Outbreak Unchecked Response Exercise (OUREx)

**Exercise Plan**

**Hospitals**

**February 27 – March 8, 2017**

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

|  |  |
| --- | --- |
| **Exercise Name** | ***Outbreak Unchecked Response Exercise*** |
| **Exercise Dates** | February 27 – March 8, 2017 |
| **Scope** | This exercise is a full-scale exercise, planned for approximately three (3) hours per exercise date at local health department (LHDs) open POD sites. Exercise play is limited to LHDs, hospitals, emergency managers, emergency medical services, and at-risk individuals identified by the local health department. |
| **Mission Area(s)** | Mitigation, Response |
| **Core Capabilities** | Emergency Operations Coordination  Information Sharing  Medical Surge  Healthcare System Preparedness  Healthcare System Recovery |
| **Objectives** | 1. Demonstrate the ability of the hospital to notify staff and operate its Hospital Command Center (HCC). Include activation of Hospital Incident Command System (HICS). 2. Demonstrate the ability of the hospital to implement information-sharing processes on a regular basis with other mutual aid partners, the Regional DOH Office, and with appropriate government agencies, utilizing redundant interoperable communications to:    1. maintain situational awareness 3. Demonstrate the ability of the hospital to communicate consistent elements of information (EEIs) to the Regional DOH Office, other mutual aid partners and the local public health/medical lead (**PERFORMANCE MEASURE**). 4. Demonstrate the ability of the hospital to inventory patient census, acuity, and staffed bed availability in real time, and again after rapid patient discharge in order to decompress the facility (offload patients) **GOAL:**  **2 hours** 5. Demonstrate the hospital’s coordination of hospital surge operations (on-load patients) with EMS operations. 6. Evaluate the ability of the hospital to move and track patients to their final disposition (ED to a staffed available bed; hospital to healthcare facility: *If an evacuation scenario - must use eFINDS*). 7. Demonstrate inclusion of individuals (highly suggested = minimum of 3) from one or more of the following at-risk populations **:**    1. Frail Elderly    2. Pediatrics    3. Physically disabled    4. Hearing impaired/deaf    5. Blind    6. Behaviorally involved    7. Pregnant women    8. Non-English speaking    9. Access/functional needs 8. Evaluate the hospital’s ability to reference and incorporate components of its appropriate plans (e.g., COOP, 96 hour Sustainability Plan, the Isolation and Quarantine Plan, the Alternate Care Site Plan, etc.) to prioritize and continue mission essential services after HCC activation. 9. Determine if event has caused a complete or partial disruption of health care service delivery, and delineate how this disruption occurred with prioritized mission essential functions (suggested minimum of 3). 10. Demonstrate appropriate activities that focus on rapid resumption of the prioritized mission essential functions (suggested minimum of 3). |
| **Threat or Hazard** | Biological agent |
| **Scenario** | An outbreak of a novel avian influenza strain has moved swiftly from country to country via air travel, resulting in a worldwide pandemic. The influenza strain has now been identified in New York State, and LHDs are preparing to activate their Points of Dispensing to prophylax individuals in their communities who have been exposed to the virus. |
| **Sponsor** | New York State Department of Health |
| **Participating Organizations** | Hospitals, LHDs, emergency managers (EMs), emergency medical services (EMS) |
| **Point of Contact** | Patricia Anders, M.S., MEP  Manager, Health Emergency Preparedness Exercises  New York State Department of Health – Office of Health Emergency Preparedness  800 N. Pearl Street, Suite 322  Menands, New York 12204  (581) 474-2893 – W  (518) 402-6228 – F  [Patricia.anders@health.ny.gov](mailto:Patricia.anders@health.ny.gov) |

# 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. Demonstrate the ability of the hospital to notify staff and operate its Hospital Command Center (HCC). Include activation of Hospital Incident Command System (HICS). | Emergency Operations Coordination |
| 1. Demonstrate the ability of the hospital to implement information-sharing processes on a regular basis with other mutual aid partners, the Regional DOH Office, and with appropriate government agencies, utilizing redundant interoperable communications to: 2. maintain situational awareness | Information Sharing |
| 1. Demonstrate the ability of the hospital to communicate consistent elements of information (EEIs) to the Regional DOH Office, other mutual aid partners and the local public health/medical lead (**PERFORMANCE MEASURE**). | Information Sharing |
| 1. Demonstrate the ability of the hospital to inventory patient census, acuity, and staffed bed availability in real time, and again after rapid patient discharge in order to decompress the facility (offload patients) **GOAL:**  **2 hours** | Medical Surge |
| 1. Demonstrate the hospital’s coordination of hospital surge operations (on-load patients) with EMS operations. | Medical Surge |
| 1. Evaluate the ability of the hospital to move and track patients to their final disposition (ED to a staffed available bed; hospital to healthcare facility: *If an evacuation scenario - must use eFINDS*). | Medical Surge |
| 1. Demonstrate inclusion of individuals (highly suggested = minimum of 3) from one or more of the following at-risk populations **:**  * Frail Elderly * Pediatrics * Physically disabled * Hearing impaired/deaf * Blind * Behaviorally involved * Pregnant women * Non-English speaking * Access/functional needs | Medical Surge |
| 1. Evaluate the hospital’s ability to reference and incorporate components of its appropriate plans (e.g., COOP, 96 hour Sustainability Plan, the Isolation and Quarantine Plan, the Alternate Care Site Plan, etc.) to prioritize and continue mission essential services after HCC activation. | Healthcare System Preparedness  (Continuity of Operations) |
| 1. Determine if event has caused a complete or partial disruption of health care service delivery, and delineate how this disruption occurred with prioritized mission essential functions (suggested minimum of 3). | Healthcare System Preparedness  (Continuity of Operations) |
| 1. Demonstrate appropriate activities that focus on rapid resumption of the prioritized mission essential functions (suggested minimum of 3). | 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).
* **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, venues, and the SimCell.
* 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. The Senior Controller will notify the SimCell as soon as possible if a real emergency occurs.

### Fire Safety

Standard fire and safety regulations relevant to the jurisdiction, 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 and the SimCell is limited to exercise participants. Players should advise their venue’s controller or evaluator of any unauthorized persons.

### Media/Observer Coordination

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

### Exercise Identification

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

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# 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.
* 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 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

| **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 |
| **Local** |
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| **State** |
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| **At-risk Populations** |
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| **Emergency Managers** |
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| **Emergency Medical Services** |
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# Appendix C: Communications Plan

[The Communications Plan Template can be inserted here as Appendix C OR Be distributed as a separate document.]

# Appendix D: Exercise Site Maps

Figure D.1: [Map Title]

[Insert map]

Figure D.2: [Map Title]

[Insert map]

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# 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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