



Instruction and Guidance for Editing and Conducting the CDPHE Pneumonic Plague Functional Exercise

Instructions

The exercise documentation packet for the *CDPHE Pneumonic Plague Functional Exercise Series “Coughmonic”* will provide your healthcare coalition with the base documents needed to conduct and evaluate a functional exercise. These documents should be used by your local healthcare coalition, and its members, to design and tailor a functional exercise. Four mandatory objectives have been created by the CDPHE Exercise Design Committee, and these must be tested and evaluated during the functional exercise. You have also been provided a list of suggested functions and tasks (*CDPHE Functional Exercise Objectives, Functions and Tasks List*), which may help evaluate these objectives. These functions and tasks can be modified, changed or removed, according to the HCCs preference. Additional objectives and associated functions and tasks may be created and evaluated by healthcare coalitions, or individual agencies within the coalition. Objectives do not have to be the same for each agency, and can be modified within the coalition or agency; although each agency will respond to the same scenario during exercise play on the region’s selected date.

Individual agencies within the coalition should participate in planning the functional exercise, and should modify exercise objectives and tasks according to their exercising needs. An exercise planning team comprised of HCC members is highly recommended in order to facilitate the modification of, and additions to, existing base exercise documents. All HCC member agencies are encouraged to participate in the functional exercise, and should all attempt to meet individual exercise requirements by modifying exercise documents (these may be Joint Commission requirements, CMS requirements, EMPG requirements, etc).

Functional exercises involve rapid decision making and the simulated deployment of resources and personnel, however, no actual response activities will take place. The simulated environment allows participants to focus on command and control functions, communications, coordination among response partners, and the implementation of policies and procedures, without actually deploying resources.

Exercise Participants: Healthcare coalition members including ESF 8 partners, healthcare organizations, community response personnel and community leaders will monitor public health, medical, and mental/behavioral health needs of the community, throughout incident response. Exercise players will be healthcare coalition members, community response partners, and those who would play an active role in response to a public health emergency.

Exercise evaluators should be identified from partners within the community who are familiar with response processes and procedures, and who can give constructive and accurate feedback on observed response actions. If an HCC has a difficult time recruiting

evaluators for each site of play, please contact CDPHE to seek additional evaluator resources from OEPR staff.

Evaluators should be located at each exercise site. Each evaluator should receive an Exercise Evaluation Guide (EEG) which outlines specific activities and tasks to be evaluated. EEG templates have been provided for modification by exercise planning team members. There will be no actual deployment of resources; therefore the evaluators will derive the majority of their observations from audible cues. Players will receive communications instructions in the Player Information Handout. Further instructions and evaluation specifics are included in the Controller/Evaluator Handbook.

Exercise controllers should be identified for each location that will be participating in the exercise. The HCC should identify a senior controller, who will remain in contact with lead controllers at each active site of play during the exercise (these may include local EOCs, PH DOCs, Hospitals, Clinics, Behavioral Health Centers, POD locations, and any other location that would like to participate in the exercise). The role of controllers will be critical to maintain exercise situational awareness at each active exercise site.

***Any issues that warrant attention or a “Stop-Exercise” should be communicated to the CDPHE Lead Controller (*this number and radio contact information will be given on the Region Specific Exercise Communication Plan, to be distributed to each region prior to the exercise date.*)

In order to meet exercise objectives, the exercise control staff will play an active role-delivering injects, guiding the pace of play and creating a simulated environment. Control staff should be positioned at the each exercise site of play, as designated by healthcare coalition members. The Simulation Cell (SimCell) supported by CDPHE will be in regular contact with each exercise location for coordination purposes, throughout the exercise. Further instructions and controller specifics are included in the CE Handbook, however this guidance should be modified by local planning teams.

Suggested players include:

Healthcare Coalition Partners

Community Partners

Public Health (ESF 8)

Law Enforcement Representative

Hospitals

Fire Representative

Behavioral Health Partners

Public Works Representative

Emergency Managers

VOAD Representative

EMS

Public Information Officers

Community Healthcare partners (LTC, Nursing homes, clinics)

Community decision makers

These are only recommendations; all community response partners are encouraged to participate in the functional exercise series. Their participation will benefit the community, and help prepare everyone prepare to respond to the full scale exercise that will take place across Colorado in June 2017.

Preparing Exercise Participants: All exercise participants should receive a briefing prior to exercise play. This includes a Player Briefing, Observer/VIP Briefing and Controller/Evaluator Briefing. PowerPoint Templates have been provided for editing

and modification in the exercise documentation packet, and are posted online at <https://www.colorado.gov/pacific/cdphe/emergency-preparedness-and-response-training-and-education/exercise-series>.

All participants should receive the Exercise Plan (ExPlan) as modified by the local HCC exercise planning team. This document will serve as the primary source of information for players; planning teams may choose to create additional player handouts or resources, as necessary. The base Exercise Plan is included in the CDPHE exercise documentation packet.

The Controllers and Evaluators Briefing should take place prior to the exercise, in order to provide enough time for preparation. At this briefing, controllers and evaluators should receive instruction and guidance for fulfilling their roles during exercise play. They will also receive a CE Handbook and the EEGs; the CE Handbook which will serve as their primary source of instructions and guidance. Both of these documents are for limited distribution: *players should not have access to their content*.

In order to maximize exercise play, you may provide a list of suggested read-ahead materials. Read-ahead materials might include:

- Local response plans, Management and Operations guidance (or at minimum, the sections and checklists that apply to their field of expertise)
- Your town / city / HCC's Emergency Operations Plan (EOP)
- Any other plans, policies or procedures that are applicable to this type of emergency response

Exercise Logistics: The simulated deployment of resources and personnel provides an exercise environment that is complex, yet economical. To conduct this exercise you will need separate room space to house response staff within each participating location. If the HCC, counties or region will be supporting a local SimCell, additional space to support this should also be identified. The SimCell serves as a surrogate for agencies and individuals who would typically play a role in response, but who are unable to participate in the exercise. CDPHE will be supporting a SimCell, and inject requests can be submitted by HCCs using the Functional Exercise HCC Report Form.

Exercise Marketing: Each HCC is responsible for marketing their exercise within the local community and to response partners. Marketing materials have been provided for your modification and use. We encourage you to let your community know what you are working on, and how you are training and exercising to be more prepared in an emergency.

A CO.Train ID has been set up for the Functional Exercise Series: **1058236**. Each HCC will need to “add a session” under this ID number, in order to allow your HCC participants to register for your exercise. If you are not an administrator in the CO.Train system, please contact your region's administrator, Kristen Campos (Kristen.Campos@state.co.us) or Nicole Cantrell (Nicole.Cantrell@state.co.us) at CDPHE for assistance.

Exercise Documents: As mentioned above, the critical exercise documentation has already been developed in template form and is ready for application. This includes the following:

- Exercise Plan
- Master Scenario Events List
- Controller/Evaluator Handbook
- Exercise Evaluation Guides
- Exercise Objectives List
- After Action Report Template (optional)
- HCC Report Form
- Player Briefing PPT
- Controller/Evaluator Briefing PPT

All of these documents have been developed to fit this specific CDPHE Pneumonic Plague Functional Exercise; however they may be further customized to fit the needs of your healthcare coalition, or agencies within the coalition. Areas that need specific modification within each document have been identified in the following manner: Exercise Plan changes are **Highlighted in grey**, instructions that should be deleted are **Highlighted in yellow**, information that should be modified in the PPTs is written in **RED**.

An important document used during the exercise will be the Master Scenario Events List (MSEL). The MSEL is a “chronological timeline of expected actions and scripted events that *controllers* inject into exercise play to generate or prompt player activity” (HSEEP Vol. I). This document provides expected actions and events for use by the HCC; however it should be modified to fit your HCC or agency plans, and additional injects should be added by the HCC planning team members. CDPHE will be sending additional injects to exercise participants from the CDPHE SimCell.

Exercise Communications: The contact information for each exercise location that is participating in the exercise should be reported to CDPHE by each HCC on the *HCC Report Form* no later than September 31, 2015. Region Specific communications plans will be compiled using this report form, and those plans will be sent out to regional participants prior to each region’s exercise date of play. Local HCC communication plans should be developed by HCC participants, to include identified local radio channels and communication methodologies that will be used during the exercise, prior to exercise play. These plans should be included as an annex in the ExPlan and the Controller/Evaluator handbook.

All communications during exercise play should be between exercise participants. Players should NOT contact outside/non-participating agencies or individuals. Two important rules for communicating during a functional exercise are:

- Begin and end all communications with: **“This is an exercise”**.
- When contacting another player or the SimCell: players and simulators should identify the position/agency they are trying to reach, as well as the position or agency they represent. This will allow the evaluators the opportunity to capture what is occurring.

Resources: Exercise planning teams within the healthcare coalition are encouraged to work with EPR Regional Staff and EPR Coordinators, the region’s CDPHE State Regional Point of Contact, the CDPHE Training and Exercise Coordinator, as well as local exercise

planning resources within the community for exercise design support, and implementation assistance.

If you have any questions, or need exercise design support along the way, don't hesitate to reach out to CDPHE-OEPR for assistance.

Each HCC is encouraged to share resources they develop as part of the exercise design process. If you come up with an interesting resource, a new or creative objective, another Exercise Evaluation Guide, or simply have an idea worth sharing with other HCC members, please pass those along to your CDPHE State Regional Point of Contact. They will be added to the CoShare resources page for others to utilize, and CDPHE will be sure to share them with coalitions within Colorado. Additional exercise resources may be created prior to the exercise dates, and those will be added to CoShare, posted on the webpage, and distributed to healthcare coalitions for utilization during the exercises.

