

Interfacility Transport of a Patient with

Functional Exercise

Controller/Evaluator Handbook

The Controller/Evaluator (C/E) Handbook describes the roles and responsibilities of exercise controllers and evaluators, and the procedures they should follow. Because the C/E Handbook contains information about the scenario and about exercise administration, it is distributed to only those individuals specifically designated as controllers or evaluators; it should not be provided to exercise players. The C/E Handbook may supplement the Exercise Plan (ExPlan) or be a standalone document. This publication was made possible by Grant Number 1 IDSEP160033-01-00 from ASPR. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the HHS.

EXERCISE OVERVIEW

| | | |
|------------------------------------|---|------------|
| Exercise Name | Interfacility Transport of a Patient with Exercise | Functional |
| Exercise Dates | | |
| Scope | This exercise is a functional exercise, planned for at . Exercise play is limited to | |
| Mission Area(s) | Response and Recovery | |
| Core Capabilities | | |
| Objectives | | |
| Threat or Hazard | Natural Hazard: Disease Outbreak | |
| Scenario | Over the past month, there have been seven cases of in the United States. On a Tuesday afternoon, the state Health Department Operations Center is notified that X hospital has a patient with a confirmed diagnosis of (insert the name of the airborne special pathogen selected) and that the patient needs to be transported to another facility. The Operations Center makes notification per standing protocol to initiate the process to plan, coordinate, and monitor transport operations. | |
| Sponsor | | |
| Participating Organizations | | |
| Point of Contact | | |

GENERAL INFORMATION

Exercise Objectives and Core Capabilities

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

| Exercise Objective | Core Capability |
|--|---|
| REQUIRED OBJECTIVES | |
| Evaluate capabilities for the interfacility transport of special pathogen patients. | Public Health, Healthcare, and Emergency Medical Services |
| Assess how patient and provider safety is maintained at all times. | Environmental Response/Health and Safety |
| <p>Integrate the Incident Command/Unified Command structure used to coordinate transport operations into the larger incident operations being coordinated through either the State Emergency Operations Center or the Health Department Operations Center.</p> <p>OR</p> <p>Coordinate EMS transport operations at either the State Emergency Operations Center or the Health Department Operations Center through use of an Incident Command/Unified Command structure.</p> | Operational Coordination |
| Demonstrate management of the public message through establishment and operation of a Joint Information Center. | Public Information and Warning |
| Demonstrate the use of proper technique for decontaminating an ambulance and associated equipment. | Environmental Response/Health and Safety |
| Validate use of proper technique for donning and doffing PPE. | Public Health, Healthcare, and Emergency Medical Services OR Environmental Response/Health and Safety |
| Demonstrate proper management of infectious waste. | Environmental Response/Health and Safety |
| OPTIONAL OBJECTIVES: SELECT | |

| Exercise Objective | Core Capability |
|--|--|
| THOSE THAT ARE BEING INCLUDED IN THE EXERCISE | |
| Demonstrate the ability to resolve any issues with licensure laws, transport agency certification, and/or local medical control that arise during an interstate transport. | Planning |
| Evaluate the capability to manage the death of a patient during an interstate transport. | Public Health, Healthcare, and Emergency Medical Services. |
| Assess jurisdictional issues that may impact law enforcement escorting the ambulance transporting the patient across jurisdictional lines. | On-scene Security, Protection, and Law Enforcement |

Table 1. Exercise Objectives and Associated Core Capabilities

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:

- **Players.** Players are personnel who have an active role in discussing or performing their regular roles and responsibilities during the exercise. Players discuss or initiate actions in response to the simulated emergency.
- **Controllers.** Controllers plan and manage exercise play, set up and operate the exercise site, and act in the roles of organizations or individuals that are not playing in the exercise. Controllers direct the pace of the exercise, provide key data to players, and may prompt or initiate certain player actions to ensure exercise continuity. In addition, they issue exercise material to players as required, monitor the exercise timeline, and supervise the safety of all exercise participants. Controllers may also role play nonparticipating organizations or individuals.
- **Evaluators.** Evaluators evaluate and provide feedback on a designated functional area of the exercise. Evaluators observe and document performance against established capability targets and critical tasks, in accordance with the Exercise Evaluation Guides (EEGs).
- **Actors.** Actors simulate specific roles during exercise play, typically victims or other bystanders. *(Delete bullet if not applicable)*
- **Observers.** Observers visit or view selected segments of the exercise. Observers do not play in the exercise, nor do they perform any control or evaluation functions. Observers view the exercise from a designated observation area and must remain within the observation area during the exercise.

- **Media Personnel.** Some media personnel may be present as observers, pending approval by the sponsor organization and the Exercise Planning Team. *(Delete bullet if not applicable)*
- **Support Staff.** The exercise support staff includes individuals who perform administrative and logistical support tasks during the exercise (e.g., registration, catering).

Exercise Assumptions and Artificialities

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

Assumptions and Artificialities

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 scenario is plausible and events occur as they are presented.
- The exercise starts at the point the decision is made to transfer a patient from one facility to another. All hospital-based patient treatment activities and epidemiological/public health activities are beyond the scope of the exercise.
- Any assumptions made by exercise participants when "making decisions" or formulating courses of action must be clearly identified for the group.
- The time sequence of events in the scenario and follow-on injects may be compressed to fit the time constraints of the exercise period of play.
- Some resources and response components that would normally be activated during the transport operations (e.g. the EMS agency's operation center, Centers for Disease Control and Prevention personnel) may not be participating in the exercise. However, players should make all notifications, communications, and resource requests to special pathogen transport stakeholders in accordance with existing plans, policies, and procedures. Controllers will play the role of all non-participating stakeholders to receive information and simulate response as needed.

EXERCISE LOGISTICS

Safety

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

- A Safety Controller is responsible for participant safety; any safety concerns must be immediately reported to the Safety Controller and/or any other exercise control staff. 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. *(As needed, change this sentence to reflect local procedures for addressing an emergency that occurs during an exercise)*
 - The controller aware of a real emergency will initiate the [**“real-world emergency”**] broadcast and notify the Safety Controller and Exercise Director of the emergency location and resources needed, if any.

Fire Safety

Standard fire and safety regulations relevant to the venue will be followed during the exercise.

Emergency Medical Services

In the event of a medical emergency, call 9-1-1.

Weapons Policy

All participants will follow the relevant weapons policy for the exercising organization or exercise venue.

See Appendix for a detailed description of the weapons policy.

Site Access

Security

To prevent interruption of the exercise, access to exercise sites is limited to exercise participants. Players should advise their venue’s controller or evaluator of any unauthorized persons.

Media/Observer Coordination (delete section if not applicable)

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

Exercise Identification (delete section if not applicable)

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

| Group | Color |
|---------------------------|--------------|
| Exercise Director | |
| Facilitator | |
| Controllers | |
| Evaluators | |
| Actors | |
| Support Staff | |
| Observers/VIPs | |
| Media Personnel | |
| Players, Uniformed | |
| Players, Civilian Clothes | |

Table 2. Exercise Identification

POST-EXERCISE AND EVALUATION ACTIVITIES

Debriefings

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

Hot Wash

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

Controller and Evaluator Debriefing

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

Participant Feedback Forms

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

Evaluation

Exercise Evaluation Guides

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

After Action Report (AAR)

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

Improvement Planning

Improvement planning is the process by which the observations recorded in the AAR are resolved through development of concrete corrective actions, which are prioritized and tracked as a part of a continuous corrective action program.

After-Action Meeting

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

Improvement Plan

The IP identifies specific corrective actions, assigns them to responsible parties, and establishes target dates for their completion. It is created by elected and appointed officials from the organizations participating in the exercise, and discussed and validated during the AAM.

PARTICIPANT INFORMATION AND GUIDANCE

Exercise Rules

The following general rules govern exercise play:

- Real-world emergency actions take priority over exercise actions.
- Exercise players will comply with real-world emergency procedures, unless otherwise directed by the control staff.
- All communications (including written, radio, telephone, and e-mail) during the exercise will begin and end with the statement “**This is an exercise.**”

Players Instructions

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

Before the Exercise

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

During the Exercise

- Respond to exercise events and information as if the emergency were real, unless otherwise directed by an exercise controller.
- Controllers will give you only information they are specifically directed to disseminate. You are expected to obtain other necessary information through existing emergency information channels.
- Do not engage in personal conversations with controllers, evaluators, observers, or media personnel.
- If you do not understand the scope of the exercise, or if you are uncertain about an organization’s participation in an exercise, ask a controller for clarification.
- 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 planners 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.
- 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 or decisions your organization would undertake or make in response to the scenario. Many times, this log may include documentation of activities that were missed by a controller or evaluator.

After the Exercise

- Participate in the Hot Wash.
- 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 member of the exercise staff.
- Provide any notes or materials generated from the exercise to exercise staff for review and inclusion in the AAR.

Simulation Guidelines

Because the exercise is of limited duration and scope, certain details will be simulated. The physical description of what would fully occur at the incident sites and surrounding areas will be relayed to players by controllers. Controllers will simulate the roles and interactions of nonparticipating organizations or individuals.

CONTROLLER INFORMATION AND GUIDANCE

Exercise Control Overview

Exercise control maintains exercise scope, pace, and integrity during exercise conduct. The control structure ensures that exercise play assesses objectives in a coordinated fashion at all levels and at all locations for the duration of the exercise.

Exercise Control Documentation

Controller Package

The controller package consists of the C/E Handbook, activity logs, badges, and other exercise tools as necessary. Controllers must bring their packages and any additional professional materials specific to their assigned exercise activities.

Incident Simulation

Because the exercise is of limited duration and scope, certain details will be simulated. Venue controllers are responsible for providing players with the physical description of what would fully occur at the incident sites and surrounding areas. Controllers will simulate the roles and interactions of nonparticipating organizations or individuals.

Scenario Tools

The MSEL outlines benchmarks and injects that drive exercise play. It also details realistic input to exercise players, as well as information expected to emanate from simulated organizations (i.e., nonparticipating organizations or individuals who usually would respond to the situation). The MSEL consists of the following two parts:

- **Timeline.** This is a list of key exercise events, including scheduled injects and expected player actions. The timeline is used to track exercise events relative to desired response activities.
- **Injects.** An individual event inject is a detailed description of each exercise event. The inject includes the following pieces of information: scenario time, intended recipient, responsible controller, inject type, a short description of the event, and the expected player action.

Exercise Planners need to develop the MSEL to reflect objectives and injects selected for inclusion in the exercise.

Exercise Control Structure

Control of the exercise is accomplished through an exercise control structure. The control structure is the framework that allows controllers to communicate and coordinate with other controllers at exercise venues to deliver and track exercise information. The control structure for this exercise is shown in Figure 1. *(Update Figure 1 to reflect the exercise format - number of*

modules being exercised. If modules are exercised independent of each other, consider making a separate control structure chart for module.)

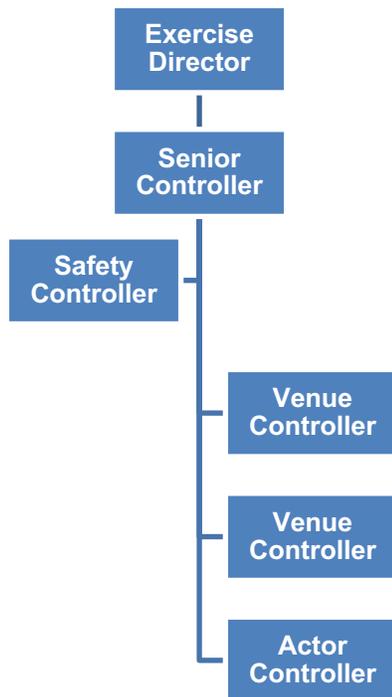


Figure 1. Sample Exercise Control Structure

Controller Instructions

Before the Exercise

- Review appropriate emergency plans, procedures, and protocols.
- Review appropriate exercise package materials, including the objectives, scenario, injects, safety and security plans, and controller instructions.
- Attend required briefings.
- Report to the exercise check-in location at the time designated in the exercise schedule, meet with the exercise staff, and present the Player Briefing.
- Be at the appropriate location at least 15 minutes before the exercise starts.
- Obtain, locate and test necessary communications equipment.

During the Exercise

- Wear controller identification items (e.g., badge).
- Avoid personal conversations with exercise players.
- If you have been given injects, deliver them to appropriate players at the time indicated in the MSEL (or as directed by the Exercise Director). **Note:** If the information depends on

some action to be taken by the player, do not deliver the inject until the player has earned the information by successfully accomplishing the required action.

- When you deliver an inject, note the time that you delivered the inject and player actions.
- Receive, record, and respond to exercise information from players that would be directed to nonparticipating organizations.
- Observe and record exercise artificialities that interfere with exercise realism. If exercise artificialities interfere with exercise play, report it to the Exercise Director.
- Begin and end all exercise communications with the statement, **“This is an exercise.”**
- Do not prompt players regarding what a specific response should be, unless an inject directs you to do so. Clarify information but do not provide coaching.
- Ensure that all observers and media personnel stay out of the exercise activity area. If you need assistance, notify the Exercise Director.
- Do not give information to players about scenario event progress or other participants’ methods of problem resolution. Players are expected to obtain information through their own resources.

After the Exercise

- Distribute copies of Participant Feedback Forms and pertinent documentation.
- Conduct/attend the venue Hot Wash and, in coordination with the venue evaluator, take notes on findings identified by exercise players. Before the Hot Wash, do not discuss specific issues or problems with exercise players.
- At exercise termination, summarize your notes from the exercise and Hot Wash, and prepare for the Controller and Evaluator Debriefing. Have your summary ready for the Exercise Director.

Controller Responsibilities

The following table details controller responsibilities. For controller assignment details, see [Appendix F]. *Note to Planners: The roles of Exercise Director and Senior Controller can be combined in order to limit the number of personnel required to support the exercise. The PIO who supports the exercise should be a person different than the PIO(s) who play in the exercise.*

| Controller Responsibilities | |
|------------------------------------|---|
| Exercise Director | <ul style="list-style-type: none"> • Oversees all exercise functions • Oversees and remains in contact with controllers and evaluators • Oversees setup and cleanup of exercise, and positioning of controllers and evaluators |
| Senior Controller | <ul style="list-style-type: none"> • Monitors exercise progress • Coordinates decisions regarding deviations or significant changes to the scenario |

| Controller Responsibilities |
|--|
| <ul style="list-style-type: none"> • Monitors controller actions and ensures implementation of designed or modified actions at the appropriate time • Debriefs controllers and evaluators after the exercise • Oversees setup and takedown of the exercise |
| Safety Controller |
| <ul style="list-style-type: none"> • Delivers the Safety Brief to exercise participants • Monitors exercise safety during exercise setup, conduct, and cleanup • Receives any reports of safety concerns from other controllers or participants |
| Public Information Officer (PIO) |
| <ul style="list-style-type: none"> • Provides escort for observers • Provides narration and explanation during exercise events, as needed • Performs pre-exercise and post-exercise public affairs duties • May act as media briefer and escort at exercise site • Serves as safety officer for his or her site |
| Venue Controller |
| <ul style="list-style-type: none"> • Issues exercise materials to players • Monitors exercise timeline • Provides input to players (i.e., injects) as described in MSEL • Role plays as nonparticipating organizations or individuals • Serves as safety officer for his or her site |

Table 3. Controller Responsibilities

EVALUATOR INFORMATION AND GUIDANCE

Exercise Evaluation Overview

Exercise evaluation assesses an organization's capabilities to accomplish a mission, function, or objective. Evaluation provides an opportunity to assess performance of critical tasks to capability target levels. Evaluation is accomplished by the following means:

- Observing the event and collecting supporting data;
- Analyzing collected data to identify strengths and areas for improvement; and
- Reporting exercise outcomes in the AAR.

Evaluation Documentation

Evaluator Package

The evaluator package contains this C/E Handbook, EEGs, and other items as necessary. Evaluators should bring the package to the exercise. They may reorganize the material so information that is critical to their specific assignment is readily accessible. Evaluators may bring additional professional materials specific to their assigned activities.

Exercise Evaluation Guides

EEGs provide a consistent tool to guide exercise observation and data collection. EEGs are aligned to exercise objectives and core capabilities, and list the relevant capability targets and critical tasks. Data collected in EEGs by each evaluator will be used to develop the analysis of capabilities in the AAR.

Each evaluator is provided with an EEG for each capability that he/she is assigned to evaluate. Evaluators should complete all assigned EEGs and submit to the Lead Evaluator at the conclusion of the exercise. The Lead Evaluator and Exercise Director/Senior Controller compile all evaluator submissions into the first working draft of the AAR.

After Action Report/Improvement Plan

The main focus of the AAR is the analysis of core capabilities. For each core capability exercised, the AAR includes a rating of how the exercise participants performed, as well as strengths and areas for improvement.

Following completion of the draft AAR, elected and appointed officials confirm observations identified in the AAR, and determine which areas for improvement require further action. As part of the improvement planning process, elected and appointed officials identify corrective actions to bring areas for improvement to resolution and determine the appropriate organization with responsibility for those actions. Corrective actions are consolidated in the IP, which is included as an appendix to the AAR.

Evaluator Instructions

General

- Avoid personal conversations with players.
- Do not give information to players about event progress or other participants' methods of problem resolution. Players are expected to obtain information through their own resources.

Before the Exercise

- Review appropriate plans, procedures, and protocols.
- Attend required evaluator training and other briefings.
- Review appropriate exercise materials, including the exercise schedule and evaluator instructions.
- Review the EEGs and other supporting materials for your area of responsibility to ensure that you have a thorough understanding of the core capabilities, capability targets, and critical tasks you are assigned to evaluate.
- Report to the exercise check-in location at the time designated in the exercise schedule, and meet with the exercise staff.
- Obtain or locate necessary communications equipment, and test it to ensure that you can communicate with other evaluators and the Exercise Director.

During the Exercise

- Wear evaluator identification items (e.g., badge).
- Stay in proximity to player decision-makers.
- Use EEGs to document performance relative to exercise objectives, core capabilities, capability targets, and critical tasks.
- Focus on critical tasks, as specified in the EEGs.
- Your primary duty is to document performance of core capabilities. After the exercise, that information will be used to determine whether the exercise capability targets were effectively met and to identify strengths and areas for improvement.

After the Exercise

- Participate in the Hot Wash, and take notes on findings identified by players. Before the Hot Wash, do not discuss specific issues or problems with participants. After the Hot Wash, summarize your notes and prepare for the Controller and Evaluator Debriefing. Have your summary ready for the Lead Evaluator.
- Complete and submit all EEGs and other documentation to the Lead Evaluator at the end of the exercise.

Using Exercise Evaluation Guides

Terminology

The EEGs are structured to capture information specifically related to the evaluation requirements developed by the Exercise Planning Team. The following evaluation requirements are documented in each EEG:

- **Core capabilities:** The distinct critical elements necessary to achieve a specific mission area (e.g., prevention). To assess both capacity and gaps, each core capability includes capability targets.
- **Capability target(s):** The performance thresholds for each core capability; they state the exact *amount* of capability that players aim to achieve. Capability targets are typically written as quantitative or qualitative statements.
- **Critical tasks:** The distinct elements required to perform a core capability; they describe *how* the capability target will be met. Critical tasks generally include the activities, resources, and responsibilities required to fulfill capability targets. Capability targets and critical tasks are based on operational plans, policies, and procedures to be exercised and tested during the exercise.
- **Performance ratings:** The summary description of performance against target levels. Performance ratings include both Target Ratings, describing how exercise participants performed relative to each capability target, and Core Capability Ratings, describing overall performance relative to entire the core capability.

Documenting Observations

For each EEG, evaluators provide a target rating, observation notes and an explanation of the target rating, and a final core capability rating. In order to efficiently complete these sections of the EEG, evaluators should focus their observations on the capability targets and critical tasks listed in the EEG.

Observation notes should include *if* and *how* quantitative or qualitative targets were met. For example, a capability target might state, “*Within 4 hours of the incident....*” Notes on that target should include the actual time required for exercise players to complete the critical tasks.

Additionally, observations should include:

- How the target was or was not met;
- Pertinent decisions made and information gathered to make decisions;
- Requests made and how requests were handled;
- Resources utilized;
- Plans, policies, procedures, or legislative authorities used or implemented; and
- Any other factors contributed to the results.

Evaluators should also note if an obvious cause or underlying reason resulted in players not meeting a capability target or critical task. However, the evaluators should not include recommendations in the EEGs. As part of the after-action and improvement planning processes,

elected and appointed officials will review and confirm observations documented in the AAR and determine areas for improvement requiring further action.

Assigning Ratings

Based on their observations, evaluators assign a target rating for each capability target listed on the EEG. Evaluators then consider all target ratings for the core capability and assign an overall core capability rating. The rating scale includes four ratings:

- Performed without Challenge (P)
- Performed with Some Challenges (S)
- Performed with Major Challenges (M)
- Unable to be Performed (U)

Definitions for each of these ratings are included in the EEG.

Placement and Monitoring

Evaluators should be located so they can observe player actions and hear conversations without interfering with those activities. In certain conditions, more than one evaluator may be needed in a particular setting or area. For specific evaluator assignments, see [Appendix F]. For exercise site maps highlighting key locations, see [Appendix D].

APPENDIX A: EXERCISE SCHEDULE

[**Note:** Because this information is updated throughout the exercise planning process, appendices may be developed as stand-alone documents rather than part of the C/E Handbook.]

| Time | Personnel | Activity | Location |
|------------------------------------|-----------|--|----------|
| | | Controller and Evaluator Briefing | |
| | | Set up control cell and walkthrough | |
| | | Check-in for final instructions and communications check | |
| | | Safety Briefing | |
| | | Media Briefing | |
| | | Controllers and evaluators in starting positions | |
| | | Controllers provide player briefs | |
| | | Exercise starts | |
| | | Exercise ends | |
| Immediately Following the Exercise | | Venue Hot Washes/turn in all Participant Feedback Forms | |
| | | Controller and Evaluator After Action Review | |

APPENDIX B: EXERCISE PARTICIPANTS

| Participating Organizations | |
|-----------------------------|--|
| Local | |
| | |
| | |
| | |
| State | |
| | |
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| | |
| | |
| Federal | |
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| | |
| Private Sector | |
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APPENDIX C: COMMUNICATIONS PLAN

[The Communications Plan Template can be inserted here as Appendix C.]

APPENDIX D: EXERCISE SITE MAPS

**Figure D.1: State Emergency Operations Center and/or Health
Department Operations Center Layout**

Figure D.2: Joint Information Center (JIC) Layout

Figure D.3: PPE Donning and Doffing Area Layout

Figure D.4: Ambulance and Equipment Decontamination Layout

APPENDIX E: EXERCISE SCENARIO

Scenario

Part I

Over the past month there have been seven cases of _____ in the United States. The Centers for Disease Control and Prevention (CDC) has confirmed that three of the cases are directly related to the patients' overseas travels to areas with documented cases of _____ and the remaining four cases are direct contacts of two of the three travel-related cases. The CDC continues to remain in close contact with the affected states' health departments and treating hospitals, as well as, ramping up syndromic surveillance efforts at international airports and via state health department reporting. The state's Health Department Operation Center (*change the name throughout the document to reflect your state's terminology, if needed*) has been monitoring the situation and sending out routine information updates to stakeholders.

On Tuesday afternoon, the state Health Department Operations Center receives a call from _____ to report that the hospital has a patient with a suspected diagnosis of _____. The caller reports that the treating physician has isolated the patient and sent blood samples for laboratory confirmation, but the patient has reported a recent travel history to an area with an outbreak of _____. The caller informs the state that if the blood work confirms the suspect diagnosis then the patient will need to be transferred to another hospital that is fully prepared to care for a patient with this type of infection.

Five hours later, the state epidemiologist calls the Health Department Operations Center/senior health official (*select one to reflect your state's notification procedures*) to report that the lab work did confirm that the patient has _____ and that the patient does need to be transferred to a treatment center. The patient's heart rate, blood pressure, and respiratory rate are within normal limits and the earlier elevated temperature is being effectively controlled with oral antipyretic medications. The patient vomited twice at home, but has not done so again while in the Emergency Department. The Health Department Operations Center sends a notification about the lab confirmation and the need to transport the patient to the pre-designated list of stakeholders per Operations Center policy. The list of individuals who receive the information update includes _____.

Part II

The transport plan is in place and required resources have been activated. (*Insert the names of the stakeholder agencies that are assigned to staff the Health Department Operations Center to monitor transport operations per your state Plan*) representatives are staffing the OC to monitor the transport operation and keep the Incident Commander/Unified Command apprised of the transport progress. (*Insert the names of other stakeholder agencies that are available off site for*

consultation) are not required to staff the OC to monitor transport activities, but have designated personnel who are remotely available for consultation as needed. *Note to Planners: "Remotely available" personnel should be placed in a different location so that personnel in the OC have to go through designated procedures to contact them (e.g. place a direct call to their cell phone; call to the agency's 24-hour number/operator who then makes the notification about the need to contact X person). Physical separation will also necessitate the need for the OC personnel to go through the process of briefing the remote personnel on the situation before discussing the issue at hand.*

The ambulance crew arrives at the sending hospital and the patient is packaged for transport and loaded into the ambulance. The paramedic/EMT who will be driving the ambulance doffs PPE in front of the official observer/safety officer and notifies Medical Control that they are leaving the sending hospital. In turn, Medical Control notifies the OC representative and the receiving hospital that the ambulance is departing.

Part III

Now that the patient's body has been delivered to the appropriate authority and PPE doffed, the paramedics/EMTs have been instructed to begin demobilization. However, the initial demobilization plan centered on the fact that the paramedics/EMTs and ambulance would be physically located at the receiving hospital. At their current location, the required resources and personnel support are not available.

Major Events -

Operational Coordination

- The EMS agency selected to perform the transport requests assistance in providing just-in-time training to review PPE donning and doffing procedures for the personnel who will perform the transport.
- The distance between the sending and receiving facilities is over 300 miles, necessitating that the ground transport crew be changed at least once during the transport.
- The Governor's Press Office wants to know what types of precautions will be in place to protect the public from potential exposure to the pathogen and how this should be explained to the public.
- The weather forecast for the next 12-24 hours calls for intermittent thunderstorms with periods of high winds.
- The transport route is slated to go through .
The Department of Transportation has advised the EOC that any additional rainfall in this area will likely trigger flooding of some roads in the area.

- Medical Control for the EMS agency requests a review/talk thru of the patient handoff procedures at the receiving hospital.
- The Emergency Management Director requests information about the plan for managing infectious waste generated during the transport and the resources in place to execute the waste management plan.
- An hour into the transport, the POC from the first crew change location contacts the OC to inform them the facility area to be used for the crew change has experienced a physical emergency and will no longer be available for this purpose. The POC has not been able to identify a suitable alternative location and the ambulance is scheduled to arrive in 1 hour and 15 minutes. All resources required for the crew change (e.g. official observer/safety officer, hazardous waste removal company) have reported and are currently being staged in an off-site location pending reassignment. The OC needs to identify alternate locations in the area that meet the criteria to serve as crew change locations, select one, and make the notifications necessary to secure the location and redirect resources and the transport ambulance.
- The first crew change has been completed without incident and the new ambulance crew has begun driving. Forty-five minutes later, the EMS agency contacts the OC to report that the paramedic/EMT driving the ambulance has reported that the check engine light has come on and the ambulance temperature gauge is reading high. The EMS agency has instructed the paramedic/EMT to pull off the road and await further instruction. The agency reports that it will take at least two (2) hours for a mechanic with a replacement ambulance to arrive at the location. The agency asks the OC for assistance with addressing the problem in an effort to get the patient transport underway again as timely as possible.
- While waiting on the side of the road for a new ambulance to arrive, the patient begins to complain of trouble breathing. The paramedic's/EMT's assessment reveals that the patient is diaphoretic, breathing shallow and fast, has a rapid pulse rate, and is complaining of what is being described as chest pressure/constriction. The paramedic/EMT cannot ascertain whether the patient is having a cardiac event or a panic attack and is unable to obtain a cardiac tracing since the cardiac monitor is malfunctioning. Medical Control wants to move the patient to a hospital for evaluation and is requesting logistical support from the OC to make this happen. The state Director of Emergency Management is notified of the situation and voices concern about the unscheduled stop resulting in potential exposures. Assess options for providing the patient with the necessary medical evaluation, select an option, and develop a plan to make it happen. Be sure to identify required resources and procedures necessary to minimize the potential for exposure and/or contamination of personnel and equipment. The Incident Commander/Unified Command must be briefed and approve the plan prior to execution.

Additional Injects to Stimulate Play- If Needed

- The EMS agency suggests calling another ambulance service to bring a cardiac monitor to the site so that the patient can be evaluated.

- Medical Control contacts the nearest hospital to ask if they can send a physician to the ambulance to assess the patient.
- The JIC contacts the OC to report that they have received an inquiry from the media in regards to the ambulance being parked at the side of the road. The JIC requests assistance in crafting the response to the media. The media did not indicate if they already knew anything about the issue (e.g. vehicle issue vs. change in patient status).
- The patient's episode is deemed to have been a panic attack that is now resolved. The new ambulance and transport crew have arrived and the patient is now being loaded for resumption of the transport. The driver notifies Medical Control that they are departing for the receiving hospital, with the estimated time of arrival being 90 minutes. Forty minutes later, the patient again experiences difficulty breathing and his condition rapidly deteriorates. In spite of the paramedic's/EMT's best efforts, the patient dies. Medical Control contacts the OC to report the patient's death.
- The OC is tasked with developing the plan for how the patient's body will be handled (e.g. follow state law; obtain an exemption to the law given the patient's infection), including who will accept the contaminated body for mortuary purposes, and obtaining approval from the Incident Commander/Unified Command to execute the plan.
- The patient's body has been left at the medical examiner's/coroner's (*select one*) office in compliance with state regulations for disposition of a patient who dies mid-transport. *Note to Planners: If your state's regulations for handling a patient death mid-transport are different, revise the previous sentence to reflect your state laws.* There is not anyone trained as an official observer/safety officer for special pathogen PPE donning and doffing at the medical examiner's office/coroner's office and it would take personnel from the EMS agency at least four (4) hours to arrive at this location. Medical Control contacts the OC to ask for direction on where the personnel should doff their PPE and how/where the contaminated PPE should be disposed.
- The EMS crew has driven the ambulance to the designated location for decontamination and meets with the entity responsible for overseeing the decontamination. Once the ambulance is decontaminated, the plan was for the paramedics/EMTs to use it to drive themselves to their starting location. However, the special decontamination equipment as defined in the Plan that is required for decontamination has not yet arrived at this location; delaying both decontamination and the paramedics'/EMTs' return home. The OC is requested to assist with expediting delivery of the equipment and with making arrangements for accommodations for the paramedics/EMTs. *Note to Planners: If the state does not own any specialized equipment to assist with ambulance decontamination, then consider re-writing this inject or removing it.*
- The EMS agency contacts the OC to review the procedures for post-transport medical monitoring of the crew and the provision of psychological support if needed. The OC should confirm the plan and brief the EMS agency.

- The Director of Emergency Management asks when the after action review meeting will be scheduled, who will be invited, and what format will be used to facilitate the discussion.

Public Information Coordination

- The in-house counsel for the State Health Department, who is also the HIPAA Compliance Officer for the state, contacts the JIC to remind them about the privacy laws that prevent the release of certain patient-specific information. The JIC Manager (*or insert the appropriate title based on your state's JIC plan*) must brief the members of the JIC on the HIPAA regulations that apply to the public release of information related to this situation.
- The JIC receives two additional inquiries from members of the media asking for confirmation that the patient infected with _____ is going to be moved. The JIC Manager informs the Incident Commander/Unified Command Group of the inquiries. The IC/UC asks whether or not an immediate press release on the subject is warranted. Weigh the pros and cons of issuing an immediate release vs. waiting until a scheduled press conference.
- The Director of the State Health Department wants to make sure that the public is reassured about the minimal to non-existent risk to the public of exposure to the pathogen during the transport and feels that this can only be done by giving the public a lesson on the modes of disease transmission and associated personnel protective equipment. The Director of Emergency Management wants to downplay the infectious disease case and provide the public with as little information as possible about the patient being moved. There is a previously scheduled press conference on an unrelated issue scheduled in one hour.
- Inject questions from the media during the press conference:
 - What measures are being taken to protect the public from exposure to the pathogen during the transport?
 - What kind of specialized training have the paramedics/EMTs received to protect both themselves and the public from contracting this disease?
 - Why was _____ selected to perform this transport?
 - Why does the patient have to be moved at all? Why can't they just be treated at the hospital where they currently are?
- About an hour after the transport began, the OC informs the JIC that they are in the process of identifying a new location for the first crew change since the initial location is experiencing a physical emergency. The Director of Public Health is adamant that he does not want the public to know about the need to change locations since the change may be perceived as putting the public at risk. About 20 minutes after receiving this information, the JIC receives a call from a reporter asking why there is a hazardous waste

removal company vehicle and ambulance parked at

Additional Injects to Stimulate Play- If Needed

- The Governor's Press Office has requested a written briefing on the status of the patient and transport operation.
- A media outlet has set up a camera on the public way near where the vehicle and ambulance are parked and is attempting to question personnel on-scene about what is going on. The "no-comment" response has not deterred the reporter, whose breaking news report made it appear that the state is withholding information that is critical to maintaining the public's safety.
- An hour after the first crew change has been completed, the OC informs the JIC that the check engine light in the ambulance carrying the patient has come on and that the ambulance is now parked at the side of the road waiting for the arrival of a mechanic. The OC states that the EMS agency anticipates at least a 2-hour delay, but that the OC is working to shorten the length of time.
- Thirty minutes after being notified about the ambulance check-engine light, the OC calls the JIC again to report that the patient is now having trouble breathing and complaining of chest pressure/constriction. The cardiac monitors that are normally in the ambulance had been removed prior to transport to remove the risk of equipment contamination. ***Additional Injects to Stimulate Play- If Needed***
 - The Incident Commander wants a Q&A written so that all press briefing participants are using the same information upon which to base their answers to questions posed by the media.
 - The Governor's Press Office was briefed on the situation and wants to know who authorized the ambulance to be less than fully stocked, why this was done, and if the decision to do so can be supported by state EMS regulations.
- The JIC receives another call from the reporter who called earlier about the hazardous waste removal company vehicle and ambulance to inquire about the ambulance and police vehicles that are now parked by the side of the road. The reporter did not indicate if she already knew anything about either the vehicle issue or change in patient status. Upon learning of this inquiry, the State Director of Public Health has requested a prepared statement about the status of the transport for the upcoming press conference and how best to answer media questions that are asked after the statement is read.
- The state EMS Director walks into the JIC to report that the patient died during transport from what initially appears to be respiratory arrest. The patient's body is being transported to _____ and is _____ notifying the family of the patient' death. Knowing that it is too early to determine a definitive cause of death,

public anxiety about risks of exposure to _____, and that there were some challenges that impacted the transport operation as was initially planned, the Director voices concern about how best to inform the public of the patient's death without decreasing the public's trust in the public health and EMS systems. The Director requests a practice run of the media briefing, including the Q&A, prior to the actual press conference when the patient's death will be announced. *Note to Planners: The EMS Director can be either the actual person who is staffing the EOC if module play is simultaneous or played by a role-player/controller.*

- After doffing their PPE and taking a break inside of the facility, the EMS crew has been instructed to drive the ambulance to _____ for decontamination. Regrettably, the ambulance has been parked within view of the media since the patient's body was unloaded and the only route out of the facility is to drive past the location where the cameras are set up. As soon as this is done, there is a breaking news report from a local station informing the public that the ambulance has just been driven away from the _____ without being cleaned, posing a dangerous risk to the public and contradicting what public safety officials said about the ambulance being fully decontaminated before being returned to service. The state Director of Public Health saw this report, is upset, and wants to have the JIC get accurate information out immediately to correct irresponsible information release. The Director has asked that a press release be written and distributed without delay and that comments be prepared for the next scheduled press conference.

EMS Logistics and Resources

- Task the players with going through the procedures for selecting the correct PPE to wear when treating a patient with _____ and then don the PPE. Play for this portion of the exercise will end once the paramedics/EMTs have correctly donned the PPE. Players should not remove their PPE, but instead move directly to Part 2 of the scenario.
- Task the players with going through the procedures for doffing the PPE and disposing of it in accordance with hazardous waste management policies. Play for this portion of the exercise will end once the paramedics/EMTs have correctly doffed the PPE and the PPE is removed from the doffing area as hazardous medical waste.
- Task the players with going through the procedures for decontamination of the ambulance and associated equipment. Play should start with setting up the necessary equipment for decontamination operations and end with proper disposal of the contaminated waste.

APPENDIX F: CONTROLLER AND EVALUATOR ASSIGNMENTS

[Note: This is a sample list of controller and evaluator assignments. The positions should be modified based on the type and scope of the exercise.

| Name | Role | Position |
|---|------------|-------------------|
| | | Exercise Director |
| | Controller | |
| | Controller | |
| | Evaluator | |
| Operations Center | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Joint Information Center | | |
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| | | |
| | | |
| | | |
| PPE Donning and Doffing Area | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Ambulance and Equipment Decontamination Area | | |
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