

Interfacility Transport of a Patient with Functional Exercise

Situation Manual

This Situation Manual (SitMan) provides exercise participants with all the necessary tools for their roles in the exercise. Some exercise material is intended for the exclusive use of exercise planners, facilitators, and evaluators, but players may view other materials that are necessary to their performance. All exercise participants may view the SitMan. 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		
<i>Point of Contact</i>		

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.

Table 1. Exercise Objectives and Associated Core Capabilities

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
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. OR 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.	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

Exercise Objective	Core Capability
Demonstrate proper management of infectious waste.	Environmental Response/Health and Safety
OPTIONAL OBJECTIVES: SELECT THOSE THAT APPLY TO YOUR JURISDICTION IF YOU WISH TO INCLUDE ADDITIONAL OBJECTIVES 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

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.
- **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.
- **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.
- **Evaluators.** Evaluators are assigned to observe and document certain objectives during the exercise. Their primary role is to document player discussions, including how and if those discussions conform to plans, policies, and procedures.

Exercise Structure

This exercise is a functional exercise that will be managed by an Exercise Director and Controllers. Players will participate in the following three modules:

- Module 1: Operational Coordination
- Module 2: Public Information Coordination
- Module 3: EMS Logistics and Resources

Each module begins with a scenario briefing that summarizes key events occurring within a defined time period. After the updates, participants are asked to engage in the activities that they would in a real-world situation in order to address the presenting situation. Throughout the period of play, exercise controllers may introduce additional scenario information to all players or provide injects to individual players and/or small groups of players. When additional information or an inject is received, players should act on the information as they would during a real-world incident (e.g. make a notification, alter the current operational play to reflect the new information). If a player is unclear about information provided, they may ask a controller for clarification. Situation dependent, the controller may or may not be able to provide additional information. If the controller is not able to provide additional information, players should act based on their interpretation of the information or go through the process for seeking clarification via real-world procedures. If a player would normally make a notification to or request information from an entity that is not participating in the exercise (e.g. the Medical Examiner), the player should make the notification to a controller. The controller will provide information to the player on behalf of the non-participating entity.

The exercise is structured so that one or more modules may be exercised together or each may be exercised independently. Exercise planners must determine which approach they will take. If modules are exercised together, there will be opportunities for real-time interaction between two different venues (e.g. the JIC contacts the Operations Center (OC) to ask for the Incident Commander to approve a press release; the official observer for PPE doffing notifies the EOC that there was potentially a skin contamination during the doffing). If modules are exercised independently, players will make notifications to controllers and controllers will provide information/injects to represent the response of the notified entity (e.g. OC, JIC).

The inclusion of information about the larger public health and safety incidents that are unfolding is two-fold. First, this information helps to set the stage for why the EOC is activated since it is probable that the EOC would not be activated solely for the transport of a special pathogen patient. Second, in an effort to decrease the amount of time state and local officials must dedicate to public health exercises while increasing the impact of the exercises conducted, the scenario is written in a way that may facilitate planners expanding the exercise to include other public health, EMS, and/or public safety objectives inclusion.

Exercise Guidelines

- This is a functional exercise, which means that specific segments of a real-world incident response will be exercised instead of the entire response from start to finish. Although there will be some artificialities (e.g. ambulance to be decontaminated has really not been contaminated), players should respond as if it was a real-world situation.
- The ultimate goal of an exercise is to better prepare first responders to perform their responsibilities in a safe, efficient, and effective manner. Although one of the goals of an exercise is to evaluate preparedness, an exercise is also an opportunity for training and education. If players undertake physical actions that may potentially cause harm during a real-world incident and controllers determine that the situation has created a teachable moment, once the players have completed the activity, controllers may stop exercise play so that the players can be educated on correct procedures and offered the opportunity to perform the task again. If such a situation does occur, Evaluators should note the initial actions, education provided, and repeat performance on their evaluation forms so that this information can be captured in the After Action Report (AAR) and included as an action item in the Improvement Plan (IP).
- Players should respond to the scenario using their knowledge of current plans, procedures, policies, and training. If aspects of the scenario fall outside of a players training and education, the players should draw upon their education and previous experiences to formulate and execute a course of action to solve the problem. However, players are encouraged to notify a controller about the lack of plans, procedures, policies, and/or training so that this deficiency can be noted in the AAR and addressed in the IP.
- Decisions are not precedent setting and may not reflect your organization's final position on a given issue. This exercise is an opportunity to discuss and present multiple options and possible solutions.
- Controllers and Evaluators can only assess what they see and hear. Players are encouraged to verbalize their thought processes and rationale for performing activities in a certain way.

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. During this exercise, the following apply:

- 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 Evaluation

Evaluation of the exercise is based on the exercise objectives and aligned capabilities, capability targets, and critical tasks, which are documented in Exercise Evaluation Guides (EEGs). Evaluators have EEGs for each of their assigned areas. Additionally, players will be asked to complete participant feedback forms. These documents, coupled with facilitator observations and notes, will be used to evaluate the exercise and compile the After-Action Report (AAR) and Improvement Plan.

MODULE 1: OPERATIONAL COORDINATION

The scenario is written in three parts: Activation and Mobilization; Transport Operations; Demobilization. The purpose of this module is to exercise command and control through each phase of the transport operation. After briefing the players on the first part of the scenario, the Exercise Director and Controllers should allow players to perform in the manner that they normally would under real-world circumstances. Controllers can introduce injects to either the entire group or one player who then acts on the information according to their standard operating procedures. If a specific task is associated with the scenario (e.g. develop an IAP for transport operations), controllers should allow the players to complete the task before introducing the next part of the scenario.

Planners are encouraged to stage the exercise in a manner consistent with how the state normally operates command and control functions for an incident (e.g. activation of the Health Department Operations Center. For example, if the Health Department Operations Center is set up according to Incident Command Sections, then the personnel who normally fill the Operations Section Chief and Planning Section Chief positions should participate in the exercise as well as the subject matter experts from stakeholder agencies who will coordinate mobilization of and make modifications to the transport operation plan. If the Planning Section would typically develop an Incident Action Plans (IAP) for the special pathogen patient transport, then players staffing this Section should go through the process for developing an IAP. If the Plan includes activation of a Unified Command Group or routinely updating the State Director of Emergency Management, then the personnel who normally fill these roles should be available for routine briefings and/or meetings to approve resources and plans.

If possible, exercise play for this module should be conducted in the actual space and breakout rooms that will be utilized during a real-world incident. If it is not possible to use this space, then the physical space selected for the exercise should be configured as close as possible to how the actual space is set up; including use of any technological equipment available to personnel.

If Module 1 is exercised concurrently with Module 2, planners are encouraged to promote real-time communications among players from different modules. For example, if the Joint Information Center (JIC) develops a press release about the planned transport, the JIC should send the draft to the Health Department Operations Center for approval by the Unified Command Group. If the JIC coordinates a press conference, then members of the Unified Command Group should speak during the press conference.

Recommended Participants:

Some stakeholder agencies may need more than one player if they will fill more than one role (e.g. State Health Department personnel manage the Operations Center, serve as Planning Section Chief, a member of the Unified Command, and as the special pathogen subject matter expert). Planners should encourage stakeholder agencies participating in the exercise to send personnel to the exercise who will staff their agency's responsibilities during a real-world incident. Stakeholders should be invited to participate per your state plans, but entities to consider inviting include:

- State EMS Director
- State and/or local Department of Public Health
- State and/or local Emergency Management Agency
- State and local Law Enforcement
- EMS Transport Agency
- Local EMS Medical Director
- Sending Hospital
- Receiving Hospital
- Public Information Liaison (if JIC is not being exercised at the same time)
- Public Works (if there is any concern about maintenance of the transport route such as snow removal)
- Point of contact for a crew change location
- Healthcare Coalition representatives (e.g. EMS, hospital, public health)

Part I

Over the past month there have been seven cases of *(insert the name of the airborne special pathogen selected for the exercise)* 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 *(insert airborne special pathogen name)* 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 *(insert the name of a frontline hospital)* to report that the hospital has a patient with a suspected diagnosis of *(insert the name of the airborne special pathogen)*. 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 *(insert the name of the airborne special pathogen)*. 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 (*insert the name of the airborne special pathogen*) 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

Key Issues

- There have been seven confirmed cases of _____ over the past month in the United States.
- The state Health Department Operations Center is monitoring the national public health situation and sending routine information updates to stakeholders.
- The patient at X hospital is confirmed to have _____ and must be transported to another facility for treatment.

Start Play Here: Task the players with activating the resources needed to put together the transport plan and to develop and resource the plan. Remind them to be sure to define what the incident management structure looks like for this operation. Play for this portion of the scenario will end when the transport plan is finalized and the Incident Command/Unified Command is briefed.

To start play, ask the state Director of Health to go through the process for activating the resources that he/she would during a real-world incident to begin coordinating the transport operation. *Note to Planners: Case dependent, it is possible that some players will not be activated immediately, but rather once planning has begun and an issue arises. Players are only allowed to begin participating in the exercise once they have been notified of the situation and requested to report to the OC to assist with transport planning.*

Controllers should monitor exercise play and introduce injects as needed to stimulate play. Injects can either be introduced to the group as a whole or to a single player who then informs the group of the information. Based on player discussions and the comprehensiveness of their planning, the possibility exists that no injects may be warranted.

Injects for Required Objectives

1. 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.

2. 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.
3. 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.
4. 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.
5. Medical Control for the EMS agency requests a review/talk thru of the patient handoff procedures at the receiving hospital.
6. The weather forecast for the next 12-24 hours calls for intermittent thunderstorms with periods of high winds.
7. 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.

Injects for Optional Objectives

If Planners elect to include any of the "Optional Objectives" in the exercise, then the applicable injects from the list below should be introduced in order to provide exercise players an opportunity to demonstrate actions necessary to show achievement of the objective.

1. During the planning process, the EMS agency reminds the group that their paramedics/ EMTs are not licensed to practice beyond the borders of and that their local Medical Control's authority ends and that these issues must be resolved in order to protect the professional licenses of the personnel involved in the actual transport.
2. The Incident Commander/Unified Command Group has requested an update on the findings from the law enforcement threat assessment and how law enforcement jurisdictional boundary issues are being addressed.

Part II

The transport plan is in place and required resources have been activated. "*****" representatives are staffing the OC to monitor the transport operation and keep the Incident Commander/Unified Command apprised of the transport progress.

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.

Start Play Here: Players staffing the OC will be given injects by a Controller related to the transport crew's "progress." Players should act on the information as they would in a real-world situation (e.g. make a notification, contact X to troubleshoot an issue, brief the Incident Commander/Unified Command) using the tools that they have available to them (e.g. cell phone, emergency management software). Once players resolve one issue, the next will be introduced. Although it is highly unlikely that all of the inject issues would happen during one transport, players should treat this as a possibility in order to maximize the exercise play experience. Play will end once the OC is notified that responsibility for the patient has been transferred to the designated authority.

Injects for Required Objectives

1. 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.
2. 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.

3. 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

- a. The EMS agency suggests calling another ambulance service to bring a cardiac monitor to the site so that the patient can be evaluated.
 - b. Medical Control contacts the nearest hospital to ask if they can send a physician to the ambulance to assess the patient.
4. 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).
 5. 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. *(Insert a description of state law re: what the paramedic's/EMT's should do with the body- e.g. transfer it to the coroner of the county where the death occurred, take it to the nearest hospital).* 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.
 6. 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.

Injects for Optional Objectives

1. *Note to Planners: Replace "Injects for Required Objectives" Inject #5 with this inject if you wish to exercise procedures for handling a patient's death mid-transport when the planned destination requires the ambulance crew to drive the body across state lines.*

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 which is located about 40 miles across the state line, with the estimated time of arrival being 90 minutes. Forty minutes later and approximately 8 miles from the state line, 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 ambulance is driving on a highway and the next exit is located across the state line; necessitating that the patient's body be driven over the state line no matter what location is selected for the body to be dropped off. 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.

Optional Injects that May Be Selected to Further Exercise Specific Components of Your Plan

1. Approximately 25 minutes after the ambulance crew resumed driving after resolution of the patient's panic attack, the ambulance is struck by a pick-up truck. There is extensive damage to the front of the ambulance, but luckily the paramedic/EMT who is driving does not sustain any serious injuries. The paramedic/EMT treating the patient in the back of the ambulance also reports that both they and the patient appear unharmed. However, the driver of the pick-up truck was not wearing his seatbelt and appears to have sustained a significant head injury which required immediate medical attention. The paramedic/EMT driver notifies Medical Control and asks if they can render aid using any of the equipment on the ambulance while they wait for the arrival of local first responders.

2. About 40 minutes from the first crew change location, the ambulance driver calls medical control to report that they are stuck on the highway in a traffic back-up that appears to be related to a semi-trailer accident. The last exit was approximately 10 miles back.
3. Halfway to the first crew change location, the ambulance driver attempts to talk to the paramedic/EMT in the back of the ambulance via the radio, but is unable to get a response. The driver contacts Medical Control, who also tries to contact the paramedic/EMT via the radio but also receives no response. The driver pulls to the side of the road and opens the door to the treatment compartment. Both the paramedic/EMT and patient are doing fine, but it appears that there is a problem with the radio. The driver contacts Medical Control to request direction on how to proceed now that there are no communication capabilities between the driver and treating paramedic/EMT.
4. While waiting at the side of the road for the check-engine light issue to be resolved, the paramedic/EMT treating the patient starts to feel anxious about "being trapped in this box for such a long time" and reports feeling hot, sweaty, and a racing heart rate. The driver reports his partner's status to Medical Control and asks for direction on how to handle the situation. The driver is no longer confident in the paramedic's/EMT's ability to continue treating the patient safely while wearing the required PPE.

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.

Start Play Here: The OC is tasked with revising the demobilization plan and briefing the Incident Commander/Unified Command on the plan prior to execution. Be sure to identify where human and material resources will come from.

Injects for Required Objectives

Controllers should monitor exercise play and introduce injects as needed to stimulate play. Injects can either be introduced to the group as a whole or to a single player who then informs the group of the information. Based on player discussions and the comprehensiveness of their demobilization planning, the possibility exists that no injects may be warranted.

1. 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.*

2. 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.
3. 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.

MODULE 2: PUBLIC INFORMATION COORDINATION

The scenario is written in three parts: Activation and Mobilization; Transport Operations; Demobilization. The purpose of this module is to exercise the media management function of incident management through operation of a Joint Information Center (JIC). After briefing the players on the first part of the scenario, the Exercise Director and Controllers should allow players to perform in the manner that they normally would under real-world circumstances. Controllers can introduce injects to either the entire group or one player who then acts on the information according to their standard operating procedures. If a specific task is associated with the scenario (e.g. develop a press release to notify the public about the special pathogen patient), controllers should allow the players to complete the task before introducing the next part of the scenario.

Planners are encouraged to stage the exercise in a manner consistent with the state's public information strategy. For example, if the state normally operates a Joint Information Center every time the Health Department Operations Center (OC) is activated, then the exercise should simulate JIC operations and the players who staff the JIC should be the public information staff who normally performs these functions. JIC players should go through their standard procedures for issuing media releases, responding to press inquiries, and coordinating press conferences.

If possible, exercise play for this module should be conducted in the actual JIC space and breakout rooms that will be utilized during a real-world incident. If it is not possible to use the JIC, then the physical space selected for the exercise should be configured as close as possible to how the JIC is set up; including use of any technological equipment available in the JIC (e.g. televisions for media monitoring, computers).

If Module 2 is exercised concurrently with Module 1, planners are encouraged to promote real-time communications among players from different modules. For example, if the Joint Information Center (JIC) develops a press release about the planned transport, the JIC should send the draft to the OC for approval by the Unified Command Group. If the JIC coordinates a press conference, then members of the Unified Command Group should speak during the press conference.

For mock press conferences, Exercise Planners can opt to either have role players play the role of a reporter or have controllers introduce the inquiries from the members of the media.

Recommended Participants:

The public information staff and subject matter experts that would normally staff the JIC during an infectious disease incident should be invited to participate in the exercise. For example, if the Emergency Management Public Information Officer normally manages the JIC and Emergency Management provides technical support to the JIC, then Emergency Management should staff these functions during the exercise. If the JIC relies on personnel staffing the OC to provide subject matter expertise and the OC module (Module 1) is not being exercised concurrently, then subject matter experts from stakeholder agencies should be invited to participate as well to facilitate realistic access to resources required by JIC staff to execute their responsibilities.

Stakeholders should be invited to participate per your state plans, but entities to consider inviting include public information staff and/or subject matter experts from:

- State EMS Office
- State and/or local Department of Public Health
- State and/or local Emergency Management Agency
- State and/or local Law Enforcement
- EMS Transport Agency
- Sending Hospital
- Receiving Hospital
- Public Works (if there is any concern about maintenance of the transport route such as snow removal)
- Point of contact for a crew change location
- Healthcare Coalition representatives (e.g. EMS, hospital, public health)

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 (*insert airborne special pathogen name*) 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 _____, 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 treatment 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 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 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 _____.

The state Health Department Public Information Officer (PIO) receives a call from a local news station asking for confirmation that there is in-fact another confirmed case of _____ and that the patient needs to be moved from their current location. The PIO does not provide an immediate answer to the call, but instead contacts the state's Health Department Director and Governor's Press Office to develop the response. During the discussion, the Governor's Press Office orders that the JIC be activated.

Key Issues

- There have been seven confirmed cases of _____ over the past month in the United States.
- The state Health Department Operations Center is monitoring the national public health situation and sending routine information updates to stakeholders.
- The patient at X hospital is confirmed to have _____ and must be transported to another facility for treatment.
- The Health Department PIO has received an inquiry from a local news station asking for confirmation of another case of _____.
- The Governor's Press Office orders that the JIC be activated.

Start Play Here: Task the players with activating the resources required to staff the JIC for an infectious disease incident and put together a plan for informing the public about the local case of _____. Be sure to define what the JIC structure looks like for this operation. Play for this portion of the scenario will end once a press conference on the new case is completed and the associated media release drafted.

Injects for Required Objectives

Controllers should monitor exercise play and introduce injects as needed to stimulate play. Injects can either be introduced to the group as a whole or to a single player who then informs the group of the information. Based on player discussions and the comprehensiveness of their planning, the possibility exists that no injects may be warranted until the mock press conference is opened for questions.

1. 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.
2. 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.

3. 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.
4. Inject questions from the media during the press conference:
 - a. What measures are being taken to protect the public from exposure to the pathogen during the transport?
 - b. What kind of specialized training have the paramedics/EMTs received to protect both themselves and the public from contracting this disease?
 - c. Why was _____ selected to perform this transport?
 - d. Why does the patient have to be moved at all? Why can't they just be treated at the hospital where they currently are?

Injects for Optional Objectives

If Planners elect to include any of the "Optional Objectives" in the exercise, then the applicable injects from the list below should be introduced in order to provide exercise players an opportunity to demonstrate actions necessary to show achievement of the objective.

1. During the press conference, a journalist who routinely covers public safety issues asks what the state is doing to protect the licenses of the paramedics/EMTs involved in the transport given that the transport will cross boundaries for the EMS System in which the paramedics/EMTs are licensed to operate and Medical Control has authority.

Part II

The press conference to notify the public of the planned transport is completed. The OC has notified the JIC that the patient has been loaded into the ambulance and the transport has begun.

Start Play Here: Players staffing the JIC will be given injects by a controller related to the transport crew's "progress." Players should act on the information as they would in a real-world situation using the tools that they have available to them. For purposes of the exercise, players should articulate their thoughts when making decisions for the benefit of Evaluators. Play will end once the media has been informed that responsibility for the patient has been transferred to the designated authority. If Modules 1 and 2 are being exercised simultaneously, controllers

should try to introduce related injects to the OC and JIC at the same time to synchronize play and promote discussion between the two entities.

Injects for Required Objectives

1. About an hour after the transport begun, 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

- a. The Governor's Press Office has requested a written briefing on the status of the patient and transport operation.
 - b. 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.
2. 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.
 3. 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

- a. 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.
 - b. 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.
4. 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.

5. 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.*

JIC personnel should develop the media questions for the mock press conference. However, if they do not ask the below questions, a controller should introduce the questions as injects.

- a. Will the paramedics/EMTs who transported the patient be quarantined afterward to ensure that they are not spreading the infection? If no, why not?
- b. Will the ambulance used for transport be destroyed after the transport?
 - i. How will the State ensure that the next patient put in the ambulance does not contract _____?
 - ii. Have your methods of ambulance decontamination been validated? By whom? If not validated, how can we be confident they will work?

Injects for Optional Objectives

Note to Planners: Replace "Injects for Required Objectives" Inject #5 with this inject if you wish to exercise procedures for handling a patient's death mid-transport when the planned destination requires the ambulance crew to drive the body across state lines.

1. The state EMS Director walks into the JIC to report that the patient died during transport from what initially appears to be respiratory arrest. Unfortunately, the patient died on a stretch of highway right before the state line and the ambulance was forced to drive the body across the border, which is a violation of the law. The patient's body is being now 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 also raises the question about whether or not to inform the public up front about transporting across the state line and how to best address this issue if a question about it is asked. 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.*

Optional Injects that May Be Selected to Further Exercise Specific Components of Your Plan

1. The OC informs the JIC that approximately 25 minutes after the ambulance crew resumed driving after resolution of the patient's panic attack, the ambulance was struck by a pick-up truck. There is extensive damage to the front of the ambulance, but luckily the paramedic/EMT who was driving does not sustain any serious injuries. The paramedic/EMT treating the patient in the back of the ambulance also reported that both they and the patient appear unharmed. However, the driver of the pick-up truck was not wearing his seatbelt and sustained a significant head injury. Local first responders are on-scene and attending to the injured driver.
2. The OC informs the JIC that the ambulance is stuck in traffic due to what appears to be a semi-trailer accident and that it is not possible for the ambulance to exit the highway.
3. The EMS Director calls the JIC to report that the paramedic/EMT who is treating the patient is likely experiencing a medical issue and will need to be taken to a hospital for evaluation. The OC is still working out the logistics for transporting the paramedic/EMT and staffing the ambulance so that they can continue with the patient transport to the receiving facility. However, it is only a matter of time before the media is made aware of this situation. The State Public Health Director is worried that people will immediately assume that the paramedic/EMT became ill because they were in contact with the infectious patient and wants to be proactive in heading off this misperception.

Part III

The patient's body has been delivered to the appropriate authority and the paramedics/EMTs have been instructed to begin demobilization, which includes decontamination of the ambulance. 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, necessitating that the ambulance be moved to a more advantageous location for decontamination. Unfortunately, the media learned the location of the patient's body and reporters have set-up their cameras outside of the facility.

Start Play Here: Members of the JIC have been tasked with media monitoring, with the specific task of identifying any inaccurate information reports and developing strategies to correct the reported inaccuracies.

Injects

1. 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.

MODULE 3: EMS LOGISTICS AND RESOURCES

The scenario for this module is written in three parts: PPE Donning, PPE Doffing, and Equipment Decontamination. The purpose of this module is to exercise tactical skills for PPE donning/doffing and equipment decontamination. For each skill, players should go through the prescribed procedures for completing each task. As an exercise artificiality, Planners may opt to have more personnel than are realistically needed (e.g. six paramedics/EMTs instead of two) perform the procedures in order to maximize the number of personnel who gain experience through the exercise.

Planners are encouraged to stage the exercise under as realistic conditions as possible. For example, PPE donning/doffing should be conducted in a location that would actually be used for this purpose during a real-world special pathogen patient transport operation and with only equipment and supplies that would be available at this location. For the ambulance decontamination portion of the exercise, the ambulance should be prepared in the manner in which it would be for the transport of a special pathogen patient (e.g. draped and taped, remove equipment and supplies that would not be present during the transport). Players should go through the motions for ensuring that all contaminated waste is properly disposed.

Since one goal of an exercise is to strengthen capabilities, Planners should consider whether evaluators will be allowed to immediately correct any procedures that are performed incorrectly. The corrections can be done at the time that they occur or upon completion of the entire procedure. If corrections are made, players should be given the opportunity to repeat their performance, incorporating the corrected behavior. Evaluators should document performance each time a procedure is performed, notating the attempt number and whether or not corrective instruction was provided.

This module may be exercised independently or concurrently with Modules 1 and/or 2. However, given the differences among the nature of Modules 1 and 2 and Module 3, there is very limited opportunity for interaction among Module 3 players and players in the other two modules.

Recommended Participants:

Stakeholders should be invited to participate per your state plans, but entities who minimally should be invited to participate in the exercise include:

- Paramedics/EMTs from the EMS agency(s) that have agreed to perform special pathogen patient transports
- Personnel designated as PPE donning/doffing "official observers/safety officers"
- Personnel designated in the Plan to perform equipment and ambulance decontamination
- Personnel from the contracted hazardous waste removal company
- Point of Contact for host locations (e.g. POC from crew change location if this is where PPE donning/doffing will be performed; hospital representative if ambulance decontamination will be conducted at a hospital)

Part 1

The paramedics/EMTs who are transporting the patient arrive at the sending hospital/crew change location (*select one to reflect the location chosen for the exercise venue*) and are directed to the PPE donning area. The patient being transported is confirmed to be infected with

Start Play Here: 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.

Part 2

The paramedics/EMTs who were transporting the patient have turned responsibility for patient care over to the next EMS crew/receiving physician (*select one*) and are ready to doff their PPE. *It is an exercise artificiality that both paramedics/EMTs will be wearing full PPE at this point since there would have been no need for the driver to wear PPE during the transport.* The site supervisor directs the paramedics/EMTs to the PPE doffing area.

Start Play Here: 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.

Part 3

The ambulance that was used to transport the special pathogen patient is driven to the designated area for decontamination. The paramedics/EMTs meet _____ and are instructed on where to park the ambulance so that the decon procedures can commence.

Start Play Here: 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 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 SitMan.

Planners may choose to further break down the exercise timeline to reflect the amount of time being dedicated to each part of a module.

Time	Activity
	Registration
	Welcome, Opening Remarks, Health and Safety Briefing
	Module 1: Operational Coordination
	Module 2: Public Information Coordination
	Module 3: PPE Donning/Doffing and Equipment Decontamination
	Hot Wash

APPENDIX B: EXERCISE PARTICIPANTS

Participating Organizations	
Local	
State	
Federal	
Private Sector	

APPENDIX C: RELEVANT PLANS

[Insert excerpts from relevant plans, policies, or procedures to be tested during the exercise.]

APPENDIX D: ACRONYMS

Acronym	Term
AAR	After Action Report
CDC	Centers for Disease Control and Prevention
DHS	U.S. Department of Homeland Security
EEG	Exercise Evaluation Guide
EOC	Emergency Operations Center
EMA	Emergency Management Agency
EMS	Emergency Medical Services
HSEEP	Homeland Security Exercise and Evaluation Program
IAP	Incident Action Plan
IC	Incident Commander
IP	Improvement Plan
JIC	Joint Information Center
OC	Operations Center
PHEOC	Public Health EOC
POC	Point of Contact
PPE	Personal Protective Equipment
Q&A	Question and Answer
SitMan	Situation Manual
SME	Subject Matter Expert
UC	Unified Command