**FSX12 Master Scenario Template**

*The master scenario is a description of a series of hypothetical, but plausible, events or pre-planned storylines that drive an exercise.*

*The scenario also presents a brief narrative of the exercise, followed by the timeline.*

*In a full scale exercise, the scenario is followed by a series of incidents presented through injects. This is referred to as the Inject Matrix, and is designed to stimulate participants to act.*

*Developing an exercise scenario is much like writing a play. An exercise director organizes events into major and detailed events.*

***Major events*** *are big problems resulting from the emergency. They should be likely events based on case studies or operational plans.*

***Detailed events*** *are specific problem situations to which personnel must respond. Each detailed event should be designed to prompt one or more expected actions for one or more organizations/ EOC functions participating in the exercise.*

***TIP:*** *The timeline and story of your scenario need to be realistic in order to draw your participants in and give them a believable emergency to manage. The master scenario must be finalized before developing the injects, in order to avoid confusion and inconsistencies. The master scenario is never given to the participants in its original form, but is used to develop the injects that the participants receive during the exercise.*

***The Master Scenario is only shared with the exercise management team and is never given to any of the participants.***

## **Template**

Title: Master scenario for [**NAME**] FSX

[**COUNTRY**]

Date of exercise: [**DD/MM/YYYY**]

### **Context**

This presents a brief description of the context of the country, including its health services structure and resources, epidemiologic characteristics, and risk profile. Past health emergencies may be presented, specifying areas of coverage, levels of impact and reports and lessons identified, if applicable.

Finally, this section may present any international agencies and organizations present in the country that can provide assistance at national, regional, or local levels.

### **Scenario narrative**

The exercise usually begins with the presentation of the exercise narrative. This can be read aloud, presented on a TV, a computer or slides, or dramatized through role-play.

The narrative presents the background and triggering events and their impacts on the population, infrastructure, services and environment, as well as their general impact on the affected area.

In particular, the narrative includes—for example—type of event; date, time and location of incident(s); number of deceased, affected and/or those suffering complications; status of health system and infrastructure; status of laboratories; and status of transportation system.

*Suggested content:*

***Example of a narrative for a field/full-scale exercise***

*As the National Surveillance Director at the Ministry of Health of [NAME OF COUNTRY], you are receiving a call from the Regional Health Director for[NAME OF REGION], which is adjacent to the capital, reporting haemorrhagic cases.*

*The RRT reports seven (7) probable cases of a haemorrhagic syndrome, of which two (2) are deceased at [NAME OF HOSPITAL], in two (2) different districts of [NAME OF REGION]. No case is confirmed for anything other than the haemorrhagic virus. Blood tests have been sent for five (5) of the seven (7) cases. No confirmation until now. One of the deceased is a healthcare worker.*

*The RRT reports that prevention and control measures in [NAME OF HOSPITAL] are deficient because of lack of equipment and training, and many healthcare workers are refusing to come to work.*

*The RRT reports also one (1) case of haemorrhagic fever admitted to [NAME OF HOSPITAL] in [NAME OF REGION] four (4) months ago. Crimea-Congo was confirmed by the reference laboratory. 37 contacts were identified and followed and none had developed symptoms 12 days after their last exposure.*

*After discussion with the Health Minister [SIMULATED], you decide to convene the Emergency Operating Centre (EOC) at 08:00 for the following day [SIMULATED WITH THE COLLABORATION OF THE NATIONAL SURVEILLANCE DIRECTOR].*

*At 08:00 the following day, the radio is reporting an epidemic in [NAME OF HOSPITAL] in [NAME OF REGION] [INJECT 02 – PRESENTED AS AUDIO]. The coverage is alarming, confirming Ebola and blaming the hospital and Ministry of Health for negligence. It is requesting the closure of the hospital on the grounds of negligence.*

*At the same time at the [NAME OF HOSPITAL], one case remains hospitalized. The family is alarmed and requests a meeting with the chief doctor. One of the patient’s brothers has begun a fever that morning. The family has been listening to the radio and are convinced it is Ebola.*

### **Timeline**

The scenario and events in a FSX may develop over time with the use of “time jumps”.

***3.1 Example of a timeline for a field/full-scale exercise for an epidemic of a haemorrhagic syndrome***

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| --- |
| *Sample skip-time schedule for a one-day FSX**1hr (actual time) = 3 hrs (exercise time)**20 min (actual time) = 1 hr (exercise time)* |
| *Actual Time* | *Simulated Time* | *Injects/Activity/Function* |
| *Exercise Eve* |  | *Inject 01 – RRT Report* | *Narrative* |
|  |  |  |  |
| *T0* | *Day 1 - 8:00* | *Inject 02 – Radio: alarming report* | *EOC activation**Media management and emergency public information* |
| *T0 + 1 hour* | *Day 1 – 11:00* | *Injects ##* | *Concept of operations and coordination (emergency response coordination)* |
|  |  |
|  |  |
|  | *TIME JUMP – 13 HOURS* |  |  |
| *T0 + 3 hours* | *Day 2 – 8:00* | *Injects ##* | *Resource, finance and data management* |
| *T0 + 4 hours* | *Day 2 – 11:00* | *Injects ##* | *Partners and inter-sectorial coordination* |
|  | *TIME JUMP – 3 DAYS* |  |  |
| *T0 + 5 hours* | *Day 5 – 11:00* | *Injects ##* | *Humanitarian crisis coordination* |
|  | *TIME JUMP – 6 hours* |  |  |
| *T0 + 6 hours* | *Day 5 – 18:00* | *Injects ##* | *End of exercise* |