include all identified gaps, recommended corrective actions, responsible parties, and target completion dates.
- Classify the AAR/IP appropriately — documentation of specific agency gaps may warrant FOUO designation.

HSEEP Compliance Note

This exercise is designed in accordance with the Homeland Security Exercise and Evaluation Program (HSEEP) doctrine. The facilitator should ensure that the following HSEEP-required documentation is completed: Exercise Plan (ExPlan), Situation Manual (SitMan) [this document], After-Action Report (AAR), and Improvement Plan (IP). Templates for these documents are available at https://www.fema.gov/hseep.

PARTICIPANT BRIEFING

DISTRIBUTE TO PARTICIPANTS IN ADVANCE — DO NOT INCLUDE SCENARIO DETAILS

You are participating in a facilitated tabletop exercise focused on county public health emergency response — specifically, the receipt and distribution of Strategic National Stockpile (SNS) Medical Countermeasures (MCMs) during a biological incident.

This exercise will challenge you to think through your agency's current processes for logistics management, documentation, personnel deployment, resupply planning, and reimbursement readiness. There are no wrong answers. The purpose is to identify gaps and opportunities for improvement before the next real activation.

Please come prepared to discuss your agency's current documented processes — not ideal-state processes or processes you are planning to implement. Honest assessment of current capability is the most valuable contribution you can make.

You do not need to prepare anything in advance. Simply bring your knowledge of how your agency currently operates.

MODULE 1 | PRE-RECEIPT PLANNING & REAL-TIME SITUATIONAL AWARENESS

Response Phase: Response — Day 3 Suggested Duration: 25–30 minutes

Scenario Narrative

It is Day 3 of a declared public health emergency. A suspected anthrax exposure at a regional transit hub has resulted in a mass casualty biological incident. Your county activated an emergency declaration on Day 1. By Day 2, three Medical Points of Distribution (PODs) were standing up and dispensing prophylactic Medical Countermeasures (MCMs) — primarily Ciprofloxacin 500mg and Doxycycline 100mg — to the exposed population.

Your county's on-hand MCM inventory is nearly exhausted. A Strategic National Stockpile (SNS) push package has been requested and is en route to your county's designated Receipt, Stage, and Store (RSS) point. The convoy is expected to arrive within the next 4–6 hours.

Your immediate challenge: you must begin preparing to receive the shipment before the truck arrives tomorrow, while simultaneously determining the current inventory status and consumption rates at all three active PODs. You do not have reliable real-time data on what each site currently has on hand. Every hour of preparation time today is an hour you will not have tomorrow when the truck is at the dock.

Exercise Injects

INJECT 1.1	**SNS Hand Receipt Received**
SITUATION	Your SNS liaison has forwarded the hand receipt for the incoming push package, which is scheduled to arrive tomorrow morning. It lists four product lots: two lots of Ciprofloxacin 500mg and two lots of Doxycycline 100mg, each with lot numbers, expiration dates, NDC codes, and manufacturer information. Quantities are listed but unverified until physical receipt.
MESSAGE	*Your logistics coordinator asks: "The truck is not here until tomorrow morning. What can we do today to be ready? Do we wait until it arrives to start entering product information, or can we do something now?"*

INJECT 1.2	**POD Inventory Status Unknown**
SITUATION	Your three active PODs have been dispensing continuously for 48 hours. You have not received a formal inventory report from any site. Each site manager has been unreachable or has reported they are too busy to conduct a manual count.
MESSAGE	*Your Public Health Director calls and asks: "How much do we have left at each site? When are they going to run out? I need numbers before my 1600 briefing. We also need a distribution plan ready before the SNS truck arrives tomorrow morning."*

Discussion Questions

7. **What is your current process for receiving advance documentation (hand receipts, manifests) from the SNS? How do you use that information before the shipment arrives?**
    - *Who is responsible for reviewing the hand receipt? Where does it go when it is received?*

- *Can your agency begin any preparatory actions — entering product data, staging receiving staff, preparing storage locations — before the truck arrives? If not, what prevents it?*
- *How long does your current receiving process typically take once a shipment arrives?*

8. **How does your agency currently determine real-time inventory levels and consumption rates at active dispensing sites?**
   - *What is your standard process for collecting inventory data from remote PODs during an active response? Who initiates it, and how long does it take?*
   - *How confident are you in the accuracy of that data by the time it reaches decision-makers? What are the most common sources of error?*
   - *Have you ever made a resupply or distribution decision based on information that turned out to be incorrect? What happened?*
   - *What would it mean for your response operations if you could see every POD's on-hand inventory and daily burn rate in real time, without placing a single phone call?*

9. **Based on the information available to you right now, how would you prioritize the distribution of incoming SNS MCMs across your three active PODs?**
   - *What data do you need to make this decision? How long would it take to gather that data?*
   - *Who has the authority to make the final allocation decision? Who needs to be consulted?*
   - *What happens if two POD managers both claim their site is the most critical? How do you adjudicate that without objective data?*

Facilitator Guide

Purpose of This Module

This module is designed to expose gaps in pre-receipt preparedness and real-time inventory visibility. Most county agencies lack a systematic process for either — and the discussion should surface that honestly. The goal is not to embarrass participants but to help them recognize that the absence of a documented process is itself a preparedness gap.

Key Gaps to Surface:

- No documented procedure for using advance hand receipt data to prepare for SNS receipt before the truck arrives.
- Dependency on phone calls and manual counts for POD inventory status — a process that fails under response conditions.
- No standardized burn rate calculation or tracking methodology at the POD level.
- Allocation decisions made on advocacy (loudest POD manager) rather than data.
- No single individual or system designated as the authoritative source for real-time inventory status.

Ideal Discussion Outcomes:

- Participants articulate a clear pre-receipt workflow that begins when the hand receipt is received, not when the truck arrives.
- Participants identify a designated process owner for real-time inventory status during activations.
- Participants recognize the operational risk of making allocation decisions without burn rate data.
- Discussion surfaces the need for a logistics management system or documented manual process that provides real-time multi-site inventory visibility.

Facilitator Notes

If participants describe an existing process for real-time inventory tracking, probe for specifics: How frequently is it updated? Who updates it? What happens if the site is too busy? Has it ever failed during an actual response?

The "two POD managers competing for priority" discussion prompt often generates the most candid conversation. Let it run — it surfaces a real interpersonal and operational challenge that data-driven systems resolve.

Consider asking participants to estimate how long it would take, right now, to get accurate inventory counts from all three active PODs. The honest answer typically reveals the gap without the facilitator having to name it.

Core Capabilities Exercised:

- Public Health Preparedness Capabilities: Community Preparedness (4), Medical Countermeasure Dispensing and Administration (8)
- PHEP Capability 8: Information management and situational awareness at the point of dispensing
- ESF-8: Receipt, Staging, and Storage operations — pre-receipt coordination
- NIMS: Resource management — inventory tracking and accountability

MODULE 2 | EXPANDING CAPACITY — POD ACTIVATION & PERSONNEL ASSIGNMENT

Response Phase: Response — Day 3 Suggested Duration: 20–25 minutes

Scenario Narrative

Based on consumption data gathered in Module 1, it is clear that three active PODs will not be sufficient to serve the exposed population before county stock runs out — even with the incoming SNS shipment. Your jurisdiction has pre-identified a list of facilities with executed Memoranda of Understanding (MOUs) for use as POD sites. You need to activate a fourth POD and staff it today — before the SNS shipment arrives tomorrow morning — so it is ready to receive its first supply run.

Your emergency operations plan identifies a fourth site — a regional university — as a preferred overflow POD with an existing MOU, a documented site layout, and a designated site manager. You must activate the site today, notify the site manager, and assign appropriate personnel with defined roles and system access so the site is ready to open tomorrow when the first truck departs the RSS.

Exercise Injects

INJECT 2.1	**Fourth POD Required**
SITUATION	Your Public Health Director has authorized the activation of a fourth POD, effective immediately, to expand dispensing capacity starting tomorrow. The regional university site has an active MOU and has been used in previous exercises. The designated site manager — a county employee familiar with POD operations — is available and reachable today.
MESSAGE	*Your operations chief asks: "We need Site 4 ready to go by 0700 tomorrow. What needs to happen today to make that possible, and what do you need from me?"*

INJECT 2.2	**Surge Staffing Request**
SITUATION	The fourth POD will require a site manager, two inventory/logistics volunteers, and two clinical staff for a 0700 tomorrow open. Your Medical Reserve Corps (MRC) coordinator and Mutual Aid Coordinator has confirmed availability of qualified volunteers, but notes that your current credentialing process requires supervisor approval before volunteers can access any county systems — a process that normally takes 24–48 hours.
MESSAGE	*The MRC coordinator asks: "Once I confirm the volunteers, how do we get them access to what they need? And what exactly will they be able to see and do?"*

Discussion Questions

10. **Walk through your agency's current process for activating a new POD site from your pre-identified list. What are the steps, who is responsible for each, and how long does the full process take?**
    - *Where are your MOU documents stored? Who can access them during an activation? Have you ever had difficulty locating a site MOU during an actual response?*

- *How do you communicate site activation to the designated site manager? What information do they receive, and how quickly?*
- *What is the minimum information a site manager needs to stand up a new POD? Do they currently receive it in a single package, or is it scattered across multiple sources?*

11. **How does your agency manage personnel assignments and system access during an activation? How do you ensure the right people have access to the right information — and that the wrong people do not?**
    - *Does your agency use role-based access controls for any of its response management tools? If so, how are they managed during an activation?*
    - *What is the risk if a volunteer has too much system access? What is the risk if they have too little?*
    - *How long does it currently take to activate and credential a Medical Reserve Corps volunteer for POD operations?*

12. **Every action taken at a newly activated site must be trackable and attributable to a specific individual for accountability and reimbursement purposes. How does your agency ensure this from the moment a new site goes live?**
    - *Who is responsible for ensuring that accounting codes, response group designations, or cost centers are applied to a new POD site at activation?*
    - *What happens if a site operates for 12 hours before someone realizes it is not tagged to the correct response activation for reimbursement?*

Facilitator Guide

Purpose of This Module

This module targets two common and related gaps: the absence of a quick-activation package for pre-planned POD sites, and the lack of a defined, enforceable role-based access policy for response personnel. The MOU retrieval exercise often surfaces information management failures that participants had not previously recognized as a preparedness gap.

Key Gaps to Surface:

- MOU documents, site layouts, and site manager contact information stored in disparate locations with no single authoritative source during a response.
- No standardized "site activation package" that a site manager receives at the moment of activation.
- Volunteer credentialing and system access processes that are too slow for real-time response operations.
- No defined policy for role-based access limitations on response management tools — volunteers and site managers often have identical system permissions.
- Accounting and cost-center tagging for new POD sites is frequently an afterthought, creating reimbursement documentation gaps.

Ideal Discussion Outcomes:

- Participants identify a single authoritative location for all pre-planned POD site documentation.
- Participants draft or discuss the components of a standardized site activation package.
- Participants recognize role-based access controls as an operational necessity, not just a security preference.
- Participants identify who is responsible for ensuring accounting codes are applied to a new POD site at the moment of activation.

Facilitator Notes

The MOU location question frequently generates candid responses — "it's in someone's email" or "I think it's in SharePoint somewhere" are common answers that make the gap visible without the facilitator needing to state it directly.

The role-based access question can generate philosophical debate about trust vs. process. Redirect the group toward operational risk: what is the consequence of a well-intentioned volunteer making an error they should not have had access to make?

If your jurisdiction has a CHEMPACK or RSS pre-position program, the site activation workflow is directly analogous and may be a useful reference point for participants.

Core Capabilities Exercised:

- PHEP Capability 8: Medical Countermeasure Dispensing — site activation and personnel management
- PHEP Capability 3: Emergency Operations Coordination — resource deployment and tracking
- NIMS: Personnel management, credentialing, and accountability
- ESF-8: Volunteer management and Medical Reserve Corps activation

MODULE 3 | SNS RECEIPT, INVENTORY MANAGEMENT & CHAIN OF CUSTODY

Response Phase: Response — Day 4 Suggested Duration: 30–35 minutes

Scenario Narrative

The SNS push package has arrived at your RSS point. Your receiving team is on site. The shipment includes four product lots across two MCM types, with full lot, expiration, NDC, and manufacturer documentation on the hand receipt.

Your team must: physically receive and verify the shipment against the manifest; enter all products into your inventory management system with full documentation; and prepare to immediately distribute product to the most critical POD without moving material through standard staging and storage sequences. Time does not permit a full sort-and-stage workflow.

Exercise Injects

INJECT 3.1	**Shipment Arrives — Manifest Discrepancy**
SITUATION	The truck has arrived. Your receiving team conducts a visual inspection and count. They discover that one lot of Ciprofloxacin (Lot B) is 200 units short of what is listed on the hand receipt. All other lot quantities match.
MESSAGE	*Your receiving supervisor asks: "How do we document this discrepancy? Do we reject the partial lot, accept it with a notation, or hold the entire shipment pending clarification from the SNS liaison?"*

INJECT 3.2	**Immediate Distribution Required**
SITUATION	Site 1 has reported they will be out of MCMs within hours. Standard RSS workflow requires material to be sorted into storage locations and staged before any distribution. Your logistics team does not have time to complete that process before Site 1 goes dry.
MESSAGE	*Your logistics coordinator asks: "Can we distribute directly from the receiving area? Our SOP says we're supposed to stage first. What do we do?"*

Discussion Questions

13. **Walk through your agency's process for physically receiving an SNS shipment at the RSS. What documentation is generated, by whom, and where does it go?**
    - *How does your team currently capture lot numbers, expiration dates, NDC codes, and manufacturer information for each product received? Is this done manually, digitally, or both?*
    - *How long does your current receiving process take for a push package of this size? What are the most common bottlenecks?*
    - *What is your process when a quantity on the manifest does not match the physical count? Who has authority to document and resolve a discrepancy?*

14. **Your standard operating procedure requires material to be staged before distribution. In this scenario, following that SOP will result in a dispensing site going dry. How does your agency handle operational deviations from documented SOPs during an active response?**

- *Who has the authority to authorize a deviation from a standard warehouse or logistics SOP during a response?*
- *How is that deviation documented for accountability and reimbursement purposes?*
- *Does your agency train on the difference between a procedural deviation and a procedural failure? How do you ensure the difference is understood?*

15. **What level of product detail does your agency capture at the point of receipt? What are the minimum documentation requirements for FEMA reimbursement and SNS accountability?**
    - *Are lot numbers and expiration dates captured at receipt, at the point of distribution, or both?*
    - *How does your agency differentiate SNS-sourced inventory from county-purchased inventory in your tracking system? Why does this matter for reimbursement?*
    - *Has your agency ever had a reimbursement claim challenged or denied due to insufficient inventory documentation? What was missing?*

Facilitator Guide

Purpose of This Module

This module surfaces two distinct but related challenges: documentation discipline under time pressure, and the operational tension between procedural compliance and mission urgency. Both are real and recurring issues identified in COVID-19 and H1N1 after-action reports across multiple jurisdictions.

Key Gaps to Surface:

- No automated or semi-automated process for capturing lot, expiration, NDC, and manufacturer data at point of receipt — manual data entry is slow and error-prone under response conditions.
- No documented policy distinguishing SNS-sourced inventory from county stock in the tracking system, creating reimbursement confusion.
- Manifest discrepancy procedures are frequently undocumented or unknown to receiving staff.
- No clear authorization chain for SOP deviations under operational pressure — staff either rigidly follow the SOP (allowing a site to go dry) or deviate without documentation (creating audit risk).
- Chain of custody documentation between RSS and PODs is frequently incomplete or absent.

Ideal Discussion Outcomes:

- Participants identify who holds authority to resolve manifest discrepancies and how that resolution is documented.
- Participants articulate a clear policy for distinguishing SNS inventory from county stock in their tracking system.
- Participants define a documented deviation authorization process that allows operational flexibility while preserving accountability.
- Participants recognize that chain-of-custody documentation from RSS to POD is both an operational necessity and a reimbursement requirement.

Facilitator Notes

The manifest discrepancy inject is deliberately left ambiguous — there is no single correct answer. The goal is to surface whether participants have a documented process or are improvising. If they say "we'd call the SNS liaison," ask what they do if the liaison is unreachable.

The SOP deviation question often produces the most animated discussion. Facilitate toward a practical outcome: what does a documented deviation look like, and who signs off on it? Most agencies do not have an answer.

Consider introducing the concept of "naming conventions" for inventory tracking — the idea that adding a simple prefix (e.g., "SNS") to product names at receipt allows instant filtering of SNS-sourced vs. county-purchased inventory throughout the entire response lifecycle and reimbursement process.

Core Capabilities Exercised:

- ESF-8: Receipt, Staging, and Storage — physical receiving, manifest verification, chain of custody
- PHEP Capability 8: Inventory management — lot tracking, expiration management, documentation
- NIMS: Resource tracking and accountability — chain of custody from federal to local
- FEMA PA/Stafford Act: Documentation requirements for supply reimbursement

MODULE 4 | DISTRIBUTION, DOCUMENTATION & CHAIN OF CUSTODY

Response Phase: Response — Day 4 Suggested Duration: 25–30 minutes

Scenario Narrative

Product has been received and entered into your tracking system. Based on your burn rate analysis from Module 1, you have determined an allocation plan: approximately 40% of incoming MCMs to Site 1 (most critical), 25% to Site 2, 20% to Site 3, and 15% held for the newly activated Site 4.

Trucks are being loaded and dispatched. As product leaves your RSS, the Site 1 manager must be informed of what is incoming so they can prepare to receive it. Upon arrival, the site manager must verify the shipment, formally accept it into site inventory, and ensure their dispensing team can begin using it immediately.

Every product movement from this point forward must be fully documented — including what was sent, by whom, to which site, from which lot, and at what time.

Exercise Injects

INJECT 4.1	Transfer Documentation Required
SITUATION	Your logistics director has been contacted by your county's Finance Officer, who needs a complete record of everything sent to Site 1 in the last two hours for a preliminary reimbursement estimate. The Finance Officer needs the information in writing within 30 minutes.
MESSAGE	*"I need lot numbers, quantities, product names, and the time each item was transferred. Can you get me that?"*

INJECT 4.2	Site Manager Disputes Quantity Received
SITUATION	The Site 1 manager has called to report that she counted 50 fewer units of Doxycycline Lot A than the transfer document indicates. She is refusing to formally accept the shipment until the discrepancy is resolved.
MESSAGE	*"I'm not signing off on this until I know where those 50 units went. Either the count at your end was wrong or something happened in transit."*

Discussion Questions

16. **How does your agency currently document product transfers from the RSS to individual POD sites? What records are created, and who holds a copy?**
    - *Is the POD site manager informed of what is en route before the truck arrives? How? What information do they receive?*
    - *Does your agency use a formal transfer or delivery receipt process? Who signs it, and where is the signed document stored?*
    - *If your Finance Officer asked right now for a complete record of everything transferred to Site 1 in the last two hours, how long would it take to produce that document?*

17. **How does your agency handle a quantity discrepancy identified at the receiving POD — where the site manager's count does not match the transfer document?**

- *Who has the authority to resolve a receiving discrepancy at the POD level?*
- *How is the discrepancy documented regardless of how it is resolved?*
- *What is the reimbursement implication if a discrepancy is not formally documented and resolved?*

18. **What is your agency's process for capturing dispensing activity at the POD level? What data is collected for each transaction, and how is it transmitted back to the logistics coordinator at the RSS?**
    - *Do your POD sites capture dispensing by SKU (package unit) or by individual dose/tablet? What are the implications of each for patient-level tracking and reimbursement?*
    - *How do you ensure that dispensing data from remote PODs reaches your logistics coordinator in a timely and accurate way?*
    - *Has your agency ever had to reconstruct dispensing records after an event because real-time documentation failed? What was that process like?*

Facilitator Guide

Purpose of This Module

This module addresses the chain of custody gap that appears consistently in MCM response after-action reports: product leaves the RSS and effectively disappears from the documentation trail until it is either consumed or counted. The Finance Officer inject is designed to make the real-world consequence of this gap immediate and tangible.

Key Gaps to Surface:

- POD site managers frequently do not receive advance notice of what is inbound, making receiving verification slower and less reliable.
- No standardized transfer receipt document or process between RSS and POD — receiving discrepancies are resolved informally or not at all.
- Dispensing documentation at the POD level is inconsistent — some sites capture by package unit, others by dose, others not at all.
- Real-time dispensing data from PODs rarely reaches logistics coordinators at the RSS in a usable form during an active response.
- The gap between "product left RSS" and "product appears in POD records" is a persistent reimbursement documentation failure.

Ideal Discussion Outcomes:

- Participants define a standardized transfer documentation process with clear roles for both the sending and receiving parties.
- Participants establish a discrepancy resolution protocol for receiving disputes that includes documentation regardless of outcome.
- Participants agree on a minimum dataset for POD dispensing documentation (product name, lot, quantity, date/time, personnel).
- Participants identify a process for transmitting POD dispensing data to the RSS logistics coordinator in near-real time.

Facilitator Notes

The 30-minute Finance Officer deadline is deliberately tight. If participants say they cannot meet it, ask what they would do — this surfaces whether they have a fallback or whether the documentation gap would simply become a reimbursement loss.

The Site 1 manager quantity dispute has no clean resolution in the scenario. This is intentional — the focus should be on documentation process, not on who is right. A discrepancy that is documented and flagged is recoverable; one that is not documented creates permanent audit risk.

SKU vs. individual dose tracking is worth spending time on if the group has clinical or epidemiological staff present. Patient-level dispensing data has both accountability and public health surveillance value that is frequently lost when agencies track only by package unit.

Core Capabilities Exercised:

- ESF-8: Medical Countermeasure Dispensing — logistics coordination, transfer documentation
- PHEP Capability 8: Chain of custody from distribution point to dispensing site
- NIMS: Resource tracking — accountability at the point of use
- FEMA PA/Stafford Act: Dispensing and consumption documentation for federal reimbursement

MODULE 5 | PLANNING & RESUPPLY — FORECASTING, BURN RATES & THE 213RR

Response Phase: Response — Day 4 into Day 5 Suggested Duration: 25–30 minutes

Scenario Narrative

It is now late afternoon on Day 4. All four PODs are operational and dispensing. The incoming SNS material has been distributed according to your allocation plan. Based on current burn rates, your data indicates that all sites will require resupply within 3–5 days — before the next SNS push package could reasonably arrive if requested today.

You need to: determine the resupply quantities required to keep all sites solvent for the next 5 days (accounting for a 4-day average lead time for SNS resupply); complete an ICS 213RR Resource Request form; and identify which products are at risk of expiration before they can be used.

Exercise Injects

INJECT 5.1	**213RR Required by 1800 Hours**
SITUATION	Your State Health Department SNS Coordinator has notified you that a 213RR Resource Request must be submitted by 1800 hours today in order to be processed for the next available SNS resupply rotation. You have current burn rate data for all four sites.
MESSAGE	*"I need your 213RR by 6 PM. It needs to cover your full response — all sites, both products — and it needs to show what you have on hand, what you're using, and what you're requesting. Show your work."*

INJECT 5.2	**Expiring Inventory Identified**
SITUATION	A review of your inventory reveals that one lot of Doxycycline (Lot A, expiring in 90 days) represents approximately 800 units currently distributed across two PODs. At current burn rates, this lot will not be fully consumed before expiration. If it expires unused, the cost is not reimbursable.
MESSAGE	*Your logistics coordinator asks: "Do we try to prioritize the near-expiration lot for dispensing at the sites that have it? How do we document that decision?"*

Discussion Questions

19. **Walk through your agency's current process for calculating a resupply request during an active response. What data do you use, how do you gather it, and who is responsible for completing the 213RR?**
    - *How do you calculate the quantity to request? What burn rate data do you use, and how confident are you in its accuracy under response conditions?*
    - *How long does it typically take your agency to complete a 213RR from the time you receive the request to the time it is submitted? What are the bottlenecks?*
    - *Does your agency have a standard methodology for selecting the date range used to calculate burn rate? Why does this matter?*

20. **How does your agency identify and manage near-expiration inventory during an active response? What is your process for prioritizing consumption of expiring product?**
    - *Does your agency have a documented FEFO (First Expired, First Out) policy for MCM dispensing? Is it enforced, and if so, how?*
    - *Who has the authority to direct a specific POD to prioritize a particular lot for dispensing?*
    - *How do you document the disposition of product that expires during a response — unused, wasted, or expired? Why does the category matter for reimbursement?*

21. **Your 213RR covers all four sites and both products. How does your agency ensure the numbers submitted are accurate, internally consistent, and defensible to your SNS coordinator and FEMA?**
    - *If the SNS coordinator requests supporting documentation for the quantities on your 213RR, what can you produce and how quickly?*
    - *Has your agency ever submitted a 213RR that was challenged, returned, or required revision? What was the reason?*
    - *How do you account for product in transit (dispatched from RSS but not yet received at the POD) in your on-hand calculations?*

Facilitator Guide

Purpose of This Module

This module targets one of the most consistently documented AAR failures in MCM responses: the inability to accurately calculate and document resupply needs in time to meet submission deadlines. The 213RR is a mandatory form most jurisdictions have used rarely, under pressure, with incomplete data. The expiration inject adds a secondary challenge around inventory optimization that has direct financial consequences.

Key Gaps to Surface:

- No documented methodology for calculating 213RR quantities — burn rates are estimated rather than measured.
- No clear process owner for 213RR completion during an active response.
- Date range selection for burn rate calculation is rarely standardized — responses fluctuate and an unrepresentative date range produces an inaccurate request.
- No automated or systematic identification of near-expiration inventory across distributed sites.
- FEFO policies are documented but rarely operationalized at the POD level.
- Product in transit is frequently double-counted (in both the RSS's "sent" total and the POD's "on hand" total) or missed entirely.

Ideal Discussion Outcomes:

- Participants identify a designated 213RR process owner for future activations.
- Participants discuss and document a burn rate calculation methodology, including guidance on date range selection.
- Participants establish a process for identifying near-expiration inventory across all sites and directing FEFO dispensing.
- Participants clarify how product in transit is handled in on-hand calculations for the 213RR.
- Participants recognize the financial consequence of expiration vs. consumption documentation.

Facilitator Notes

The 1800-hour deadline combined with the burn rate data discussion is designed to make participants feel the time pressure of a real submission. If your group has completed 213RRs before, ask them to estimate how long their last one took. The gap between that estimate and the deadline creates useful tension.

The FEFO discussion often reveals that agencies have a policy on paper that is never operationalized — site managers dispense from whatever lot is most accessible, not the earliest expiring. This is worth surfacing explicitly.

For jurisdictions with regional or state stockpiling programs, the "product in transit" question applies equally to inter-site transfers within their own system.

Core Capabilities Exercised:

- ESF-8: Resource management — resupply planning and ICS 213RR completion
- PHEP Capability 8: Inventory forecasting and burn rate analysis
- PHEP Capability 3: Emergency Operations Coordination — resource request documentation
- NIMS: Resource tracking — in-transit accountability

MODULE 6 | DOCUMENTATION, REIMBURSEMENT & AFTER-ACTION READINESS

Response Phase: Response — Day 4 through Demobilization Suggested Duration: 20–25 minutes

Scenario Narrative

The immediate operational crisis is stabilizing. All four PODs are active and resupplied. A second SNS push package has been requested via 213RR. Your Public Health Director has asked you to begin compiling the documentation package required for FEMA reimbursement and SNS accountability.

Your Finance Officer needs: a complete record of all items received from the SNS (with lot, expiration, and quantity); a record of all items distributed from the RSS to each POD; and a record of all items consumed at each site, separated by product and lot. Additionally, your SNS Coordinator has asked for a separate accounting of all SNS-sourced product usage, distinct from county-purchased inventory.

Exercise Injects

INJECT 6.1	**FEMA Documentation Request**
SITUATION	Your county's Emergency Manager has notified you that FEMA has requested a preliminary accounting of all medical supply expenditures associated with the declared emergency, organized by site, product, and cost category (received, used, wasted, expired). The request covers the full response period from Day 1 through the current date.
MESSAGE	*"How long will it take to pull this together? What will it look like, and how confident are you in the accuracy?"*

INJECT 6.2	**SNS Accountability Audit**
SITUATION	Your State SNS Coordinator has notified you that ASPR is conducting a spot accountability audit of all SNS push packages deployed during this response. They need documentation of every SNS product lot received, where it was sent, how much was dispensed, and what happened to any unused quantity.
MESSAGE	*"This is a federal audit. We need complete lot-level accountability for every unit that left the SNS warehouse. You have 72 hours."*

Discussion Questions

22. **If FEMA requested a complete accounting of all supply expenditures organized by site, product, and cost category right now — today — how would your agency produce it? How long would it take, and how confident would you be in the accuracy?**
    - *Where does the documentation currently live? Is it in a single system, across multiple spreadsheets, in email threads, in paper logs, or some combination?*
    - *Who in your agency is responsible for compiling reimbursement documentation? Is that person currently involved in active response operations, and if so, when will they have time to compile the documentation?*

- *Has your agency ever had a FEMA reimbursement claim reduced or denied due to documentation gaps? What was missing?*

23. **How does your agency differentiate SNS-sourced inventory from county-purchased inventory in your documentation and tracking systems? Why does this distinction matter for federal accountability?**
    - *If a CDC auditor asked to see lot-level accountability for every unit of SNS product from receipt through final disposition, what could you currently produce?*
    - *What documentation gaps are you aware of right now — before the audit — that concern you?*
    - *Does your agency have a documented procedure for SNS lot-level accountability that is specific to federal audit requirements, separate from your general inventory tracking process?*

24. **What would an ideal documentation system look like for your agency — one that simultaneously supports real-time operations, reimbursement documentation, and federal accountability from day one of an activation?**
    - *What is the most significant documentation capability your agency currently lacks?*
    - *If you could change one thing about how your agency documents MCM responses, what would it be?*
    - *What would need to be true about a logistics management system for you to trust it as your primary reimbursement documentation source?*

Facilitator Guide

Purpose of This Module

This closing module is designed to be both retrospective and aspirational. The documentation and reimbursement discussion should feel urgent — because it is. The CDC audit inject with a 72-hour deadline is deliberately uncomfortable. The goal is to help participants articulate what they do not currently have, which creates the foundation for a post-exercise improvement plan.

Key Gaps to Surface:

- Documentation lives across incompatible systems — paper logs, spreadsheets, emails, and one or more digital platforms — making a comprehensive accounting extremely time-consuming to compile.
- No separation of SNS-sourced and county-purchased inventory in tracking systems — the distinction required for federal accountability is impossible to produce cleanly after the fact.
- Reimbursement documentation is treated as a post-response activity rather than an ongoing process — by the time it is compiled, critical records are missing or inaccurate.
- Cost categorization (received vs. used vs. wasted vs. expired) is not captured in real time, making FEMA cost-category reporting speculative rather than documented.
- Personnel who are responsible for documentation are frequently the same personnel operating the response — there is no dedicated documentation function.

Ideal Discussion Outcomes:

- Participants identify the single most critical documentation gap in their current system.
- Participants discuss what a real-time, single-system documentation process would require and what would need to change to achieve it.
- Participants identify a designated documentation/reimbursement lead for future activations, separate from operational roles where possible.

- Participants leave with a concrete post-exercise improvement action: select or define a system and process for SNS-specific lot-level inventory tracking from day one of the next activation.

Facilitator Notes

The final discussion question — "what would an ideal documentation system look like?" — is the most important one in the TTX. It gives participants permission to be aspirational and honest simultaneously. Capture the answers in your hot wash.

If the group identifies specific systems they use (WebEOC, HavBED, IMATS, custom spreadsheets), probe for whether those systems actually capture lot-level data, user-level attribution, and timestamp documentation. Most do not.

The 72-hour CDC audit deadline is real — CDC has conducted spot audits of SNS accountability during and after major activations. Participants who have been through one will validate the urgency. If you have a participant with direct experience, invite them to share it.

Close the final module with the hot wash prompt: "Based on everything we discussed today, what is the single most important thing your agency will do differently before the next activation?" Write the answers on a flip chart or shared screen — these become the seeds of your Improvement Plan.

Core Capabilities Exercised:

- FEMA PA/Stafford Act: Supply cost documentation, cost categorization, and reimbursement submission
- ESF-8: Federal accountability — SNS lot-level tracking and audit response
- PHEP Capability 3: After-action reporting and corrective action planning
- NIMS: Resource accounting — financial tracking and cost recovery

HOT WASH GUIDE

Conduct immediately following Module 6. Allow 20–30 minutes. Capture responses on a flip chart or shared screen.

Opening Prompt

"Before we close out today — I want each of you to answer one question. Based on everything we discussed, what is the single most important thing your agency will do differently before the next activation? Be specific."

Facilitator Follow-Up Questions

25. Which module surfaced the gap that surprised you most? Why?
26. Where does your agency's documentation trail currently break down — and at what point in the response does that become a problem?
27. If you had to prioritize one corrective action from today's discussion, what would it be and who would own it?
28. What resource — personnel, technology, training, or funding — would most improve your agency's SNS response capability?

Improvement Plan Seed

Use the table below to capture initial corrective actions identified during the hot wash. This feeds directly into the HSEEP-required Improvement Plan.

MODULE	GAP / FINDING	CORRECTIVE ACTION	RESPONSIBLE PARTY	TARGET DATE

APPENDIX A — CORE CAPABILITIES REFERENCE

This exercise addresses the following FEMA National Preparedness Goal Core Capabilities and PHEP Capabilities:

CAPABILITY	RELEVANCE TO THIS EXERCISE
PHEP Cap. 8: MCM Dispensing & Administration	Primary capability exercised throughout all modules — inventory management, chain of custody, dispensing documentation
PHEP Cap. 3: Emergency Operations Coordination	Resource requests (213RR), inter-agency coordination, EOC interface
ESF-8: Public Health & Medical Services	RSS operations, POD management, SNS coordination
NIMS: Resource Management	Inventory tracking, personnel accountability, resource request documentation
FEMA PA / Stafford Act Reimbursement	Documentation standards, cost categorization, lot-level accountability for federal audit

APPENDIX B — KEY TERMS & ACRONYMS

TERM	DEFINITION
213RR	ICS Form 213RR — Resource Request form used in the Incident Command System to formally request resources from a higher authority, including the SNS
AAR/IP	After-Action Report / Improvement Plan — HSEEP-required documentation produced following an exercise or real-world incident
FEFO	First Expired, First Out — inventory management principle directing that product with the earliest expiration date is dispensed first
HSEEP	Homeland Security Exercise and Evaluation Program — FEMA's program providing a standardized policy, methodology, and terminology for exercise design and evaluation
MCM	Medical Countermeasure — pharmaceutical product (vaccine, antibiotic, antidote, antiviral) used to prevent or treat a public health emergency
POD	Medical Point of Distribution — a site where MCMs are dispensed to the public during a public health emergency
MRC	Medical Reserve Corps — a network of local volunteer units that support public health emergencies

MOU	Memorandum of Understanding — a formal agreement between two parties; used here to pre-authorize facility use as an POD
NDC	National Drug Code — a unique identifier for pharmaceutical products, including manufacturer, product, and package size
RSS	Receipt, Stage, and Store — the county-level facility that receives SNS shipments and distributes them to PODs
SNS	Strategic National Stockpile — the U.S. national repository of medical supplies maintained by CDC for use during public health emergencies
TTX	Tabletop Exercise — a facilitated, discussion-based exercise in which participants walk through a simulated scenario to evaluate plans, processes, and capabilities