

# Interstate Interfacility Transport of a Patient with Discussion-Based 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

<b>Exercise Name</b>	Interstate Interfacility Transport of a Patient with Discussion-Based Exercise
<b>Exercise Dates</b>	
<b>Scope</b>	This exercise is a discussion-based exercise planned for at . Exercise play is limited to
<b>Mission Area(s)</b>	Response and Recovery
<b>Core Capabilities</b>	
<b>Objectives</b>	
<b>Threat or Hazard</b>	Natural Hazard: Disease Outbreak
<b>Scenario</b>	A 35-year old patient who works in a BioSafety Level 4 lab presents at a local hospital with complaints of fever, cough, nausea, and headache. Lab work confirms that the patient has been infected with . The treating physician notifies the State Department of Public Health that the patient needs to be transferred to a facility that is fully prepared to treat a patient with this type of infection. The decision is made to transfer the patient to a Regional Ebola and Special Pathogen Treatment Center.
<b>Sponsor</b>	
<b>Participating Organizations</b>	
<b>Point of Contact</b>	

## 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
<b>REQUIRED OBJECTIVES:</b>	
Identify opportunities to strengthen the capability for the interfacility transport of special pathogen patients.	Public Health, Healthcare, and Emergency Medical Services
Describe how patient and provider safety is maintained throughout the transport operation.	Environmental Response/Health and Safety
Define the Incident Command/Unified Command structure used for managing special pathogen transport operations.	Operational Coordination
Assess capabilities for effective communications with all interfacility special pathogen patient transport stakeholders during the entire transport.	Operational Communications
Evaluate the capability of EMS to provide required patient care based on state and local policies and protocols.	Public Health, Healthcare, and Emergency Medical Services
Identify the process for selecting personal protection equipment (PPE) for each transport mission with emphasis on ensuring that selection is based on the modes of disease transmission.	Environmental Response/Health and Safety
Evaluate capabilities for medical monitoring of transport crew members post-transport.	Health and Social Services
Assess policies that are in place for the safe management of infectious waste.	Environmental Response/Health and Safety
<b>OPTIONAL OBJECTIVES: SELECT THE OPTIONAL OBJECTIVES THAT ARE BEING INCLUDED IN THE EXERCISE</b>	
Evaluate the capability to manage a patient who decompensates en-route from the sending facility to the receiving facility in light of current laws and protocols.	Public Health, Healthcare, and Emergency Medical Services.
Assess the capability to transport patients with suspect or confirmed special pathogen infection who fall into a special population category, such as pediatric patients, pregnant women, and/or individuals who utilize service animals.	Public Health, Healthcare, and Emergency Medical Services
Develop solutions for both anticipated and unanticipated challenges that may be encountered	Planning

Exercise Objective	Core Capability
during transport operations (e.g. vehicle breakdown, patient decompensates, EMS personnel becomes ill en-route).	
Identify the stakeholders, including the State EMS Office, that are involved in the decision-making process for all aspects of special pathogen patient interfacility transport planning.	Planning
Identify capabilities for just-in-time education and training for operational personnel as a critical component of the transport execution plan.	Planning
Define the public information strategy that will be utilized to manage the media for the duration of special pathogen patient transport operation planning and execution.	Public Information and Warning
Identify licensure laws that may impact interstate transport.	Planning
Identify the process for the conduct of the transport law enforcement threat assessment to determine the need for a law enforcement escort and the level of support required.	On-scene Security, Protection, and Law Enforcement
Evaluate the ability to maintain patient privacy and compliance with Health Insurance Portability and Accountability Act (HIPAA) regulations throughout the transport.	Public Health, Healthcare, and Emergency Medical Services
Identify any differences between notification and coordination procedures for intrastate and interstate transports.	Planning

**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.
- **Facilitator.** Facilitator plans and manages exercise play, sets up and operates the exercise venue, and acts in the role of organizations or individuals that are not playing in the exercise. The facilitator directs the pace of the exercise, provide key data to players, and may prompt or initiate certain player actions to ensure exercise continuity. In addition, he/she issues exercise material to players as required, monitors the exercise timeline, and supervises the safety of all exercise participants.
- **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).

- **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.
- **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**

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 discussion.
- Assets that are identified as being needed for transport operations will be available.
- Any assumptions made by exercise participants when "making decisions" or formulating courses of action must be clearly identified for the group.

### **Artificialities**

During this exercise, the following artificialities apply:

- Exercise communication and coordination is limited to participants physically present at the exercise venue. Participants may reach out to non-present colleagues via e-mail, text message, or phone calls during breaks, but the progression of the exercise will not be delayed pending the response individuals who are not present in the room.
- One of the purposes of the exercise is to increase communication among players and represented organizations. However, players should adhere to the participant communication strategy outlined for this exercise, even if it differs from how things would occur in a real-world situation.
- All players receive information at the same time.

- Timelines may be expedited to fit the discussion timeline. For example, the ambulance crew will be at the hospital ready to pick the patient up immediately, when in reality it will take a number of hours to assemble this resource.

## 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. 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 exercise facilitator or support staff, and within reason and training, render aid.

### Fire Safety

Standard fire and safety regulations relevant to the exercise 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.

### Site Access

#### Security

If entry control is required for the exercise venue, the sponsor organization is responsible for arranging appropriate security measures. To prevent interruption of the exercise, access to exercise location is limited to exercise participants.

## **Observer Coordination [delete section if not applicable]**

Organizations with observers attending the exercise should coordinate with the sponsor organization for access to the exercise site. Observers should be seated in a designated area that is separate from the areas where exercise participants will be seated during the group discussion periods. Exercise participants should be advised of the presence of observers.

# **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, facilitators conduct a Hot Wash to allow players to discuss strengths and areas for improvement, and evaluators to seek clarification regarding player actions and decision-making processes. All participants may attend; however, observers are not encouraged to attend the meeting. The Hot Wash should not exceed 30 minutes.

### **Facilitator and Evaluator Debriefing**

Facilitators and evaluators attend a facilitated C/E Debriefing immediately following the exercise. During this debriefing, facilitators 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 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 Exercise Facilitator.
- No exercise related communications will occur via radios. Communication among participants should be done in-person. During breaks, participants are permitted to use e-mails, texts, and/or phone calls to communicate with entities external to the exercise in order to request information.
- Observers are not permitted to add to participant discussions.

### **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 the facilitator.
- Do not engage in personal conversations with facilitators, evaluators, or observers.
- If you do not understand the scope of the exercise, or if you are uncertain about an organization's participation in an exercise, ask the facilitator for clarification.
- Parts of the scenario may seem implausible. Recognize that the exercise has objectives to satisfy and may require incorporation of unrealistic aspects.
- 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 evaluators.

## **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 support staff.
- Provide any notes or materials generated from the exercise to a support staff member for review and inclusion in the AAR.

# **FACILITATOR INFORMATION AND GUIDANCE**

## **Exercise Facilitation Overview**

The exercise facilitator maintains exercise scope, pace, and integrity during exercise conduct. The facilitator ensures that exercise discussions assess objectives in a coordinated fashion across all disciplines and stakeholder agencies for the duration of the exercise.

### **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 facilitator 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.

### **During the Exercise**

- Facilitate the exercise discussion according to the scenario, questions, and injects defined in the situation manual.
- Ensure that the exercise remains on schedule.
- Receive and record exercise information from players that would be directed to nonparticipating organizations.
- 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 only observe the exercise discussion and do not contribute to it.

### **After the Exercise**

- Distribute copies of Participant Feedback Forms and pertinent documentation.
- Conduct a Hot Wash at the conclusion of exercise play. 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.

## **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 \_\_\_\_\_ will 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.

### **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.

### **During the Exercise**

- 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.
- Complete and submit all EEGs and other documentation to

## **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.

*Note:* Observation notes for discussion based exercises will focus on *discussion* of the how critical tasks would be completed, rather than actual actions taken.

### *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 hear conversations without interfering with those discussions. In certain conditions, more than one evaluator may be needed in a particular setting or area. For specific evaluator assignments, see Appendix E.

## 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
		Facilitator and Evaluator Briefing	
		Check-in for final instructions and final instructions	
		Facilitator and evaluators in starting positions	
		Facilitator provides player brief	
		Exercise starts	
		Exercise ends	
Immediately Following the Exercise		Hotwash and collection of all Participant Feedback Forms	
Immediately Following the Hotwash		Facilitator and Evaluator Debriefing	
		Facilitator and Evaluator After Action Review	

## APPENDIX B: EXERCISE PARTICIPANTS

Participating Organizations	
<b>Local</b>	
<b>State</b>	
<b>Federal</b>	
<b>Private Sector</b>	



## APPENDIX C: EXERCISE SEATING CHART

*Use this Appendix to document the room layout and/or any special seating arrangements for a large group discussion and/or break-out group discussions. Recommend labeling seats by organization, not by the anticipated agency representative's name.*

**Figure C.1:**

**Figure C.2:**

## APPENDIX D: EXERCISE SCENARIO

### Scenario

#### MOBILIZATION

contacts the \_\_\_\_\_ to report that they are treating a 35-year-old female patient who has a preliminary diagnosis of \_\_\_\_\_. Upon admission, the patient stated that she had recently arrived in town to visit her parents when she started feeling ill- fever, cough, nausea, and a headache that was not relieved with over-the-counter treatments. She reported that she works at a biosafety level 4 research facility that is located out of state and that while she is not aware of a recent exposure to one of the biological agents in the lab, given the nature of her work, this possibility always exists. The patient is currently in isolation and the treating physician has sent laboratory samples for disease confirmation. At this time, the patient's vital signs are stable and the hospital is able to effectively manage her symptoms.

Eighteen hours later, the physician and State Department of Public Health are notified by the lab that the patient does in fact have \_\_\_\_\_. After consultation with the hospital's Chief of Infectious Diseases, the doctors determine that their facility is not equipped nor staff fully trained to safely treat this patient. In consultation with the \_\_\_\_\_, the decision is made to transfer the patient to a Regional Ebola and Special Pathogen Treatment Center (RESPTC), which is located in another state. *(If you have a RESPTC in your state, add a statement in the scenario about the fact that the closest RESPTC is unable to accept the patient, necessitating that the patient be taken to an RESPTC out of state. To test objectives, it is important that the transport be across state lines)*

#### TRANSPORT

Four hours after the decision is made to transport the patient, the transporting EMS agency arrives at the sending facility and is escorted by the Emergency Department staff to the area where the patient is being isolated.

#### DEMOBILIZATION

The receiving physician has accepted the patient into the isolation unit and has assumed responsibility for the patient's care. The EMS agency notified the Incident Commander/Unified Command that the transport is completed and receives approval to begin demobilization activities.

## APPENDIX E: FACILITATOR AND EVALUATOR ASSIGNMENTS

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

Name	Role	Position
	Exercise Director	
	Facilitator	
	Evaluator	
	Evaluator	

## APPENDIX F: ACRONYMS

Acronym	Term
AAM	After Action Meeting
AAR	After Action Report
C/E	Controller/Evaluator
DHS	U.S. Department of Homeland Security
EEG	Exercise Evaluation Guide
ExPlan	Exercise Plan
HSEEP	Homeland Security Exercise and Evaluation Program
IP	Improvement Plan
NGOs	Non-Governmental Organizations
POC	Point of Contact
SME	Subject Matter Expert