

## **Frequently Asked Questions**

### **BP5 Exercise Update: Infectious Disease Exercise**

**1. What are the dates of the exercise?**

- a. The exercise will span 7 work days:
  - i. 2/27/17      Long Island
  - ii. 2/28/17     Lower Hudson Valley
  - iii. 3/1/17      Capital District
  - iv. 3/2/17      North Country
  - v. 3/6/17       Central New York (South and East)
  - vi. 3/7/17      Central New York (North and West)
  - vii. 3/8/17     Western New York

**2. Do hospitals and LHDs participate in the exercise on the same day?**

- a. Yes, in each region or sub-region, all hospitals and local health departments (LHDs) will participate together on the same day.

**3. Will counties conducting a POD be required to recruit enough people to demonstrate throughput, as in the last POD exercise?**

- a. No. Throughput is not a goal in this exercise. Points of Dispensing (PODs) will focus on other components, including set-up, staffing, engaging at-risk populations, and improvement items from the previous POD exercise(s).

**4. When do LHDs need to decide if we are conducting a POD, or working on the Nonpharmaceutical Intervention (NPI) piece of the exercise?**

- a. A HERDS survey was distributed on August 2 to collect this information. The due date for completion has been extended from September 14 to September 21. CRI counties must conduct a POD. If non-CRI counties decide to conduct a POD or work on the NPI component and something occurs (loss of staff, real event, etc.) necessitating a change, OHEP will work with you on a one-on-one basis.

**5. Are we supposed to develop our own objectives and do we need our own design team?**

- a. There is a NYSDOH OHEP Central Office (CO) Exercise Design Team that includes representatives from Health Emergency Preparedness Coalitions (HEPCs), LHDs, hospitals, EMS, emergency managers, and at-risk populations. The Design Team will develop exercise objectives for HEPCs, LHDS, EMS partners, emergency managers, and hospitals.
- b. If any of the participating partners wish to develop objectives in addition to those that will be provided by the NYSDOH OHEP Central Office (CO) Exercise Design Team, a regional level or organizational level design team may be established.

**6. What Capabilities will the objectives address?**

- a. **HEPC** –Information Sharing
- b. **LHDs** – Medical Countermeasure Dispensing - PODs or Non-Pharmaceutical Interventions – NPIs (social distancing, isolation and quarantine, risk communication). Expectations for demonstrating NPI for full scale or functional areas of exercise will be provided with objectives to be out in October (e.g., LHDs may want to consider response activities they engaged in during the 2009 H1N1 pandemic, as examples of the types of activities they may be involved in).
- c. **Hospitals** – required capabilities with objectives to include: Medical Surge, Healthcare System Preparedness, Healthcare System Recovery, Emergency Operations Management, and Info Sharing
- d. The NYSDOH OHEP CO Design Team will develop Exercise Evaluation Guides (EEGs) for: 1) LHDs conducting PODS; 2) LHDs conducting NPIs; 3) hospitals for the required objectives; 4) Emergency Managers; 5) EMS; and 6) the HEPC. Some critical tasks in the EEGs will require partners to work together to accomplish the objectives.

**7. Does NYSDOH have suggestions for recruiting exercise evaluators?**

- a. It is the responsibility of LHDs and hospitals to identify evaluators. Exercise evaluators may be staff, community partners, volunteers, etc. LHDs and hospitals may wish to reach out to and use volunteers. Those chosen as evaluators and/or controllers should be familiar with plan(s) to be tested (e.g., LHD POD plans, LHD isolation and quarantine plans, hospital medical surge plans, etc.). Staff who participate in the exercise, may not evaluate the exercise.
- b. The OHEP Exercise Manager will provide webinars to train exercise evaluators/controllers that LHDs, hospitals, HEPCs or other partners have chosen to evaluate the exercise. Training will include: capabilities, objectives, EEGs and critical tasks, and any other tools used to collect data – e.g., logs, IAPs, videos, etc.

**8. Can paper patients or actors be used to portray at-risk populations?**

- a. OHEP strongly encourages the use of real people or actors to test capabilities for the full scale/functional aspects of the exercise.
- b. At a minimum, LHDs and hospitals must use real people or actors to demonstrate engagement of at-risk population(s) during the exercise to meet the required objectives.
- c. Members of the NYSDOH OHEP Central Office (CO) Exercise Design Team who represent at-risk populations will provide guidance in how best to represent and/or include at-risk individuals during the exercise.

**9. What additional informational sessions will be conducted?**

- a. Legal issues related to a medical model for a POD
- b. Legal issues related to isolation and quarantine
- c. Additional sessions may be added as objectives are developed and finalized

- d. All sessions will be held before February, 2017, and will be recorded and posted to the Learning Management System (LMS).

**10. How do we get EMS involved in the exercise?**

- a. The NYSDOH OHEP Central Office (CO) Exercise Design Team is working on different avenues to encourage play, including provision of CEUs for EMTs who participate.

**11. In the past, hospitals were allowed to add an appendix that demonstrated how the exercise also addressed Joint Commission requirements. Is this still allowed?**

- a. Yes. Although the format of the AAR/IP template cannot be changed, appendices that demonstrate additional activities that address Joint Commission requirements can be added.

**12. Do hospitals and LHDs have to write separate AAR/IPs, or can they submit the same one?**

- a. Each hospital and LHD must submit their own AAR/IP. Additionally, the HEPC will submit a coalition level AAR/IP.

**13. How soon will exercise materials be available?**

- a. For the Infectious Disease exercise, the objectives and EXPLANs for both LHDs and hospitals will be available in October, 2016. EEGs and C/E handbooks will be shared 10 days before the exercise with exercise evaluators.