



Public Health Emergency Exercise Toolkit

Planning, Designing, Conducting, and Evaluating
Local Public Health Emergency Exercises

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About the Exercise Toolkit

This toolkit is intended to guide local public health agency staff in (1) developing, implementing, and evaluating emergency drills and exercises, and (2) facilitating the public health aspects of larger, multi-agency emergency exercise events.

The toolkit provides essential guidance including templates, checklists, and forms to assist with every stage of the exercise process. Emphasis is on identification of objectives during the planning phase, a critical step for ensuring a meaningful post-exercise evaluation.

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Introduction

An emergency preparedness exercise program is progressive, moving an agency toward even better emergency preparedness. It requires careful planning, including clearly identifying long-term improvement goals and specific exercise objectives and then designing, developing, conducting, and evaluating each exercise accordingly. Following this process will provide insight into what does and does not work for each specific local public health agency (LPHA).

An exercise program enables an agency to test the implementation of emergency management procedures and protocols, fine-tune the internal coordination of the emergency plan, and practice coordinating with external response sectors. Depending on the scope and scale of the emergency preparedness exercises, they may involve many individuals, both internal (from within the LPHA) and external (from other response sectors).

The national framework for emergency preparedness began with Homeland Security Presidential Directive 5 (HSPD-5, February 2003), which directed the development of the National Response Plan (NRP). This plan aligned federal coordination, capabilities, and resources into a multi-discipline, all-hazards approach under a comprehensive incident management system known as the National Incident Management System (NIMS).

HSPD-5 was followed by Homeland Security Presidential Directive 8 (HSPD-8, December 2003), which put forth the following National Preparedness Goal: “establishing mechanisms for improved delivery of Federal preparedness assistance to State and local governments” (www.LLIS.gov). Further, the National Preparedness Goal prescribes a capabilities-based planning approach for a wide range of threats and hazards.

As a step toward strengthened preparedness, the Department of Homeland Security Office of Domestic Preparedness (DHS ODP) developed and implemented an Exercise Evaluation Program, HSEEP, to enhance and support prevention, response, and recovery capabilities at federal, state, and local levels. The program seeks to “provide common exercise policy and program guidance that constitutes a national standard for exercises” (HSEEP 2007). This toolkit acknowledges these policies and concepts outlined above. Any templates provided in this toolkit are presented as additional resources for managing the exercise process and do not supplant those provided by HSEEP.

Update on the Homeland Security Exercise Evaluation Program (HSEEP) 2007: The Capabilities, Tasks, and Exercise Evaluation

The Homeland Security Exercise and Evaluation Program (HSEEP) provides common exercise policy, program guidance, and is the national standard for homeland security exercises. To this end, Exercise Evaluation Guides (**EEGs**) are tools that have been developed by HSEEP to assist in the evaluation of the necessary tasks, activities, and capabilities to prevent, respond, and recover from any type of disaster. The EEGs are documents that assist with the exercise evaluation process by providing evaluators “with consistent standards and guidelines for observation, data collection, analysis, and report writing” (HSEEP 2007).

These EEGs incorporate the use of the Target Capabilities List (**TCL**) and the Universal Task List (**UTL**). A **Capability** is the means to achieve a measurable outcome through the performance of Critical Tasks under specified conditions to target levels of performance and each Capability has one corresponding EEG (HSEEP 2007). **Activities** are groupings of **Tasks**, which are the expected individual actions of response personnel within each Capability with similar overall purpose and provide an output or outcome. The performance of an Activity forms the basis for exercise observations. **Tasks** provide the basis for evaluation. When a **Task** is performed by an exercise player, the exercise observer can indicate whether an action has taken place based on a scale of performance. An observed **Task** can be fully completed, partially completed, not completed, or not applicable to the exercise.

This method of evaluation helps to identify gaps in preparedness capabilities and emergency preparedness plans. They also help in the development of a meaningful After Action Report/Improvement Plans (AAR/IPs). (See sample EEG on page 27.) The HSEEP evaluation methodology incorporates analytical process utilizing three distinct levels of analysis: task-level analysis, activity-level analysis, and capability-level analysis (HSEEP Volume III, p. 1; for detailed information, see the HSEEP Web site at <https://hseep.dhs.gov/>).

By defining the capabilities needed to achieve national preparedness, the Target Capabilities List (TCL) supports the National Preparedness Goal. The Target Capabilities List acts as a guide to address the priorities and achieving the National Preparedness Goal. While still in draft form, the TCL aims to provide a comprehensive list of capabilities needed to achieve the four Homeland Security missions: prevent, protect, respond to, and recover from found in the goal. The 37 capabilities, currently identified, are delivered by appropriate combinations of properly planned, organized, equipped, trained, and exercised personnel and support an all-hazards interchangeable approach to building capabilities needed for terrorist attacks, natural disasters, health emergencies, and other major events (TCL 2006).

The Universal Task List (UTL) is a tool to assist the homeland security community implement the capabilities-based planning process established under HSPD-8. It is a “living” document that is continually evolving and expanding as it is put into practice (UTL 2007).

Exercise Cycle and Organization

HSEEP requires that each state define a cycle, mix, and range of exercises in a multiyear exercise plan that covers the wide range of natural and deliberately caused emergencies that might occur. State and local public health agencies should participate in multiagency exercises, particularly those exercises with public health significance. For example, the requirement for a statewide Strategic National Stockpile (SNS) plan would be demonstrated through a tabletop exercise, then a functional exercise, followed by a full-scale exercise.

State Responsibilities

Each state is expected to develop its own exercise program based on the guidelines provided by DHS. The program must address all of the tasks laid out by the federal guidelines, including

1. obtaining grants/funding
2. identifying roles and responsibilities for program development
3. designing, developing, implementing, and evaluating exercises
4. tracking improvements
5. monitoring whether the exercises conducted are consistent with HSEEP doctrine
6. designating a state-level agency/organization as the clearinghouse for all exercises conducted within the state
7. conducting an annual workshop to review the state exercise program, ensuring that the state objectives have been met and revising the multiyear exercise plan and schedule

Local Responsibilities

States disseminate their requirements to local jurisdictions by two routes: through the local emergency response agency, which has a direct tie to the designated state Office of Emergency Management, and through the state health agency. On the local level, there are many response sectors with which the public health sector needs to plan and coordinate its exercise activities. These activities are common to all response sectors. In general, LPHAs are responsible for

1. coordinating activities with the state health agency
2. identifying goals and objectives for exercises consistent with local public health risk, vulnerability, and needs assessments, as well as DHS strategy
3. designing and conducting exercises that conform to HSEEP requirements
4. providing the plans, procedures, and personnel to support the design, development, support, control, and evaluation of public health exercises
5. providing an Improvement Plan (IP) that is based on the recommendations made in the After Action Report (AAR), which is issued following the completion of an exercise

Exercise Planning and Principles in Public Health

Well-planned emergency exercises are an essential contributor to effective public health emergency response. Whether the exercise is a small one involving only a portion of the public health agency or a community-wide event in which public health plays a small part, any drill or exercise is part of continuous quality improvement of public health performance.

Exercises should include criteria that will allow assessment of how well an LPHA performs under the conditions of a specific public health emergency or disaster. Measures of these criteria will provide the basis for additional planning, training, conducting, and evaluation of emergency response operations. They define various levels of response performance. This toolkit provides additional examples of exercise criteria (Appendix C, page 31).

Emergency preparedness exercises should be based on the NRP/NIMS, the TCL, and UTL, which focus on the public health responsibilities for emergency response. Furthermore, exercises should be consistent with HSEEP, which stipulates federal doctrine as a framework for all emergency response sectors and offers useful guidelines and formats for exercise development. Efforts should be made to coordinate exercise activities at the state and federal levels and with other partners and response sectors.

Types of Exercises

Exercise is the generic term for a range of activities that test emergency response readiness, evaluate an emergency response plan, and assess the success of training and development programs. There are two basic categories of exercises: discussion based and operation based. Within these two categories are seven types of exercises, which are as follows:

A. Discussion-based Exercises

Seminar

The seminar is an informal discussion that is used to orient participants to plans, policies, or procedures that are new or updated. An LPHA may conduct a seminar under a variety of circumstances, including the initiation of a new plan, procedure, or mutual aid agreement, or in the event of new staffing, leadership, facilities, or risk(s). No previous experience is needed, and minimal staff preparation and lead time are required. Seminars make use of various training techniques including lectures, films, slides, and videotapes.

Workshop

The workshop is similar to a seminar but is done to produce certain products, for example, to draft plan or policy. Workshops are often conducted when developing a large scale exercise or a multiyear exercise plan. Similar to seminars, it makes use of various training techniques that include lectures, films, slides, videotapes, and panel discussions.

Tabletop Exercise (TTX)

A TTX is a low-stress event to stimulate discussion of a simulated situation. Participants discuss issues in depth. TTXs are designed as an early step along the way to functional and full-scale exercises. Constructive problem solving is the goal of such an exercise. A copy of the appropriate emergency plan and other pertinent materials are available for reference during a TTX. A staff person is assigned to act as recorder, documenting actions taken during a TTX; these notations serve as a reference tool for evaluating the exercise.

A TTX typically begins with a briefing by the facilitator to orient participants and simulators to the TTX objectives, ground rules, and communication and simulation procedures. The scenario narrative is then presented in an intelligence briefing. The scenario is generally invented and describes an event or emergency incident, bringing participants up to a simulated “present moment” in time. The selected event should be one that is realistic for the agency (e.g., a hurricane on the eastern seaboard, a transportation event at a major railroad hub). Materials may be distributed to provide details about an imaginary jurisdiction, or participants may be instructed to use their knowledge of actual local resources. The facilitator announces the beginning and end of the exercise and introduces the first problem, along with subsequent pacing messages, to the participants.

Games

The game is a simulation of operations that uses rules, data, and procedures designed to depict an actual or potential real-life situation. It often involves two or more teams simulating a competitive environment and is slightly more complex than the tabletop exercise. The goal of a game is to explore decision-making processes. As the game proceeds decisions are made and in turn the sequence of events affects is affected those decisions. Participants of a game also explore the consequences of their decisions.

B. Operations-based Exercises

Drill

The purpose of a drill is to use repetition to instruct thoroughly. Drills can be used to test personnel training, response time, interagency cooperation and resources, and workforce and equipment capabilities. Drills optimally take place after orientation; staff should have an understanding of the agency function that will be tested in the drill and be given an opportunity to ask questions.

How a drill begins depends on the type of drill being conducted. Drill categories include but are not limited to notification, communication, command post, and evacuation. In most cases, a general briefing by the drill designer sets the scene and reviews the drill's purpose and objectives. Operational procedures and safety precautions are reviewed before the drill begins. Personnel are required to report, either in person or by telephone or e-mail, to a designated drill site or contact location. Both planned and spontaneous messages sustain the drill's action.

Functional Exercise (FE)

The purpose of an FE is to test and evaluate the capabilities of an emergency response system. Events and situations that would actually occur over an extended period of time are depicted or described. Time transitions advance the activity while staying within the time allotted for the exercise (e.g., "It is now 24 hours later"). The objectives of an FE determine how it is to be organized. For example, a "no-notice" exercise does not have a start time; in such an exercise, the objectives would include testing staff members' ability to move into their emergency response roles and activities quickly and efficiently. Other FEs, however, may be announced in advance.

Immediately before the start of the FE, participants are briefed on the objectives, procedures, time frame, and recording requirements. FEs depend on reaction to simulated information delivered by paper, telephone, or radio to individuals or agencies that must then coordinate responses with other players. These messages can be pre-scripted or developed by the simulation cell during the course of the exercise.

Full-scale Exercise (FSE)

The purpose of an FSE is to test and evaluate a major portion of the emergency operations plan in an interactive manner over an extended period. FSEs typically involve more than one agency. As with an FE, the objectives of an FSE must be specified, and the actual exercise begins with a simulated event that prompts the initiation of the plan. An FSE differs from a functional drill in that field personnel from the participating agencies physically proceed to the location of the mock emergency. The FSE includes all of the activities taking place at the emergency operations center (EOC) as well as on-scene use of simulated victims, equipment, and workforce. Activities at the scene serve as input and require coordination with the EOC. An FSE combines the planned and spontaneous messages characteristic of FEs with actions from the field.

The Exercise Planning Process

It is critical for all exercise participants to be able to recognize the terms used to describe various exercise roles and responsibilities as well as other important exercise terminology. See Appendix D, page 36, for exercise terminology definitions.

A. Organization of the Exercise Planning Team

To begin, an LPHA should establish an Exercise Planning Team. The team's overall responsibilities include

1. setting a timeline for the planning process
2. defining the exercise's purpose
3. selecting the scenario, goals, and objectives for the exercise (this step applies to all exercises, both local and multiagency)
4. scheduling events, location, date, time, and duration of the exercise
5. defining the exercise control and preparing all documentation and exercise materials
6. facilitating exercise organization, including communication needs, rules of conduct, security and safety issues, and logistics, e.g., parking, assembly areas, transportation, restrooms, food/water for participants, maps and directions, etc.
7. providing training on the responsibilities/activities of the team, exercise participants, and evaluator(s)

The team's size will depend on the size of the LPHA and should be modified to fit the scope of a particular exercise. The roles and responsibilities for the planning team must be clearly defined and should include delegation of responsibilities among team members as described below.

Exercise Director/Lead Planner. Assigns tasks and responsibilities, establishes the timeline, and guides and monitors exercise development. Typically, this role consists of a single team leader—often the health director or the bioterrorism (BT) coordinator. In cases where large departments or large-scale exercises are involved, other staff members may assist the team leader.

Operations. Ensures scenario accuracy and applicability, and develops the evaluation criteria. Participants in this group typically include departmental subject matter experts and technical experts (e.g., epidemiologists for surveillance activities, environmental health specialists for environmental health sampling, and public health nurses for mass prophylaxis and immunization clinic set up).

Planning. Collects and reviews all policies and procedures applicable to the exercise. Also develops simulation and *injects* (i.e., intermediate changes or challenges to the exercise participants) needed to sustain exercise flow. In small departments or for small-scale exercises, the planning group may be combined with the operations group.

Logistics. Gathers all supplies, materials, equipment, services, and facilities required for the implementation of the exercise. For small-scale exercises, the logistics group may consist of a single senior administrative support person working closely with the planning group.

Administration/Finance. Keeps an account of the costs involved in conducting an exercise. For small agencies, this group may consist of a single individual, who may be the same administrative support person assigned to the logistics role.

B. Identifying Overarching Goals and Objectives

Agency-specific Goals

There are no off-the-shelf documents that will define an LPHA's specific emergency preparedness goals. Templates and guidelines cannot take into account the unique requirements of local environments. Developing an exercise program that matches those requirements is a systematic process and the responsibility of the exercise planning team.

Given that the overarching goal of all exercises is improved preparedness, identifying goals for any one exercise is a process centered on one question: Why does an agency need to exercise? The answer may be staff demonstration or plan validation. The goals must also feed into an organization's preparedness mission, support its preparedness plan, be realistic, and include objectives. For example, a sample preparedness mission might be: *To serve the county by distributing mass prophylaxis to employees of a U.S. facility that houses a biological detection system (BDS).* A sample preparedness plan for such a mission might be: *To set up a point of distribution (POD) clinic.*

Objectives

The objectives for any exercise must be challenging yet achievable and should support an LPHA's overall mission and preparedness plan. Whether there is a single objective or several, they should be based on the following:

1. an agency's current stage of emergency preparedness
2. gaps, weaknesses, or areas of concern affecting the agency's performance as identified through prior exercises
3. level of staff knowledge and understanding of emergency preparedness roles and responsibilities
4. applicability to emerging problems

Example

Draft Goal: Test activation of the county POD operational model

Potential Specific Objectives:

- 1** Test activation of the POD operational model through evaluation of POD layout and patient flow.
- 2** Provide staff with an opportunity to practice following the incident command system (ICS) and the functional roles required for expeditiously receiving and dispensing appropriate medications.
- 3** Provide and maintain effective two-way communications to ensure a 24/7 flow of critical health information among public health departments, health care organizations, law enforcement, public officials, and others.

Scenario Development Steps

Once the exercise goals and objectives have been formulated and the type of exercise selected, there are further considerations in the exercise planning process. These include developing support materials such as an exercise participant handbook/manual and evaluation forms, and scheduling a training or briefing session. Such a session will ensure that all exercise participants, including the team conducting and evaluating the exercise, the players (e.g., “victims,” hotline callers, community members, etc.), and others are clearly informed about their roles in the exercise prior to its start. These steps are discussed more fully, including examples, on page 17 (Developing Exercise Briefing Materials).

The scenario is the foundation of an effective exercise. It lays the groundwork for development of exercise objectives and selection of public health emergency exercise criteria. The process for scenario development is the same, regardless of whether an exercise will be conducted entirely within an LPHA or as part of a larger multiagency exercise. An LPHA should develop a scenario that is plausible for the jurisdiction.

When developing drills, or tabletop, functional, or full-scale exercises, follow these steps:

- 1 Use agency content experts to assist in scenario development.
- 2 Research and gather background information to make the scenario realistic.
- 3 Draft and review the scenario with the exercise planning team.
- 4 Do a “talk-through” with the entire planning team to identify possible problems and areas in need of improvement.
- 5 Finalize the scenario, including the development of simulations and injects needed for scenario flow if the exercise includes response to changing information.

Discussion-based Exercise

1. Research

Gather the background and technical information needed to ensure that the scenario events are realistic and complete. This

includes the flow, proper timing, and integration of the scenario elements.

2. Draft the Scenario Components

The scenario should be broken up into discrete episodes called “*moves*.” Each move details the events that have transpired and the response actions that have taken place during a specific timeframe. Each one is sequenced and introduces the events in a chronological

order. First the scenario (narrative) background is presented, followed by scenario moves:

Scenario Move I
Scenario Move II
Scenario Move III

3. Create Problem Statements and Messages

These are questions that the facilitator can verbally present to the group, which then discusses them one at a time. Alternatively, the facilitator can provide written detailed events

(messages) and related discussion questions to individuals to answer from the perspective of their own organization and role. These are then discussed by the group.

4. Finalize the Scenario

The scenario should be reviewed several times to ensure that all technical aspects are covered and that the timeline is logical and realistic. Once this has been done, conduct a

talk-through at a working meeting of the planning team to make any changes and finalize the scenario.

Operations-based Exercise

1. Research

This will be the same as for discussion-based exercises.

2. Draft the Scenario Components

- Develop an outline, which will eventually become the narrative.
- Develop a timeline of major events.
- Add technical details to the timeline. These will help generate specific messages.
- Develop injects or messages to replicate actual events and to ensure and drive the

major events. Player responses should be anticipated and planned for. Draft a message summary, which is a chronological list of all events and expected player actions. This is sometimes called a Master Scenario Events List (MSEL).

3. Finalize the Scenario

The scenario should be reviewed several times to ensure that all technical aspects are covered and that the timeline flows and is realistic. Once this has been done, conduct a

talk-through at a working meeting of the planning team to make any changes and finalize the scenario.

Developing an Evaluation Plan

The most important step in planning an exercise is developing an exercise evaluation plan. An exercise is only as useful as the results of its evaluation. It is therefore critical to clarify evaluation criteria early on, which should include the following:

- an LPHA's exercise process
- an LPHA's emergency plan
- an LPHA's ability to fulfill the plan
- the speed with which an LPHA puts some portion of the plan into place
- the efficiency with which some portion of the plan can be carried out
- staff competency in specific roles

Pre-exercise Activities

Consider the following pre-exercise activities when developing the evaluation plan.

- 1** Identify exactly what portion of public health emergency response will be activated. Use the universal task list or a local planning decision to determine which specific response activities will be practiced.
Example: Set up LPHA EOC with complete telecommunications and radio connections with branches to the county EOC.
- 2** Identify all LPHA components that are expected to participate.
Example: Will logistics actually procure items or are they to be assumed? Will all branch offices participate, or only those selected?
- 3** Identify all functional roles to be activated. Include those likely to be identified only if initial participants perform as desired.
Example: If the LPHA planning unit will be activated, there may be a need to exercise and evaluate field epidemiology.
- 4** Select specific LPHA-level criteria from the menu in Appendix B (or DHS sources, if available for your locale). If external criteria are unavailable, specify preferred performance using the following format: action verb; object; context; time. Identify all job action sheets (JAS) associated with those criteria.
- 5** Prepare observer documents. List criteria and JAS role evaluations to be observed.

Evaluation Questions

Some exercises work better than others to develop staff skills, demonstrate abilities, or test community communication. Examples of evaluation questions tailored to specific criteria include:

1. Evaluating an LPHA's Emergency Response Plan

- Did the plan anticipate all key needs, such as space, communication equipment, supplies?
- Did it anticipate all needed roles?
- Did the plan match the community's expectations?

2. Evaluating How Well an LPHA Fulfilled Its Plan

What happened when the plan was put into actual use?

- Did people go where they were supposed to?
- Were functional role assignments followed?
- Was the desired outcome achieved?

3. Evaluating the Speed with Which the Plan Is Put into Place

- Time to notify?
- Time to be in place?
- Other times as detailed in the action plan

4. Evaluating the Efficiency of Plan Execution

- Down time?
- Repeated messages?
- Duplicate instructions?
- Conflicting instructions?
- Supplies wasted?

5. Evaluating LPHA Staff Competency in Specific Functional Roles

- Functional roles to be assessed need to be identified in advance.
- Competency statements and applicable JASs must be incorporated into the assessment.

Evaluation Methods

Consider the following ways to evaluate. Any of these methods can be used, but each requires specific criteria for best effect.

	EXTERNAL EVALUATOR	PARTICIPANT
OBJECTIVE	Checklist with stated objectives	Post-event checklist
SUBJECTIVE	Narrative of observations	“Hot wash” comments

Selecting and Utilizing Evaluation Criteria

There are multiple sources of criteria that can focus evaluation. Appendix C contains a menu of criteria for evaluating the performance of LPHA emergency drills and exercises. These public health-specific criteria follow the HSEEP observer documentation format. Other criteria to evaluate public health emergency exercises include:

- TCL—Target Capability List in conjunction with the Universal Task List (UTL)
- The UTL, developed by the Department of Homeland Security, which can be found through the Office for Domestic Preparedness (ODP)
- Emergency Preparedness Performance Measures from the Centers for Disease Control and Prevention, found in Appendix 4 of Cooperative Agreement Guidance for Public Health Preparedness at <http://www.bt.cdc.gov/planning/guidance05/index.asp>

The exercise planning team should select applicable criteria from one of these, develop any additional criteria pertaining to the local plan or the nature of the exercise, and prepare observer forms that match the criteria selected.

Example 1

For example, in an exercise where the objective is to assess the internal workings and throughput of a mass prophylaxis distribution site, the criteria selected from the menu might include:

Criteria for Mass Prophylaxis, Mass Immunization, and Pharmaceutical Stockpiles

- 1** Adapt generic mass-dispensing strategy to specific event within 60 minutes of notification.
- 2** Staff dispensing site(s) with adequate and appropriate personnel for mass dispensing (including volunteer surge staff) prior to site opening.
- 3** Identify and request any “just-in-time” training needs—including use of personal protective equipment (PPE)—at least 2 hours prior to site opening.
- 4** Ensure that system is fully in place for restocking supplies throughout duration of site activation.

- 5 Ensure that system is fully in place for rotating and/or relieving staff throughout duration of site activation.
- 6 Prepare and deliver all required record-keeping supplies to Site Coordinator prior to site opening.

Example 2

In the case of an unannounced exercise that included the objective of assessing the process by which the LPHA moved to open a mass distribution site, including logistics, notification of staff, and just-in-time training, the evaluation criteria would also include the following:

Criteria for Communication

- 1 Establish liaison with jurisdiction-wide Joint Information Center (JIC) within 15 minutes of notifying the Incident Commander (IC) that the JIC is operational.
- 2 Draft and approve public information for anticipated phases of response within 2 hours of establishing the agency's EOC.
- 3 Identify key partners (e.g., other health jurisdictions, law enforcement, hospitals, etc.) and convey initial public health information to these partners no later than one (1) hour after approval of such information by the agency's IC.
- 4 Establish a schedule to update partners on a regular basis.
- 5 Test backup communications procedures.
- 6 Identify a public health spokesperson whose expertise is applicable to the nature of the emergency (e.g., Health Director, Health Officer, Epidemiologist, etc.).
- 7 Develop and convey Single Overriding Communication Objective (SOCO) through the ICS structure.
- 8 Update and distribute the SOCO (e.g., posted to Situation Boards, etc.) as needed, but at least every 4 hours.

Once an LPHA identifies the functional roles to be activated, the expected duties of each role related to each objective can be inserted into the observer format, as illustrated in the Sample Role Evaluation Checklist for Clinic Manager (FLU), in Appendix F, pages 59–62.

Developing Exercise Briefing Materials

Briefing materials convey critical information and instructions pertaining to the implementation of a public health emergency exercise. These materials may be used in briefings conducted with exercise participants in a variety of roles (e.g., controllers, players, actors, evaluators, and observers). The following elements should be included in any set of briefing materials.

Exercise Objectives:

To establish the purpose of the exercise and define the exercise's goals.

Scenario:

A realistic and comprehensive storyline that serves as the backdrop for the exercise and details the conditions and technical issues at play.

Scope of Play:

The parameters in which the exercise will be conducted, including duration of the exercise, players involved, and level and details of involvement. Exercise activities are set within this scope to enable exercise participants to perform against the established objectives.

Simulations and Artificialities:

Mechanisms used to artificially simulate events, activities, or actions within the scenario to allow for further exercise response (e.g., a mock TV news broadcast).

Rules of Conduct and Safety Information:

Vitally important information that provides for the safe conduct and protection of all persons involved in the exercise. Includes mechanisms for initiating and discontinuing the exercise. Also includes the mechanism for responding to actual emergencies or accidents should they occur during the implementation of an exercise.

Examples of Role-specific Briefing Materials

1 Briefing materials for Players: JASs; details of where, when, and to whom the player(s) should report; exercise identification and identifying clothing

2 Briefing materials for Controllers, Observers, and Evaluators: Exercise documentation forms; exercise identification and identifying clothing

Advance Planning Steps

While this document has focused on the details of identifying goals, objectives, and criteria in order to assure a focused event that can be evaluated and used for agency improvement, there are other steps that must be taken in advance. The exercise planning group must:

- 1 secure appropriate location with all essential equipment, unless a pre-equipped Emergency Operations Center is to be used
- 2 secure space for management of evaluators and observers, with appropriate communications equipment, orientation materials, identification, and debriefing planned
- 3 secure space for assembling any “victims,” with instructions and transportation to exercise site, if needed
- 4 prepare any special signage to direct individuals to assigned locations
- 5 arrange for equipment specific to the scenario and objectives (e.g., sample collection equipment for an exercise with contaminated water or food; mock medications for a mass prophylaxis exercise)
- 6 secure staff to support the exercise process, including any needed assistance for set-up or communications

Conducting the Exercise

The actual conduct of the exercise provides opportunity for assessment of agency capacity, participant training, and validation of competency, depending on the goals of the specific event. The components of conducting an exercise consist of these general steps:

- 1 briefings and preparations (distribute badges/clothing and other needed materials or equipment)
- 2 initiate, facilitate, and observe exercise activity
- 3 terminate play
- 4 hot wash/debrief participants

Role of the Exercise Facilitator/Controller

Advanced planning sets the stage for the smooth conduct of an exercise. Sample exercise planning checklists are located in Appendix E. It may be useful for the facilitator/controller to refer to this before the exercise is initiated. The facilitator/controller must assume responsibility for the conduct of the exercise. He/she must ensure that the exercise stays on track so that the agreed-upon objectives are tested. The facilitator/controller's job is to

1. Present the players with the exercise-initiating narrative.
2. Announce the first event of the scenario.
3. Stimulate player responses, without intervening in a way that assumes control of the play, unless it appears likely that the objective(s) of the exercise have been side-tracked.
4. Manage the flow and pace of the exercise by introducing the remaining events in sequence through the use of control messages (injects).

1. Conducting a Discussion-based Exercise

The participants/players and the facilitator(s) are introduced. The tabletop exercise process and flow are briefly described. Ground rules usually address the exercise objectives, the importance of participating, and issues participants should consider during play, such as time, roles, and assumptions. Special instructions may be provided, such as how participants will respond and if they will break up into discussion groups.

Episodes in the exercise scenario are described as *moves*. Generally, there are three moves to a tabletop. At each move there is a facilitated discussion. The facilitator *moves* the participants through the scenario and participants respond with the decisions and actions they would take given the scenario. Each move takes the participants through the scenario chronologically. The tabletop conduct is concluded with an overall evaluation and findings, presented as the debriefing and an action planning session for improvements.

2. Conducting an Operation-based Exercise

These types of exercises allow actual demonstration of response capabilities and actions. The range and level of complexity depend on the objectives and scenario chosen to exercise.

The exercise begins with the briefings for the different participants who are either actors, players, or data collectors/observers. Briefing manuals are reviewed at this time. Participants are given their assignment locations. Emphasis is on safety, including:

- where and when to report to the location
- how the exercise will be ended or terminated, if necessary
- whom to report to, and how to communicate with that person.

Materials and/or equipment are distributed as necessary including instructions on how and where to return them.

Instructions are given for when and where to report for the hot wash (debriefing), held immediately at the end of the exercise.

Participants report to their assigned location. Exercise play is begun and terminated according to the exercise plan.

Moving from Observation to Evaluation

With an evaluation plan in place, the evaluation process begins with observing the exercises. Data collectors and evaluators will need to know what to look for, both general and specific. They must be aware of the exercise goals and objectives, the overall scenario, as well as what activities and actions will take place during the exercise. It is helpful if data collectors and evaluators have some subject matter expertise for the activities they will observe. They should also create written records, using a checklist or free-notes, to assist with data collection to ultimately derive the most value from the evaluation (Appendix F).

Eight Steps to Evaluation

Evaluation is a common process in the public health sector.

- 1** Plan and organize the evaluation in advance. All data collectors/evaluators and controllers need a complete briefing on exercise and evaluation materials.
- 2** Observe the exercise and collect data using the materials provided (i.e., observer and data collector logs and workbooks, including the data collector/evaluator handbook).
- 3** Conduct the exercise hotwash/debriefing (see Appendix F, page 70). Depending on the size and complexity of the event, this process may consist of a single debriefing or a series of debriefings with various subgroups of exercise participants.
- 4** Analyze data and assess performance at the task, departmental, discipline-of-function, and mission levels. Reconstruct the exercise events from logs, workbooks, hot wash, and other debriefings. Identify the root causes of differences using critical thinking to determine why things happened as they did.
- 5** Draft the After Action Report (AAR) (see Appendix F, page 71 for details).
- 6** Identify opportunities for improvement and lessons learned. Update the plan accordingly.
- 7** Finalize the AAR, which should include an assessment of strengths and weaknesses. The AAR will in turn guide the development of the Improvement Plan (IP).
- 8** Develop the IP. This converts the lessons learned from the exercise into measurable steps that will result in improved response capabilities. Then track the implementation of the IP (see Appendix F, page 72).

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Appendix A:

Exercise Evaluation Guide

The following is a sample of a partial EEG for Mass Prophylaxis (full EEG available at <https://hseep.dhs.gov/EEGSListings.htm>).

Mass Prophylaxis

Exercise Evaluation Guide

Capability Description

Mass Prophylaxis is the capability to protect the health of the population through administration of critical interventions (e.g., antibiotics, vaccinations, antivirals) to prevent the development of disease among those who are exposed or potentially exposed to public health threats. This capability includes the provision of appropriate follow-up and monitoring of adverse events, as well as risk communication messages to address the concerns of the public.

Capability Outcome

Appropriate drug prophylaxis and vaccination strategies are implemented in a timely manner upon the onset of an event to prevent the development of disease in exposed individuals. Public information strategies include recommendations on specific actions individuals can take to protect their family, friends, and themselves.

Jurisdiction or Organization:	Name of Exercise:
Location:	Date:
Evaluator:	Evaluator Contact Info:

Note to Exercise Evaluators: Only review those activities listed below to which you have been assigned.

Activity 1: Direct Mass Prophylaxis Tactical Operations

Activity Description

In response to notification of an incident requiring mass prophylaxis, provide overall management and coordination of mass prophylaxis operations.

Tasks Observed

Check those that were observed and provide the time of observation.

Note: Asterisks () denote Performance Measures and Performance Indicators associated with a task. Please record the observed indicator for each measure.*

Tasks/Observation Keys	Time of Observation/Task Completion
<p>1.1. Coordinate distribution/administration of mass prophylaxis.</p> <ul style="list-style-type: none"> • Identify and train site leadership prior to POD activation • Ensure sufficient staff to address expected throughput 	<p>Time:</p> <p>Task completed? Fully ___ Partially ___ Not ___ N/A ___</p>
<p>1.2. Coordinate distribution/administration of mass prophylaxis.</p> <ul style="list-style-type: none"> • Citizens provide necessary information (e.g., location of PODs, hours of operation, transportation, etc.) • Online information available • Plain English used in press releases and press conferences • Information translated into foreign languages wherever appropriate • Information available and accessible to individuals who are hearing impaired, visually impaired, etc. 	<p>Time:</p> <p>Task completed? Fully ___ Partially ___ Not ___ N/A ___</p>
<p>1.3. Coordinate with the medical stockpile warehouse to resupply PODs as needed.</p> <ul style="list-style-type: none"> • Communications secured • Plan to restock PODs prior to exhaustion of supplies implemented • Maintain accurate inventory • Return nondisposable supplies at the end of the operation 	<p>Time:</p> <p>Task completed? Fully ___ Partially ___ Not ___ N/A ___</p>

Activity 2: Activate Mass Prophylaxis

Activity Description

Upon notification, activate PODs for mass prophylaxis operations.

Tasks Observed

Check those that were observed and provide the time of observation.

Note: Asterisks () denote Performance Measures and Performance Indicators associated with a task.*

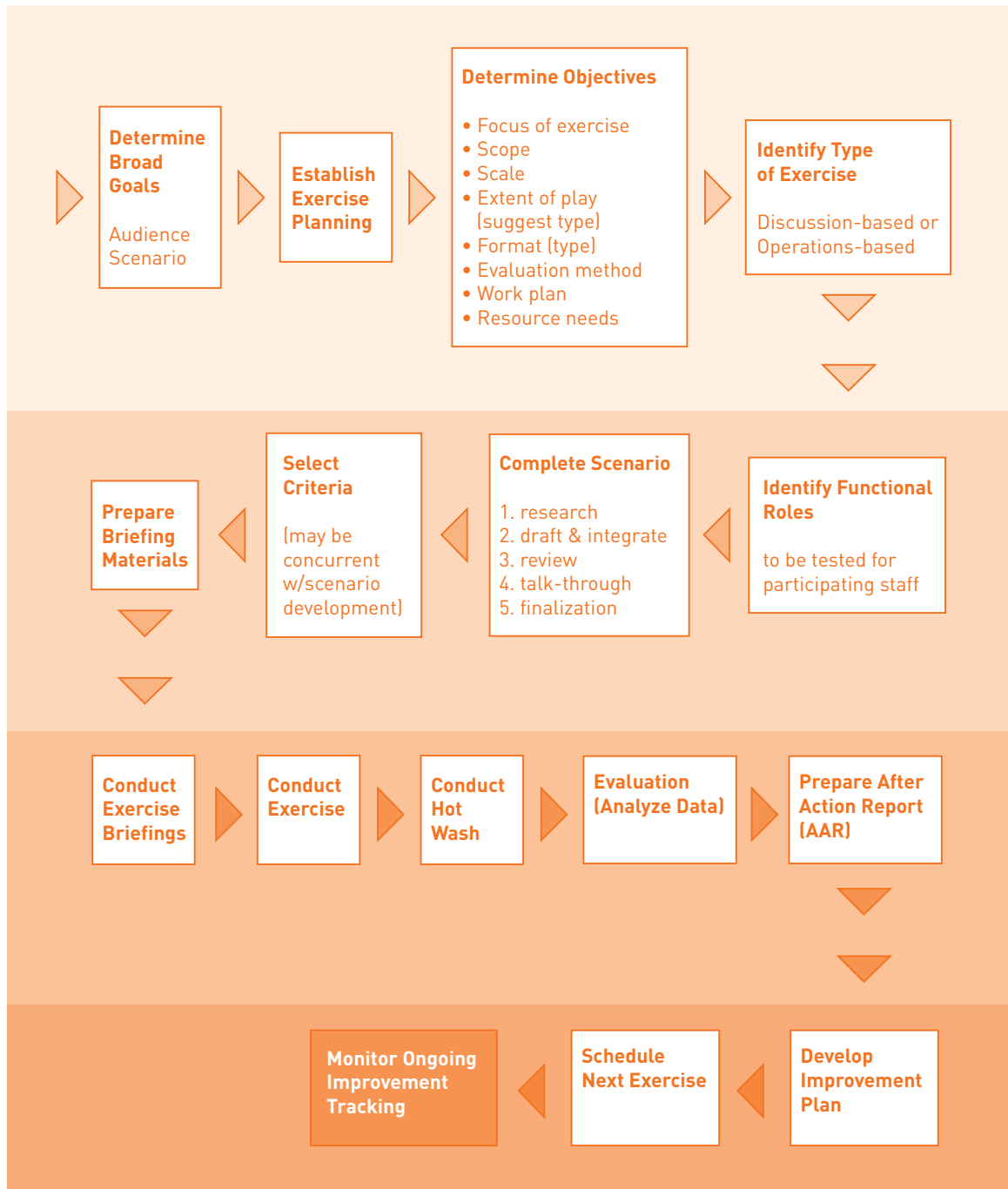
Please record the observed indicator for each measure.

Tasks/Observation Keys	Time of Observation/Task Completion	
<p>2.1. Initiate call-down lists for mass prophylaxis site staffing.</p> <ul style="list-style-type: none"> • Identify and contact primary incident command positions (e.g., operations, logistics) • Initiate call-down list (contact information accurate and up to date) • Identify anticipated and surge staff to meet anticipated need • Conduct in-briefing and just-in-time training to staff (e.g., orientation and site walk-through) 	<p>Time:</p> <p>Task completed?</p> <p>Fully ___ Partially ___ Not ___ N/A ___</p>	
<p>* Percentage of identified personnel receiving notification of the operation</p>	<p>Target 100%</p>	<p>Actual</p>

Appendix B:

Exercise Flowchart

The exercise process begins with the selection of the type of exercise to be conducted. The flowchart below illustrates this process.



Appendix C:

Menu of Criteria for Evaluating the Performance of LPHA Emergency Drills and Exercises

Note: Select these criteria based on their relevance to the type of exercise you will be conducting. Acronyms are defined in Appendix D.

Initial Response Command and Control

- 1 Identify health department's internal Incident Commander (IC) immediately upon notification that emergency management will be used in response to an incident.
- 2 Identify and activate* all health department internal Incident Command System (ICS) positions (e.g., public informational officer, liaison, safety officer, appropriate section chiefs, etc.) within 30 minutes, regardless of time of day (24/7/365).
- 3 Centralize all initial/available/relevant information to agency's ICS Planning Section using a situation board or equivalent within 15 minutes.
- 4 Establish a public health Incident Action Plan (IAP) within 30 minutes following the establishment of the department's EOC, describing primary objectives and overall strategy to be accomplished by the health department in the first 24 hours of the incident.
- 5 Activate appropriate ICS general staff sections within 60 minutes of initial activation of internal ICS.
- 6 Retrieve and make available to ICS command staff portions of state/local public health laws and codes pertaining to the specific emergency.
- 7 Activate plan for operating/closing routine health department operations within 30 minutes of initial activation of internal ICS.

*activate = notified and in communication, not necessarily on site.

Communication

- 1 Establish liaison with the jurisdictional JIC within 15 minutes of notifying the IC that the JIC is operational.
- 2 Draft and approve public information for anticipated phases of response within 2 hours of establishing the agency's EOC.
- 3 Identify key partners (e.g., other health jurisdictions, law enforcement, hospitals, etc.) and convey initial public health information to these partners no later than 1 hour after approval of such information by the agency's IC.
- 4 Establish a schedule to update partners on a regular basis.
- 5 Test backup communications procedures.
- 6 Identify a public health spokesperson whose experience is applicable to the nature of the emergency (e.g., health director, health officer, epidemiologist, etc.).
- 7 Develop and convey SOCO through the ICS structure.
- 8 Update and distribute SOCO (e.g., posted to situation boards) as needed, but at least every 4 hours.

Early Recognition/Surveillance and Epidemiology

- 1 Establish event-specific surveillance within 60 minutes of establishing the EOC.
- 2 Establish a preliminary case definition.
- 3 Communicate adjustments to surveillance as needed to and from the internal public health IC.
- 4 Implement changes/enhancements in surveillance within 1 hour of approval by the internal public health IC.
- 5 Complete epidemiology investigation plan (including tools and forms) within 2 hours of establishing the agency's EOC.
- 6 Prepare field staff prior to deployment, including PPE if needed.
- 7 Establish time interval(s) for updating epidemiology investigation plan based on reassessment of available information.

Sample Testing

- 1 Select laboratory resources and requirements specific to agent/incident.
- 2 **A.** Develop targeted protocols and procedures for collection of samples within 60 minutes of notification of incident by the IC. Protocols and procedures should pertain to the specific emergency.
B. Disseminate developed protocols to involved staff prior to deployment.
- 3 Ensure that case investigators are appropriately prepared and protected (via PPE) prior to deployment.
- 4 Deploy field workers to sites within 60 minutes of final IAP.
- 5 Pack and ship/transport samples in a manner consistent with laboratory requirements.

Evidence Management

- 1 Confirm evidentiary requirements with relevant agencies through jurisdiction-wide NIMS partners prior to collecting personal or environmental samples/specimens.
- 2 Establish arrangements for maintaining chain of evidence prior to collection of any samples/specimens.

Mass Prophylaxis, Mass Immunization, and Pharmaceutical Stockpiles

- 1 Adapt generic mass-dispensing strategy to specific event within 60 minutes of notification.
- 2 Staff dispensing site(s) with adequate and appropriate personnel for mass dispensing (including volunteer surge staff) prior to site opening.
- 3 Identify and request any just-in-time training needs (including use of PPE) at least 2 hours prior to site opening.
- 4 Ensure that system is fully in place for restocking supplies throughout duration of site activation.
- 5 Ensure that system is fully in place for rotating and/or relieving staff throughout duration of site activation.
- 6 Prepare and deliver all required record-keeping supplies to site coordinator prior to site opening.

Mass Patient Care

- 1 Adapt generic mass patient-care strategy to specific event within 60 minutes of notification.
- 2 Staff mass care site(s) with adequate and appropriate personnel (including volunteer surge staff) prior to site opening.
- 3 Identify and request any just-in-time training needs (including use of PPE) at least 2 hours prior to site opening.
- 4 Ensure that system is fully in place for restocking supplies throughout duration of site activation.
- 5 Ensure that system is fully in place for rotating and/or relieving staff throughout duration of site activation.
- 6 Prepare and deliver all required record-keeping supplies to site coordinator prior to site opening.

Mass Fatality Management

- 1 Identify suitable facility (if needed) prior to dispatching pickup vehicles.
- 2 Develop plan for transporting bodies (including routes and expected time frames) prior to dispatching pickup vehicles.

Environmental Surety

- 1 Develop/adapt strategy for control of environment rendered hazardous by the event within 30 minutes of site identification.
- 2 Identify specific characteristics of affected areas and report to IC within 30 minutes of arrival on site.
- 3 Establish PPE criteria for staff.

Appendix D:

Acronym Definitions

AAR	After Action Report
BDS	Biological Detection System
DHS	Department of Homeland Security
EOC	Emergency Operations Center
FE	Functional Exercise
FSE	Full-scale Exercise
HO	Health Officer
HSEEP	Homeland Security Exercise and Evaluation Program
IAP	Incident Action Plan
IC	Incident Commander
ICS	Incident Command System
IP	Improvement Plan
JAS	Job Action Sheet
JIC	Joint Information Center
LLIS	Lessons Learned Information Sharing
LPHA	Local Public Health Agency
MSEL	Master Scenario Event List
NIMS	National Incident Management System
NRP	National Response Plan
POD	Point of Distribution
PPE	Personal Protective Equipment
ODP	Office of Domestic Protection
SME	Subject Matter Expert
SNS	Strategic National Stockpile
SOCO	Single Overriding Communications Objectives
TTX	Tabletop Exercise

Terminology Definitions

After Action Report (AAR)

Used to provide feedback on performance during an exercise. It summarizes what happened and analyzes the performance of critical tasks. It includes recommendations for improvements to be addressed in an improvement plan. It uses multiple sources of collected data, including observations and information.

Actors

Volunteers or other members of the LPHA who act as patients or victims.

Briefing

A meeting to inform participants on the ground rules of conduct and their roles and responsibilities. Briefings cover the exercise objectives and scope, the parameters and limits of play, simulations, and how and when the debriefing process will occur. They are held before an exercise begins. Actors, players, observers, and data collectors/evaluators usually attend separate briefings.

Controllers

Monitor the flow of the drill or exercise. Their role is to ensure that the exercise is conducted in accordance with the scenario and the timeline and within established exercise scope and parameters. May or may not be from within the LPHA.

Data Collectors/Evaluators

Observe and record player action during TTX, drills, and exercises, evaluating effectiveness based on defined objectives and evaluation criteria. May or may not be from within the LPHA, depending on the size and scale of the exercise. Usually evaluate an area consistent with their expertise.

Exercise Play

The actual conduct of the exercise from initiation to termination.

Facilitators

Lead TTX group discussions so that all scenario issues and questions are addressed.

Hot Wash

An immediate debriefing session between players and members of the exercise planning team to discuss their preliminary observations. This information will inform the After Action Report.

Improvement Plan

Converts the lessons learned from the exercise into measurable steps that will result in improvements in response capabilities.

Injects

The terms inject and messages are used interchangeably and sometimes together. They are associated with the MSEL and link simulation to action and enhance the exercise. They are formatted and presented to reflect the data that would be observed in a real event. Message injects are instructions to controllers to insert information and/or begin simulations, actions, and contingency messages. Contingency messages are injects that are used when expected response actions do not occur. They redirect play so exercise goals can be met.

Master Scenario Events List (MSEL)

A chronological list of all exercise events and designated scenario times, including the event synopsis, expected response, and exercise objective (where applicable). Events from the MSEL are called “moves” and are “injected” sequentially into exercise play by controllers to generate or prompt player actions to ensure that all objectives are met.

Move

A discrete “event” within the exercise scenario (e.g., an emergency generator breaks down during the response).

Observers

Invited guests who have no official role in the conduct of a tabletop, drill, or full-scale exercise, although they may be asked to submit their observations.

Participants

All the people involved in carrying out the exercise. Includes actors, controllers, data collectors/evaluators, facilitators, and players. Does not include observers.

Player

An individual or member of the response organization (LPHA personnel) who is playing a defined functional role during an exercise under the incident command system (ICS)/National Incident Management System (NIMS) model.

Scope and Extent of Play

Establishes the parameters within which the exercise activity will be conducted; defines the duration, players’ involvement, level of detail and simulation, and extent of mobilization; informs whether exercise time and date will be announced or unannounced.

Simulation/Simulation Cell

An umbrella term that refers to artificially produced conditions that replicate real-life emergencies. The cell is responsible for artificially duplicating or role playing response activities.

Time Keeper/Recorder

Notes critical events and times during exercise.

Appendix E:

Exercise Planning Document Templates with Examples of Their Use

1. Planning Checklist—Full-scale Exercise
with Example of Use

2. Planning Checklist—Tabletop Exercise
with Example of Use

3. Planning Template—Tabletop Exercise
with Example of Use

4. Assignment and Location Form
with Example of Use

5. Job Action Sheet (JAS)
with Example of Use

Appendix E:

1. Exercise Planning Checklist—Full-scale Exercise

Purpose

A list of items or tasks that must be addressed during the planning phase

How to use

Fill in dates, names, and materials to be used for your specific exercise.

Planning timeframe is dependent on the scale of exercise.

Sample Planning Checklist— Full-scale Exercise

1. PLANNING TEAM				
Lydia Cook, John Gilbert, Odalis Diaz, Marion Bell, Ken Gricell				
Exercise Development Steps	Start Date	End Date	Assigned Staff	Status
Identify need for exercise	2/01/06		L. Cook	complete
Determine structure of planning team	2/01/06	2/03/06	J. Gilbert	complete
Develop work plan and schedule	2/03/06	2/10/06	O. Diaz	complete
Develop exercise evaluation plan	2/14/06	2/21/06	M. Bell	complete
Develop public information plan	2/14/06	2/21/06	K. Gricell	complete
2. EXERCISE DESIGN				
Identify overarching goals	2/03/06	2/10/06	Cook, Gilbert	complete
Establish purpose	2/01/06		Cook, Gilbert	
Establish scope and scale			Cook, Gilbert, Diaz	
Define extent of play			Diaz	
Develop objectives			Bell	
Determine exercise type (format, e.g., TTX, FSE, etc.)			Cook, Gilbert	
Develop exercise scenario narrative summary			Diaz	
Develop concept of operations				
Define exercise assumptions, artificialities				
Develop security plan (exercise safety)			Gricell	
Develop exercise timeline, master scenario events list, injects, and simulations				
Finalize scenario				
Define resource requirements and logistics plan				

Planning Checklist—Full-scale Exercise

1. PLANNING TEAM				
Exercise Development Steps	Start Date	End Date	Assigned Staff	Status
Identify need for exercise				
Determine structure of planning team				
Develop work plan and schedule				
Develop exercise evaluation plan				
Develop public information plan				
2. EXERCISE DESIGN				
Identify overarching goals				
Establish purpose				
Establish scope and scale				
Define extent of play				
Develop objectives				
Determine exercise type (format, e.g., TTX, FSE, etc.)				
Develop exercise scenario narrative summary				
Develop concept of operations				
Define exercise assumptions, artificialities				
Develop security plan (exercise safety)				
Develop exercise timeline, master scenario events list, injects, and simulations				
Finalize scenario				
Define resource requirements and logistics plan				

Planning Checklist—Full-scale Exercise (cont'd)

Exercise Development Steps	Start Date	End Date	Assigned Staff	Status
Develop briefing materials (exercise handbooks and forms):				
Controller/facilitator				
Evaluator/data collector				
Note taker/scribe				
Player				
Observer guidelines				
Exercise roster				
3. CONDUCT THE EXERCISE				
Conduct senior management pre-exercise briefings				
Conduct controller/facilitator, data collector/evaluator, observer, player training				
Conduct data collector/evaluator, observer, player pre-exercise briefing				
Conduct exercise				
4. EVALUATE THE EXERCISE				
Conduct participant hot wash				
Conduct controller, data collector/evaluator critique				
Collect exercise observation/data collection forms (notes)				
Develop initial after action report (AAR)				
Coordinate and evaluate findings				
Conduct senior management postexercise briefing				
Prepare final AAR				
5. POSTEXERCISE				
Develop improvement plan				
Track corrective actions				
Share lessons learned				

Appendix E:

2. Exercise Planning Checklist—Tabletop Exercise

Purpose

A list of items or tasks that must be addressed during the planning phase

How to use

Fill in dates, names, and materials to be used for your specific exercise. “X” indicates steps needed for tabletop exercise.

Sample Planning Checklist—Tabletop Exercise

1. PLANNING TEAM	FILL IN NAMES			
Exercise Development Steps	Start Date	End Date	Assigned Staff	Status
Identify need for exercise	2/01/06		Add Names	complete
Determine structure of planning team	2/01/06	2/03/06		complete
Develop work plan and schedule	2/03/06	2/10/06		complete
Develop exercise evaluation plan				complete
Develop public information plan				complete
2. EXERCISE DESIGN				
Identify overarching goals				
Establish purpose				
Establish scope and scale				
Define extent of play	n/a			
Develop objectives				
Determine exercise type (format, e.g., TTX, FSE, etc.)	2/16/06			
Develop exercise scenario narrative summary				
Develop concept of operations	n/a			
Define exercise assumptions, artificialities				
Develop security plan (exercise safety)	n/a			
Develop exercise timeline, master scenario events list, injects, and simulations				
Finalize scenario				
Define resource requirements and logistics plan				

Sample Planning Checklist— Tabletop Exercise (cont'd)

Exercise Development Steps	Start Date	End Date	Assigned Staff	Status
Develop briefing materials (exercise handbooks and forms):				
Controller/facilitator	X			
Evaluator/data collector				
Note taker/scribe	X			
Player	X			
Observer guidelines				
Exercise roster	X			
3. CONDUCT THE EXERCISE				
Conduct senior management pre-exercise briefings	X			
Conduct controller/facilitator, data collector/evaluator, observer, player training	X			
Conduct data collector/evaluator, observer, player pre-exercise briefing				
Conduct exercise	X			
4. EVALUATE THE EXERCISE				
Conduct participant hot wash	X			
Conduct controller, data collector/evaluator critique				
Collect exercise observation/ data collection forms (notes)	X			
Develop initial after action report (AAR)				
Coordinate and evaluate findings				
Conduct senior management postexercise briefing	X			
Prepare final AAR	X			
5. POSTEXERCISE				
Develop improvement plan	X			
Track corrective actions	X			
Share lessons learned	X			

Planning Checklist—Tabletop Exercise

1. PLANNING TEAM				
Exercise Development Steps	Start Date	End Date	Assigned Staff	Status
Identify need for exercise				
Determine structure of planning team				
Develop work plan and schedule				
Develop exercise evaluation plan				
Develop public information plan				
2. EXERCISE DESIGN				
Identify overarching goals				
Establish purpose				
Establish scope and scale				
Define extent of play				
Develop objectives				
Determine exercise type (format, e.g., TTX, FSE, etc.)				
Develop exercise scenario narrative summary				
Develop concept of operations				
Define exercise assumptions, artificialities				
Develop security plan (exercise safety)				
Develop exercise timeline, master scenario events list, injects, and simulations				
Finalize scenario				
Define resource requirements and logistics plan				

Planning Checklist—Full-scale Exercise (cont'd)

Exercise Development Steps	Start Date	End Date	Assigned Staff	Status
Develop briefing materials (exercise handbooks and forms):				
Controller/facilitator				
Evaluator/data collector				
Note taker/scribe				
Player				
Observer guidelines				
Exercise roster				
3. CONDUCT THE EXERCISE				
Conduct senior management pre-exercise briefings				
Conduct controller/facilitator, data collector/evaluator, observer, player training				
Conduct data collector/evaluator, observer, player pre-exercise briefing				
Conduct exercise				
4. EVALUATE THE EXERCISE				
Conduct participant hot wash				
Conduct controller, data collector/evaluator critique				
Collect exercise observation/data collection forms (notes)				
Develop initial after action report (AAR)				
Coordinate and evaluate findings				
Conduct senior management postexercise briefing				
Prepare final AAR				
5. POSTEXERCISE				
Develop improvement plan				
Track corrective actions				
Share lessons learned				

Appendix E:

3. Planning Template—Tabletop Exercise

Purpose

This preset format is used to guide the planning process.

How to use

Fill in dates, names, and materials as required for your specific exercise.

Sample Planning Template—Tabletop Exercise

Tabletop Exercise Exercise Anytown Flood		
Date Scheduled: November 10, 20xx	Initiation Time: 10 AM	Duration of Exercise: 4 hours
Facilitator: John Smith		Site: 3rd floor Conference Room
<p>Purpose: The purpose of this exercise is to give the participants an opportunity to evaluate their current emergency response plans and capabilities for responding to a flood in Anytown. This exercise will focus on key local public health emergency responder coordination, critical decisions, and the integration of other response sectors necessary to protect the public's health and save lives following a [type of disaster/emergency] event.</p> <p>Scope: The scope of this exercise will focus on Anytown Health Department's role in response to the potential consequences of a flood emergency. More important than minute details are processes and decision making. The emphasis should be on coordination, integration, problem identification, and problem resolution.</p>		
<p>Objectives: Participants will demonstrate the ability to:</p> <ol style="list-style-type: none">1. Identify priorities and responsibilities2. Reorder priorities based on new information3. Develop priorities in response to unexpected events		
<p>Players: Health Officer, Public Health Nurse, Epidemiologist</p>		
<p>Narrative: On Monday afternoon, after two weeks of rainy weather, Anytown's rivers are at high levels. Weather forecasters are indicating that a strong storm front is rapidly approaching the region. Heavy rains are predicted to start by Tuesday early morning.... Write opening narrative for scenario here.</p>		
<p>Scenario Development (Move I) By 11 AM on Tuesday, the Anytown river begins to overflow its banks.... The scenario and the chronological events continue here.</p>		

Sample Planning Template— Tabletop Exercise (cont'd)

Tabletop Exercise	
<p>Problem Statements: These are questions that the facilitator can verbally present which are then discussed, one at a time, by the group. Or written detailed events (messages) and related discussion questions can be given to individuals to answer from the perspective of their own organization and role, and then discussed in the group. (example)</p>	<p>A. Public health nursing What are your priorities and responsibilities? What are the time constraints you face?</p> <p>B. Health Officer As Incident Commander, what are your priorities and responsibilities?</p>
<p>Scenario Development (Move II) At 12 noon on Tuesday, floodwaters reach the Anytown waste treatment facility.... The scenario and the chronological events continue here.</p>	
<p>Problem Statements: Health Officer How will you adjust your priorities based on this new information?</p>	
<p>Scenario Development (Move III) By Tuesday morning, shelters are operating in two regional high schools. However, at around 1 PM, rapidly rising floodwaters overtake a bus headed for a shelter, filled with patients from the Anytown Rehabilitation Centre. Before rescuers can reach the bus, several elderly and immunocompromised evacuees are exposed to contaminated floodwater.... The scenario and chronological events continue here.</p>	
<p>Problem Statements: Epidemiologist What are your priorities in response to this exposure?</p>	

Planning Template—Tabletop Exercise

Tabletop Exercise: Exercise Anytown Flood		
Date Scheduled:	Initiation Time:	Duration of Exercise:
Facilitator:		Site:
Purpose:		
Scope:		
Objectives:		
Players:		
Narrative:		
Scenario Development (Move I)		

Planning Template—Tabletop Exercise (cont'd)

Tabletop Exercise

Problem Statements:

Scenario Development (Move II)

Problem Statements:

Scenario Development (Move III)

Problem Statements:

Appendix E:

4. Assignment and Location List

Purpose

Used to develop an assignment list and locations for exercise participants—that is, role players, controllers, and evaluators.

How to use

During the exercise planning phase, fill in as illustrated. Use as a reference for conducting the exercise.

Sample Assignment and Location Form

Location Name	Response Site	Assignment	Contact and Phone	
POD Site	EOC	Controller	Elaine Morrow Cell 5-6786	
	Anytown HS	POD Manager	Doug Weiss Nextel 5-7845	
	EOC/HS	Transport	Rodolfo Delano Nextel 5-3423	
	Anytown HS	Greeter	Norma Markson Contact through POD manager	
			POD Registration Section Chief	
			POD Evaluation Section Chief	
		POD Distribution Section Chief		

Assignment and Location Form

Location Name	Response Site	Assignment	Contact and Phone

Appendix E:

5. Job Action Sheet

Purpose

A written statement listing the elements of a particular functional role in the exercise. Include this form in exercise manuals for role players.

How to use

Job action sheets are developed for the various functional roles played in an exercise. They list the elements of a particular job or occupation (e.g., purpose, duties, equipment used, qualifications, training, physical and mental demands, working conditions).

Sample Job Action Sheet

Job Action Sheet		
Role: POD Site Manager		
You Report to: Edwin Lewis, County Administrator		
Qualifications: General knowledge of ICS and community resources		
Mission: Provide overall site command for POD location. Assure communication is maintained with the County Administrator, Anytown Situation Room, and local EOC.		
Location Assigned: Anytown High School Auditorium		
Immediate Actions: Report to Edwin Lewis Clarify role and functions		
Task	Completed	Time
Review Job Action Sheet.		8:25 AM
Meet with command staff officers to review plans and activities.		8:30
Meet with chiefs from each of the four sections to review plans and activities.		9:00
Communicate with safety officer and section chiefs on an ongoing basis.		Schedule every 2 hours

Job Action Sheet

Role:

You Report to:

Qualifications:

Mission:

Location Assigned:

Immediate Actions:

Task	Completed	Time

Appendix F:

Data Collection/Evaluation Forms with Examples of Their Use

1. Data Collector Observation Log
2. Role Evaluation Checklist with Example for Role of Clinic Manager (Flu Scenario)
3. Station-specific Throughput Timesheet
4. Actor-specific Throughput Timesheet
5. Participant Feedback Form
6. Hot Wash/Debriefing
7. After Action Report
8. Tracking Improvement Checklist

Appendix F:

Data Collection and Evaluation Forms

Purpose

These sample forms can be used to collect the data required to evaluate the exercise and to create an improvement plan.

How to Use These Forms

1. Data Collector Observation Log

Used to collect the observations in the field during the exercise. Player action is observed. The data collector determines if the criteria selected by the planning team were met or not met, not observed, or not applicable during their observation. Observation methods are Look, Listen, and Ask (but do not interfere with operations being conducted during the exercise). Data collectors record when, where, and what is happening.

Step 1. Data collector fills out his/her name and contact information (important if he/she must be contacted for clarification). The planning team should complete both the location/site (where the data collector is assigned) and LPHA contact information in advance.

Step 2. Data collector fills out the date of the exercise, the time he/she started observing, and the time he/she stopped observing.

Step 3. The list of criteria and expected actions are periodically reviewed and checked as completed, met, not met, not observed, or not applicable.

Step 4. The last page of the evaluation form is used for comments or to document specific observations about problems encountered by the exercise participants and suggestions or solutions for improvement.

2. Role Evaluation Checklist

Used by the data collector or evaluator to document their observations during the exercise.

3. Station-specific Throughput Timesheet

For use at a Mass Care or Point of Distribution (POD) Exercise. The sheet is utilized at each station to note the time of arrival and departure from that particular

station. It helps to determine if there are problems related to moving patients through the established mass care facility or POD.

4. Actor-specific Throughput Timesheet

Intended for use at a Mass Care or POD Exercise. The sheet is carried by each patient actor to note the time of arrival and departure as they travel from station to station in the mass care facility or POD. It documents

the time required for a “patient” to travel through the site, if he/she was directed properly, and helps to gauge site capacity.

5. Participant Feedback Form

Used to gather specific feedback from exercise participants. These feedback data are analyzed for improving future exercises.

6. Hot Wash/Debriefing

Used after the exercise to capture the results from players and participants to improve future exercises. The hot wash is conducted by a facilitator and guided by discussion points. The proceedings are documented by a note-taker or recorded, then analyzed by the exercise team.

7. After Action Report

Used to document the outcome of an exercise. This is the responsibility of the exercise team (or consultant if one is used). This is a standard format for organizing evaluation data that has been collected and analyzed.

8. Tracking Improvement Checklist

Catalogues items or tasks to be considered for improving the emergency preparedness plan based on the After Action Report.

Appendix F:

1. Data Collector Observation Log

Sample Data Collector Observation Log

Data Collector Observation Log	
Date:	Location: EOC
Name: Renata F.	Assignment: Command
Time	Event Description/Assessment
8:00 AM	Phone call received from Hospital A of unusual death from flu-like symptoms. Call received by (name/role of staff member).
8:15 AM	Health director/officer makes decision to activate the departmental EOC.
8:20 AM	Departmental IC notifies state department of health.

SAMPLE

Data Collector Observation Log

Date:

Location:

Name:

Assignment:

Time	Event Description/Assessment

Appendix F:

2. Role Evaluation Checklist

Sample Role Evaluation Checklist

Role Evaluation Checklist					
Role Being Evaluated: Clinic Manager (Exercise Scenario-FLU)					
Incident: Mass prophylaxis point of distribution (POD)					
Outcome: Protection			Location: Anytown High School		
Response Element: PH staff and volunteers			Jurisdiction: Anytown Municipal District		
Evaluator: John Smith			LPHA Contact: Site Commander		
Date of Exercise: 4/14/06		Start Time: 8:00 AM		End Time: 4:00 PM	
Part I. For each criterion, check the appropriate column and add comments as appropriate.					
LPHA Criteria	Met	Not Met	Not Observed	N/A	Comments/ Recommendations
1. Generic mass-dispensing strategy adapted to specific event within 60 minutes of notification.		X			Exceeded limit within "exercise time frame"
2. Dispensing site(s) staffed with adequate and appropriate personnel for mass dispensing (including volunteer surge staff) prior to site opening time.	X				
3. Just-in-time training (including use of PPE) identified and completed at least 2 hours prior to site opening.		X			Took more than time allotted
4. System in place to restock supplies throughout duration of site activation.		X			Restocking delayed due to transport not able to get through
5. System in place to rotate or relieve staff throughout duration of site activation.	X				
6. All required record-keeping supplies prepared and delivered to site coordinator prior to site opening.	X				

Sample Role Evaluation Checklist (cont'd)

Role Evaluation Checklist					
Job Action Sheet (JAS) Criteria: Clinic Manager (Flu Scenario)					
Part II. Job Action Evaluation					
Mission: Oversee all POD functions.	Met	Not Met	Not Observed	N/A	Comments/ Recommendations
1. Read entire JAS.	X				
2. Obtained briefing from mass care unit leader.	X				
3. Obtained list of assigned staff and site location.	X				Noted and recorded
4. Ensured that all assigned staff were present at work site.	X				All staff were in attendance.
5. Briefed all POD staff on the current situation; communicated the Incident Action Plan (IAP).	X				
6. Assigned JAS and tasks to the POD staff.	X				
7. Ensured that all necessary paperwork and supplies were in place at work site in advance.	X				
8. Received and forwarded all requests for additional personnel, equipment, supplies, and transportation.	X				
9. Continually reassessed work flow and patient flow.	X				

Sample Role Evaluation Checklist (cont'd)

Role Evaluation Checklist					
Job Action Sheet (JAS) Criteria: Clinic Manager (Flu Scenario)					
Part II. Job Action Evaluation					
Mission: Oversee all POD functions.	Met	Not Met	Not Observed	N/A	Comments/ Recommendations
10. Ensured that time and attendance were communicated to mass care unit leader using appropriate forms.	X				
11. Maintained written log of all activities and communications.		X			Fell behind in this
12. Briefed the assistant clinic managers—clinical services and logistics —on POD issues on a periodic basis.	X				
13. Ensured that issues of concern were related to mass care unit leader ASAP.	X				
14. Monitored staff for signs of stress and fatigue.		X			
15. Monitored supplies.		X			Resulted in failure of supply chain
16. Prepared end-of-shift report for mass care director and incoming clinic manager.	X				
17. Planned for the possibility of extended deployment.	X				

Sample Role Evaluation Checklist (cont'd)

Role Evaluation Checklist
Part III. Please provide additional comments here, including problems identified: There was insufficient information coming to the clinic manager from operations staff. The EOC was slow to help in contacting operations staff.
SAMPLE

Role Evaluation Checklist

Role Being Evaluated:

Incident:

Outcome:

Location:

Response Element:

Jurisdiction:

Evaluator:

LPHA Contact:

Date of Exercise:

Start Time:

End Time:

PART I. For each criterion, check the appropriate column and add comments as appropriate.

LPHA Criteria	Met	Not Met	Not Observed	N/A	Comments/ Recommendations

Role Evaluation Checklist (cont'd)

Job Action Sheet (JAS) Criteria:

PART II. Job Action Evaluation

Mission:	Met	Not Met	Not Observed	N/A	Comments/ Recommendations

Role Evaluation Checklist (cont'd)

PART III. Please provide additional comments here, including problems identified:

3. Station-specific Throughput Timesheet

Station ID:		Date:	
Actor ID	Time In	Time Out	Comments

4. Actor-specific Throughput Timesheet

Actor ID:			Date:	
Station ID	Time In	Time Out	Evaluator Initials	Comments

5. Participant Feedback

Name of Exercise:

Participant Name:

Agency:

Role: Player Observer Facilitator Date:

Part I. Recommendations and Action Steps

1. Based on today’s exercise and tasks identified, list important strengths and/or areas for improvement.

Empty lines for writing responses to question 1.

2. Identify the corrective actions needed to address the identified issues. For each one, rate it as high, medium, or low priority.

Empty lines for writing responses to question 2.

3. What corrective actions should be taken in your area of responsibility?

Empty lines for writing responses to question 3.

4. What policies, plans, and procedures should be reviewed, revised, or developed? List in order and indicate the priority level for each.

Empty lines for writing responses to question 4.

Participant Feedback (cont'd)

Part II. Design and Conduct of Exercise

1. Please rate the following on a scale of 1 to 5, with 1 indicating strong disagreement with the statement and 5 indicating strong agreement.

Assessments

The exercise was well organized and structured.	1	2	3	4	5
The exercise scenario was realistic.	1	2	3	4	5
The briefing and/or presentation helped me understand and become engaged in the scenario.	1	2	3	4	5
The facilitator(s)/controller(s) was knowledgeable about the material and kept the exercise on target.	1	2	3	4	5
The exercise handbook used during the exercise was a valuable tool throughout the exercise.	1	2	3	4	5
Participation in the exercise was appropriate for my role.	1	2	3	4	5
The level and mix of disciplines and participants included the right people for this exercise.	1	2	3	4	5
After this exercise, I believe my agency/jurisdiction is better prepared to deal successfully with the scenario that was exercised.	1	2	3	4	5

2. How would you improve this exercise? What changes would you make?

Appendix F:

6. Hot Wash/Debriefing

Sample Hot Wash/Debriefing Format

Hot Wash/Debriefing Format
OVERVIEW
<ul style="list-style-type: none">• Date/Location: [Jurisdiction] hosted a [Type of Exercise] on [Date]. Attendees included representatives from: [List Attendees].
<ul style="list-style-type: none">• Hot Wash: After the exercise's conclusion, exercise planners met briefly to discuss the exercise conduct and planning process. Discussion primarily focused on three aspects: expectations, after-action items, and the planning process.
DISCUSSION POINTS
<ol style="list-style-type: none">1. Expectations:
<ol style="list-style-type: none">2. After Action Items: Planning group members emphasized the following issues as critical to the After Action Report/Improvement Plan's success:
<ol style="list-style-type: none">3. Exercise Design: Exercise planners noted the following about the exercise planning process:
<ol style="list-style-type: none">4. Other: The planning group also noted the following:

Appendix F:

7. After Action Report

Sample After Action Report Format

After Action Report Format
1. Executive Summary:
2. Exercise Overview: (who participated, including departments, agencies, jurisdictions; dates of play; location, etc.)
3. Exercise Goals and Objectives:
4. Synopsis of the Events:
5. Analysis of Outcomes:
6. Analysis of Critical Task Performance:
7. Conclusion (including Improvement Plan):

SAMPLE

Appendix F:

8. Tracking Improvement Checklist

Sample Tracking Improvement Checklist

1. PLANNING TEAM:	COMMAND	OPERATIONS	LOGISTICS	PLANNING	FINANCE/ ADMIN	
ITEMS FOR ACTION						CORRECTIVE ACTIONS
Improve communication with EOC	P			O		Steps taken to purchase new cell phones
Improve POD plan layout		O	P	C		Medical evaluation section will be moved to improve flow
Improve methods for maintaining chain of evidence			C	P		Training scheduled for 4/1/06
Improve mechanism of delivery of supplies		S	C		P	Revise contracts with delivery vendors
Improve site selection			P	O		Meet with community members for selection of future sites
P = Primary Responsibility S = Secondary/Support O = Oversight C = Coordination Role						

Appendix G:

Exercise Playbook and Scenario

1. Sample Scenario
2. Sample Full-scale Exercise Playbook
3. Tabletop Exercise
Suggested Schedule
4. Tabletop Exercise
Sample Facilitator Guidance/Questions/Problem Statements

Appendix G:

1. Sample Scenario

At [Hospital name]'s emergency department, a doctor sees his first patient, a 22-year-old male student. The patient's father states he has been complaining of weakness and chills and developed a temperature of 105°F. The father adds that during the past two days, the patient has experienced increased difficulty breathing and has a past medical history of severe asthma. Nothing in the patient's recent history accounts for this sudden illness. The father thinks he may have caught a "bug" from one of his friends. The patient is admitted, but is unresponsive to medications.

The male student admitted to the hospital earlier in the day develops severe respiratory complications and dies just after [time of day]. Hospital officials notify the medical examiner's office. An autopsy is scheduled to determine the cause of his death.

Due to the rapidly increasing number of patients presenting with unusual symptoms, some of whom have died, notifications of such have taken place within the emergency response, medical, and public health communities.

Many of the patients do not seem to respond to decongestants, analgesics, antibiotics, or antiviral medication therapy. The lack of response to the initial treatment regimens and growing number of patients prompt physicians to seek advice and consultation from the public health department. The local health department alerts the state department of health.

By late [time], approximately [number] patients have reported to area hospitals and clinics with this severe, flu-like syndrome. The most severe cases have been hospitalized; however, there are many more waiting in emergency rooms. Some hospitals have gone on diversion status. Some patients have died since admission. As a result, the medical examiner's office has been called in to perform a growing number of autopsies.

A story reporting the increase in flu-like illnesses and related deaths appears in the local news. Public health department officials and their public information officers (PIOs) begin meeting to develop their public information strategy.

Appendix G:

2. Sample Full-scale Exercise Playbook

Sample components have been included. These will vary by the role of the player or participant.

Name

Date

Site of Exercise

Player (e.g., POD Site Manager) or **Participant** (e.g., Data Collector)

Purpose

The purpose of this exercise is to give the participants an opportunity to evaluate their current emergency response plans and capabilities for responding to a [type] event in the [your health department/community's name]. This exercise will focus on key local public health agency emergency response coordination, critical decisions, and the integration of other response sectors as necessary to protect the public's health and save lives following a [type of disaster/emergency event].

Scope

The scope of this exercise will focus on [your agency's name] role in response to the potential consequences of a [type of disaster/emergency event]. More important than minute details are processes and decision making. The emphasis should be on coordination, integration, problem identification, and problem resolution.

Objectives

The exercise will focus on the following objectives:

- Increase bioterrorism awareness
- Assess level of emergency preparedness in the health department and its ability to respond during a public health emergency
- Identify triggers for activating the incident command system (ICS)
- Evaluate effectiveness of ICS policies, procedures, and staff roles
- Update and revise the emergency management plan from lessons learned during the full-scale exercise.

Roles and Responsibilities

Players respond to the situation presented based on expert knowledge of response procedures and current plans and procedures in place in their agency or their community.

Observers support the exercise and its planning team by offering insight; however, they do not participate in the exercise.

Data Collectors/Evaluators are involved in drills and exercises as well as TTX. They are responsible for observing player action and evaluating effectiveness based on defined objectives and evaluation criteria. They may or may not be from within the LPHA, depending on the size and scale of the exercise. They usually evaluate an area consistent with their expertise and will record and note the actions of the players.

Assumptions

Assumptions and artificialities may be necessary to complete play in the time allotted. During this exercise, the following apply:

- The scenario is plausible, and events occur as they are presented.
- Everyone receives information at the same time.
- Local exercise players will concentrate on the local response, assuming that federal and state responders have their own plans, procedures, and protocols in place and operating.

Simulations and Artificialities

Fill in the mechanisms used to artificially simulate events, activities, or actions within the scenario to allow for further exercise response.

Rules of Conduct and Safety Information

This should include vitally important information that provides for the safe conduct and protection of **all persons** involved in the exercise. Include mechanisms for initiating and discontinuing the exercise. Also include the mechanism for responding to actual emergencies or accidents should they occur during implementation of an exercise. In addition, it should include the following information for exercise players:

- Respond based on your own knowledge and training of your LPHA's current plans and capabilities; use only existing assets.
- Make decisions based on the circumstances presented.
- Assume the cooperation and support of other exercise players/responders and agencies.
- The written material (including simulations or injects provided by the controller) should serve as the basis for discussion.

Appendix G:

3. Tabletop Exercise

Suggested Schedule 1

[Time]	Welcome and introduction
[Time]	Player and participant briefings
[Time]	Exercise begins
[Time]	Lunch
[Time]	Exercise ends. Submit any exercise materials to [specify name]
[Time]	Hot wash begins—report to: [site]
[Time]	Closing comments

Suggested Schedule 2

[Time]	Welcome and introduction
[Time]	Module I Situation briefing Facilitated discussion
[Time]	Module II Initial response Situation update Breakout groups
[Time]	Lunch
[Time]	Module III Response and recovery Situation update Breakout groups Facilitated discussion
[Time]	Review and conclusion
[Time]	Closing comments

Appendix G:

4. Tabletop Exercise

Sample Facilitator Guidance/Questions/Problem Statements

1. If the number of cases escalates, what actions will be taken to manage the increase in cases, given a scenario in which the scale of the public health emergency has not yet been defined?
2. What epidemiological and environmental expertise is needed to identify and contain the source of this public health emergency? Where and from whom would you seek assistance? Who will coordinate information?
3. When would clinical or environmental samples be collected? When would you expect to have the results back and how would you track them?
4. Are the area laboratories adequate to identify suspected biological agents? If not, where would you seek assistance, who will coordinate this information?
5. Have you anticipated the kind of inquiries expected from the public and the media?
6. What is your agency's established method of health surveillance? What other agencies will be involved in this effort?
7. Are there provisions for collecting data on new cases from private practice physicians and community health care agencies? How will this information be shared with the medical community?

