*Silent Strike*

Exercise Plan

Date

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.

# Exercise Overview

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| **Exercise Name** | ***Silent Strike*** |
| **Exercise Dates** | Indicate the start and end dates of the exercise |
| **Scope** | This exercise is a full-scale exercise, planned for exercise duration at exercise location. Exercise play is limited to this timeframe and this site, and is a response to a biological event. |
| **Mission Area(s)** | Mitigation and Response |
| **Core Capabilities** | Emergency Operations Coordination, Information Sharing, Medical Surge, Healthcare System Preparedness, Healthcare System Recovery |
| **Objectives** | 1. Assess the ability of the hospital and/or regional coalition to activate its Hospital Incident Command System (HICS) or Incident Command System, and its Hospital Command Center.
2. Evaluate the ability of the regional partners to communicate with other mutual aid partners and with appropriate government agencies during an event, as needed, utilizing redundant interoperable communications.
3. Demonstrate the ability to ensure the appropriate assessment and clinical management of individuals who present to the ED.
4. Demonstrate resource support and coordination among other healthcare facilities.
5. Develop and report the following list of requested Elements of Information for the public health lead within 2 hours:
* Facility has established its HCC and is operating under HICS.
* Status of open staffed beds on 3 units.
* ED census, and % over average daily census.
* Status of ability to discharge.
* Current census of hospital.
* # pts. referred to a POD for prophylaxis.
1. Demonstrate the ability to determine the facility’s current patient census (in real time).
2. Demonstrate the ability to inventory patient census and status on at least 3 units and determine suitability for discharge.
3. Demonstrate information sharing processes across facilities to identify staffed available beds in an event.
4. Demonstrate the facility’s integration of pre-hospital and hospital surge coordination and management.
5. Demonstrate the ability to coordinate with public health in the appropriate assessment and transport of patients who are ill.
6. Evaluate the ability of the hospital to move and track patients from the ED to an appropriate staffed available bed.
7. Demonstrate information sharing processes across facilities to identify staffed available beds in an event.
8. Evaluate the facility’s ability to reference and incorporate components of their appropriate plans or processes (e.g., 96 hour Sustainability Plan, the Isolation and Quarantine Plan, the Alternate Care Site Plan) to prioritize and continue essential services.
9. Identify two specific mission essential functions in the facility’s Continuity of Operations Plan.
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| **Threat or Hazard** |

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|  Release of a biological agent |
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| **Scenario** | A biological agent has been widely disseminated across New York State by a terrorist group. Individuals are becoming ill and the public is greatly concerned, once the agent is laboratory-confirmed. Local Points of Dispensing are being set up to prophylax those who may have been exposed with antibiotics. Ill patients and those who are concerned they may have been exposed are filling hospital Emergency Departments. |
| **Sponsor** | Hospital Preparedness Program and Public Health Emergency Preparedness Cooperative Agreements |
| **Participating Organizations** | Insert a brief summary of the total number of participants and participation level (i.e., Federal, State, local, Tribal, non-governmental organizations (NGOs), and/or international agencies). Consider including the full list of participating agencies in Appendix B. Delete Appendix B if not required. |
| **Point of Contact** | Insert the name, title, agency, address, phone number, and email address of the primary exercise POC (e.g., exercise director or exercise sponsor) |
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# 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 |
| --- | --- |
| 1. Assess the ability of the hospital and/or regional coalition to activate its Hospital Incident Command System (HICS) or Incident Command System, and its Hospital Command Center.
 | Emergency Operations Coordination |
| 1. Evaluate the ability of the regional partners to communicate with other mutual aid partners and with appropriate government agencies during an event, as needed, utilizing redundant interoperable communications.
 | Emergency Operations Coordination |
| 1. Demonstrate the ability to ensure the appropriate assessment and clinical management of individuals who present to the ED.
 | Emergency Operations Coordination |
| 1. Demonstrate resource support and coordination among other healthcare facilities.
 | Emergency Operations Coordination |
| 1. Develop and report the following list of requested Elements of Information for the public health lead within 2 hours:

 - Facility has established its HCC and is operating under HICS. - Status of open staffed beds on 3 units. - ED census, and % over average daily census. - Status of ability to discharge. - Current census of hospital. - # pts. referred to a POD for prophylaxis. | Information Sharing |
| 1. Demonstrate the ability to determine the facility’s current patient census (in real time).
 | Medical Surge |
| 1. Demonstrate the ability to inventory patient census and status on at least 3 units and determine suitability for discharge.
 | Medical Surge |
| 1. Demonstrate information sharing processes across facilities to identify staffed available beds in an event.
 | Medical Surge |
| 1. Demonstrate the facility’s integration of pre-hospital and hospital surge coordination and management.
 | Medical Surge |
| 1. Demonstrate the ability to coordinate with public health in the appropriate assessment and transport of patients who are ill.
 | Medical Surge |
| 1. Evaluate the ability of the hospital to move and track patients from the ED to an appropriate staffed available bed.
 | Medical Surge |
| 1. Demonstrate information sharing processes across facilities to identify staffed available beds in an event.
 | Medical Surge |
| 1. Evaluate the facility’s ability to reference and incorporate components of their appropriate plans or processes (e.g., 96 hour Sustainability Plan, the Isolation and Quarantine Plan, the Alternate Care Site Plan) to prioritize and continue essential services.
 | Healthcare System Preparedness |
| 1. Identify two specific mission essential functions in the facility’s Continuity of Operations Plan.
 | Healthcare System Recovery |

Table 1. Exercise Objectives and Associated Core Capabilities

## Participant Roles and Responsibilities

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

* **Players.** Players are personnel who have an active role in discussing or performing their regular roles and responsibilities during the exercise. Players discuss or initiate actions in response to the simulated emergency.
* **Controllers.** Controllers plan and manage exercise play, set up and operate the exercise site, and act in the roles of organizations or individuals that are not playing in the exercise. Controllers direct the pace of the exercise, provide key data to players, and may prompt or initiate certain player actions to ensure exercise continuity. In addition, they issue exercise material to players as required, monitor the exercise timeline, and supervise the safety of all exercise participants.
* **Simulators.** Simulators are control staff personnel who role play nonparticipating organizations or individuals. They most often operate out of the Simulation Cell (SimCell), but they may occasionally have face-to-face contact with players. Simulators function semi-independently under the supervision of SimCell controllers, enacting roles (e.g., media reporters or next of kin) in accordance with instructions provided in the Master Scenario Events List (MSEL). All simulators are ultimately accountable to the Exercise Director and Senior Controller.
* **Evaluators.** Evaluators evaluate and provide feedback on a designated functional area of the exercise. Evaluators observe and document performance against established capability targets and critical tasks, in accordance with the Exercise Evaluation Guides (EEGs).
* **Actors.** Actors simulate specific roles during exercise play, typically victims or other bystanders.
* **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.
* **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 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 sufficient 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:

* Exercise communication and coordination is limited to participating exercise organizations and venues.
* 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 Safety Controller, Senior Controller, and Exercise Director with the location of the emergency and resources needed, if any.

**Fire Safety**

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

### Emergency Medical Services

The sponsor organization will coordinate with local emergency medical services in the event of a real-world emergency.

## Site Access

### Security

If entry control is required for the exercise venue(s), the sponsor organization is responsible for arranging appropriate security measures. 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. (Facilities may customize as they wish)

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

Table 2. Exercise Identification

# Post-exercise and Evaluation Activities

## Debriefings

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

### Hot Wash

At the conclusion of exercise play, controllers facilitate a Hot Wash 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.

### Controller and Evaluator Debriefing

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

### Participant Feedback Forms

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

## Evaluation

### Exercise Evaluation Guides

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

### After-Action Report

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

## Improvement Planning

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

### After-Action Meeting

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

### Improvement Plan

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

# Participant Information and Guidance

## Exercise Rules

The following general rules govern exercise play:

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

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.

### 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.
* 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 Hot Wash 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** | **Location** |
| --- | --- | --- | --- |
| **[Date]** |
| [Time] | Controllers, evaluators, and exercise staff | Controller and Evaluator Briefing | [Location] |
| As needed | Controllers and exercise staff | Set up control cell and walkthrough | [Location] |
| **[Date]** |
| [Time] | Controllers and exercise staff | Check-in for final instructions and communications check | [Location] |
| [Time] | Media | Media Briefing | [Location] |
| [Time] | VIPs and selected exercise staff | VIP Controller Briefing | [Location] |
| [Time] | Controllers and evaluators | Controllers and evaluators in starting positions | [Location] |
| [Time] | All | Controllers provide player briefs | [Location] |
| [Time] | All | Exercise starts | [Location] |
| [Time] | All | Exercise ends | [Location] |
| Immediately Following the Exercise | All | Venue Hot Washes/turn in all Participant Feedback Forms | [Location] |
| **[Date]** |
| [Time] | Controllers, evaluators, and elected and appointed officials | Controller and Evaluator After Action Review | [Location] |

# Appendix B: Exercise Participants

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| Participating Organizations |
| **Federal** |
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| **State** |
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| **[Jurisdiction A]** |
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| **[Jurisdiction B]** |
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# Appendix C: Communications Plan

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

# Appendix D: Exercise Site Maps - Optional

Figure D.1: [Map Title]

[Insert map]

Figure D.2: [Map Title]

[Insert map]

# 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 |
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