

Fall HCID Exercise

Exercise Plan

16th – 20th December 2019

The Exercise Plan (ExPlan) gives elected and appointed officials, observers, media personnel, and players from participating organizations information they need to observe or participate in the exercise. Some exercise material is intended for the exclusive use of exercise planners, controllers, and evaluators, but players may view other materials that are necessary to their performance. All exercise participants may view the ExPlan.

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# Exercise Overview

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| --- | --- |
| **Exercise Name** | CMHPC Fall HCID Exercise |
| **Exercise Dates** | 16-20 December 2019 |
| **Scope** | This exercise is a functional exercise, planned for 3-4 hours. |
| **Mission Area(s)** | Protection and Response |
| **Core/Healthcare System Capabilities** | Foundation for Health Care and Medical Readiness, Health Care and Medical Response Coordination, Continuity of Health Care Service Delivery, and Medical Surge. |
| **Objectives** | 1. Evaluate the Hospitals ability to identify and provide isolation care1 for a person under investigation (PUI). 2. Evaluate EMS capabilities and determine the most appropriate method for transportation (e.g., air versus ground.) 3. Evaluate just-in-time PPE don / doff training resources and PPE availability for Hospitals. 4. Evaluate the Hospitals ability to receive information from their coalition on the quantity and location of PPE supply, as needed. 5. Evaluate planning for risk mitigation (e.g., waste management.). |
| **Threat or Hazard** | Ebola virus disease |
| **Scenario** | Hospitals Activation is a Full-Scale exercise testing the identification and activation of high-level patient isolation capabilities in a timely manner. |
| **Sponsor** | Central MN Health Care Preparedness Coalition  Office of the Assistant Secretary for Preparedness and Response (ASPR)  Hospital Preparedness Program (HPP) Ebola Preparedness and Response Activities CFDA # 93.817 |
| **Participating Organizations** | Hospitals within the Central Minnesota Health Care Preparedness Coalition Region & all other participating agencies. |
| **Point of Contact** | David R. Miller  Central MN Health Care Preparedness Coalition  (320) 828-2511  millerdav@centacare.com |

# General Information

The Exercise is designed to establish a learning environment for players to exercise emergency response plans, policies, and procedures as they pertain to Ebola and other special pathogens.

This ExPlan was produced utilizing tools and resources provided by the National Ebola Training and Education Center.

## 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 healthcare system capabilities, which are distinct critical elements necessary to achieve the specific mission area(s).

| Exercise Objective | Core/Healthcare System Capability | HPP Ebola Manual Performance Measures |
| --- | --- | --- |
| Evaluate the Hospitals ability to identify and provide isolation care for a person under investigation (PUI). | * Foundation for Health Care and Medical Readiness * Health Care and Medical Response Coordination | 9 A.B. |
| Evaluate EMS capabilities and determine the most appropriate method for transportation (e.g., air versus ground.) | * Foundation for Health Care and Medical Readiness * Health Care and Medical Response Coordination * Continuity of Health Care Service Delivery |  |
| Evaluate just-in-time PPE don / doff training resources and PPE availability for Hospitals. | * Foundation for Health Care and Medical Readiness * Health Care and Medical Response Coordination * Continuity of Health Care Service Delivery * Medical Surge | 14 A.B.  16 A.C. |
| Evaluate the Hospitals ability to receive information from their coalition on the quantity and location of PPE supply. | * Foundation for Health Care and Medical Readiness * Health Care and Medical Response Coordination * Continuity of Health Care Service Delivery * Medical Surge | 15 A.C. |
| Evaluate planning for risk mitigation (e.g., waste management.). | * Foundation for Health Care and Medical Readiness |  |

Table 1. Exercise Objectives, Associated Core Capabilities and HPP Ebola Preparedness Performance Measures

|  |
| --- |
| **HPP Required Measures1:**  15 A.C. Proportion of Frontline facilities that receive information from their coalition on the quantity and location of personal protective equipment (PPE) supply within 8 hours of a patient under investigation’s arrival at a coalition member facility (Goal: = 100%)  16 A.C. Proportion of Frontline facilities that have received coalition-funded training (Goal: 75%)  **HPP Optional Measures2:**  9 A.B. *(Assessment Hospital Measure)* Time, in minutes, it takes an assessment hospital to identify and isolate a patient with Ebola or other highly infectious disease (e.g., MERS-CoV, measles, etc.) following emergency department triage, as evidenced by a real-world case or no-notice exercise (Goal: Within 5 minutes).  14 A.B. *(Assessment Hospital Measure)* Proportion of assessment hospitals that can access their PPE supply (i.e., know location and have sufficient quantity of unexpired supply) within 10 minutes of a patient with suspected Ebola transfer notification or arrival, if no notification (Goal: 100%).  1HPP Ebola Preparedness Measures: [https://www.phe.gov/Preparedness/planning/sharper/Documents/hpp-mmi-guide-ebola-508.pdf](https://www.phe.gov/Preparedness/planning/sharper/Documents/2015-hpp-ebola-prep-measures.pdf)  2Optional HPP Measures: These measures support a Hospitals’ preparedness”. Reader will better realize that these aren’t required but will make their facility better prepared |

# Participant Roles and Responsibilities

The term *participant* encompasses many groups of people, not just those playing in the exercise. Groups of participants involved in the exercise, and their respective roles and responsibilities, are as follows:

* **Players.** Players are personnel who have an active role in discussing or performing their regular roles and responsibilities during the exercise. Players discuss or initiate actions in response to the simulated emergency.
* **Controllers.** Controllers plan and manage exercise play, set up and operate the exercise site, and act in the roles of organizations or individuals that are not playing in the exercise. Controllers direct the pace of the exercise, provide key data to players, and may prompt or initiate certain player actions to ensure exercise continuity. In addition, they issue exercise material to players as required, monitor the exercise timeline, and supervise the safety of all exercise participants.
* **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. Very Important Persons (VIPs) are also observers, but they frequently are grouped separately.

## 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 is conducted in a no-fault learning environment wherein capabilities, plans, systems, and processes will be evaluated.
* The exercise scenario is plausible, and events occur as they are presented.
* Exercise simulation contains enough detail to allow players to react to information and situations as they are presented as if the simulated incident were real.
* Participating agencies may need to balance exercise play with real-world emergencies. Real-world emergencies take priority.

### Artificialities

During this exercise, the following artificialities apply:

* The exercise is conducted in a no-fault learning environment wherein capabilities, plans, systems, and processes will be evaluated.
* Exercise communication and coordination is limited to participating exercise organizations, venues, and the Simulators.
* Only communication methods listed in the Communications Directory are available for players to use during the exercise.

# 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 closest controller, and, within reason and training, render aid.
* The controller aware of a real emergency will initiate the [“real-world emergency”] broadcast and provide the appropriate emergency and resources needed, if any. The Controller will notify the CMHPC RHPC as soon as possible that a real emergency occurred, and play needed to stop at the facility.

### Fire Safety

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

### Emergency Medical Services

The hospital will coordinate with local emergency medical services in the event of a real-world emergency. The Hospital is also encouraged to invite local EMS to participate in the exercise.

## Site Access

### Security

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

### Exercise Identification

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

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

Table 2. Exercise Identification

# Post-Exercise and Evaluation Activities

## Debriefings

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

### Hotwash

At the conclusion of exercise play, controllers facilitate a Hotwash 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 Hotwash should not exceed 30 minutes. Controllers will take notes during the Hotwash and email the notes, within 24 hours of completion of the exercise to:

[chmac@centracare.com](mailto:chmac@centracare.com)

### 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 Hotwash.

### Controller Debriefing

Controllers will gather the Participant Feedback Forms. They will then email the forms, within 24 hours of completion of the exercise to:

[chmac@centracare.com](mailto:chmac@centracare.com)

## 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 Hotwash notes, are used to evaluate the exercise and compile the After-Action Report (AAR). Controllers will gather the EEG’s. They will then email the forms, within 24 hours of completion of the exercise to:

[chmac@centracare.com](mailto:chmac@centracare.com)

### After-Action Report

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) will be held in conjunction with the Regional meeting on January 17th, 2020 debrief the exercise and to review and refine the draft AAR and Improvement Plan (IP). The AAM should be an interactive session, providing attendees the opportunity to discuss and validate the observations and corrective actions in the draft AAR/IP.

### Improvement Plan

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

# Participant Information and Guidance

## Exercise Rules

The following general rules govern exercise play:

* Real-world emergency actions take priority over exercise actions.
* Exercise players will comply with real-world emergency procedures, unless otherwise directed by the control staff.
* All communications (including written, radio, telephone, and e-mail) during the exercise will begin and end with the statement [**“This is an exercise.”]**
* Exercise players who place telephone calls or initiate radio communication with the SimCell must identify the organization or individual with whom they wish to speak.

## 

## 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.
* Read your Player Information Handout, which includes information on exercise safety.

### During the Exercise

* Respond to exercise events and information as if the emergency were real, unless otherwise directed by an exercise controller.
* Controllers will give you only information they are specifically directed to disseminate. You are expected to obtain other necessary information through existing emergency information channels.
* Do not engage in personal conversations with controllers, evaluators, observers, or media personnel. If you are asked an exercise-related question, give a short, concise answer. If you are busy and cannot immediately respond, indicate that, but report back with an answer as soon as possible.
* If you do not understand the scope of the exercise, or if you are uncertain about an organization’s participation in an exercise, ask a controller.
* Parts of the scenario may seem implausible. Recognize that the exercise has objectives to satisfy and may require incorporation of unrealistic aspects. Every effort has been made by the exercise’s trusted agents to balance realism with safety and to create an effective learning and evaluation environment.
* All exercise communications will begin and end with the statement [**“This is an exercise.”**] This precaution is taken so that anyone who overhears the conversation will not mistake exercise play for a real-world emergency.
* When you communicate with the SimCell, identify the organization or individual with whom you wish to speak.
* Speak when you take an action. This procedure will ensure that evaluators are aware of critical actions as they occur.
* Maintain a log of your activities. Many times, this log may include documentation of activities that were missed by a controller or evaluator.

### After the Exercise

* Participate in the Hotwash at your venue with controllers and evaluators.
* 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 controller or evaluator.
* Provide any notes or materials generated from the exercise to your controller or evaluator for review and inclusion in the AAR.

## 

## Simulation Guidelines

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

# 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 ExPlan.]

|  |  |  |
| --- | --- | --- |
| Time | Personnel | Activity |
| **Prior to Exercise** | | |
| * Identify who should be invited to the exercise * Create assignment lists * Invite partners (EMS, Local EM, Local PH) to participate in exercise * Print out forms, have appropriate PPE available ect. | | |
| **16-20 December, 2019** | | |
| 00:00 | Controller/Evaluators | * Set up exercise area * Ensure PPE is in the room |
| 00:15 | Controllers / Evaluators | Communications Check   * Check in on the radio and listen for any specific announcements * Send email to identify that your facility is ready to participate in the exercise |
| **Exercise schedule** | | |
| 00:30 | Players | Arrive/sign in/receive assignments |
| 00:35 | Participants | Receive participant briefings |
| 00:45 | All | Start Exercise (STARTEX) |
| 03:30 | All | Exercise Plan End (ENDEX) |
| Immediately following ENDEX | Participants, Controllers, Evaluators | Hotwash |
| 03:30-04:00 | All | Complete Participant Evaluation Forms |
| 03:30-04:00 | Controllers/Evaluators | Complete EEG |
| **January 17th, 2020** | | |
| TBD | Hospital EP Representatives and any guests | After Action Review |

# Appendix B: Exercise Participants

EACH FACILITY WILL COMPILE A LIST OF PARTICIPATING AGENCIES AND SUBMIT WITH THEIR PARTICIPANT FORMS AND EEG’S

|  |
| --- |
| Participating Organizations |
| **Federal** |
|  |
|  |
|  |
| **State** |
|  |
|  |
|  |
|  |
| **Local Partners** |
|  |
|  |
|  |
| **Health Care facilities** |
|  |
|  |
|  |

Attach a list of all players participating in the exercise – you can submit a copy of the sign in sheets.

# Appendix C: Communications Plan

SimCell Email address: [chmac@centracare.com](mailto:chmac@centracare.com) (to be given to participants to ask scenario based questions – this is monitored closely by the SimCell – we will be using the email to play the role of individuals not playing in the exercise (example: MDH, Fire Departments, Suppliers, EMS)

Subject line: Identify who the email is being sent to

SimCell – controller/evaluator 800 MHz talk group: TBD

(to be used to talk with other controllers or SimCell to ask questions about exercise – this is not for participants to use)

# Appendix E: Acronyms

| **Acronym** | **Term** |
| --- | --- |
| DHS | U.S. Department of Homeland Security |
| ExPlan | Exercise Plan |
| HSEEP | Homeland Security Exercise and Evaluation Program |
| SME | Subject Matter Expert |
| DAM | Daily Active Monitoring |
| CMHPC | Central MN Health Care Preparedness Coalition |
| SimCell | Coalition staff persons available during the exercise – play the role of individuals/organizations not actively playing during the exercise. |
| AAR | After Action Review or After-Action Report |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Dry Patient: A Patient exhibiting “dry” or no bodily fluid discharge symptomology including no discharge of secretions, diarrhea, vomiting.

Wet Patient: A patient exhibiting “wet “or discharge of bodily fluids symptomology including diarrhea, vomiting, profuse sweating, bleeding.