

NATIONAL EXERCISE PROGRAM Exercise Plan (ExPlan)

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**EBOLA PATIENT
11/07/2024**

PREFACE

The Ebola Patient Exercise is sponsored by Avera Queen of Peace (AQOP) Hospital. This Exercise Plan (ExPlan) was produced with input, advice, and assistance from the Avera Queen of Peace Hospital exercise planning team, which followed the guidance set forth in the Federal Emergency Management Agency (FEMA), Homeland Security Exercise and Evaluation Program (HSEEP).

The ExPlan gives officials, observers, media personnel, and players from participating organizations the information necessary to observe or participate in an exercise focusing on participants' emergency response plans, policies, and procedures as they pertain to the presentation of a possible Ebola Patient in a healthcare facility. The information in this document is current as of the date of publication (11/07/2024) and is subject to change as dictated by the Avera Queen of Peace Hospital exercise planning team.

The Ebola Patient Exercise is an *unclassified exercise*. The control of information is based more on public sensitivity regarding the nature of the exercise than on the actual exercise content. Some exercise material is intended for the exclusive use of exercise planners, controllers, and evaluators, but players may view other materials deemed necessary to their performance. The ExPlan may be viewed by all exercise participants.

All exercise participants should use appropriate guidelines to ensure the proper control of information within their areas of expertise and to protect this material in accordance with current organizational directives. Public release of exercise materials to third parties is at the discretion of Avera Queen of Peace Hospital.

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HANDLING INSTRUCTIONS

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4. For more information, please consult the following exercise point of contact (POC):

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CHAPTER 1: GENERAL INFORMATION

Introduction

The Ebola Patient Exercise is designed to establish a learning environment for players to exercise emergency response plans, policies, and procedures as they pertain to a hospital-based capability. To conduct an effective exercise, Subject Matter Experts (SME's) and local representatives from various healthcare organizations have taken part in the planning process or may be taking part in exercise conduct and evaluation.

This Exercise Plan (ExPlan) was produced at the direction of Avera Queen of Peace Hospital. The Ebola Patient Exercise is evidence of the growing partnership and interoperability between healthcare organizations and regional partners and demonstrates the forward thinking in regard to healthcare preparedness of Avera Queen of Peace Hospital.

Confidentiality

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Purpose

Successful recognition, isolation, and treatment require multiple objectives to be managed simultaneously:

This exercise evaluates the processes and decision-making hierarchy needed to implement and execute a Significant Biological Event (Ebola Patient) capability. It also provides an objective measure of the staff's ability to properly assess a situation, maintain the environment of care, and integrate the overall process of evacuation into the Hospital Incident Command System (HICS).

Target Capabilities

The National Planning Scenarios and the establishment of the National Preparedness Priorities have steered the focus of homeland security toward a capabilities-based planning approach. Capabilities-based planning focuses on planning under uncertainty, since the next danger or disaster can never be forecast with complete accuracy. Therefore, capabilities-based planning takes an all-hazards approach to planning and preparation which builds capabilities that can be applied to a wide variety of incidents.

The capabilities listed below have been selected by the Avera Queen of Peace Hospital planning team. These capabilities provide the foundation for development of the exercise objectives and scenario, as the purpose of this exercise is to measure and validate performance of these capabilities and their associated critical tasks.

- Activation and use of the facility’s Significant Biological Event Plan
- Onsite Incident Management
- Maintain environment of care for patients currently on the affected Unit/Department
- Measure response of Hospital/Clinic staff
- Establish Hospital Command Center
- Establish HICS Command and General Staff as needed
- Establish Isolation
- Utilize correct PPE

Exercise Objectives

The Ebola Patient Exercise planning team selected objectives that focus on evaluating emergency response procedures, identifying areas for improvement, and achieving a collaborative attitude. This exercise will focus on the following objectives:

1. *Recognition of the event.* Staff quickly recognized that the Patient answered “YES” to questions regarding travel outside the U.S.
2. *Staff Response.* Hospital staff was able to quickly place the Patients in Isolation.
3. *Knowledge of roles.* Staff was aware of their individual role during the Incident specific to their location and/or Department.
4. *Use of correct PPE.* Staff was able to properly Don and Doff appropriate PPE.
5. *Onsite Incident Management.* The Incident Command Team (ICT) will be evaluated on their ability to: assess a situation requiring specific response and integrate the overall process of evacuation into the Hospital Incident Command System (HICS).
6. *Notifications.* Staff and ICT were able to make notification to the South Dakota Dept. of Health (SDDOH) regarding a potential Ebola patient as well as Avera Brady and Mitchell Fire EMS.

CHAPTER 2: EXERCISE LOGISTICS

Exercise Summary

General

The Ebola Patient Exercise is designed to establish a learning environment for players to exercise their plans and procedures for a Significant Biological Event (Ebola Patient) in a healthcare facility. Exercise play is scheduled for two (2) hours or until the controller(s) determines that the exercise objectives have been met at each venue.

Assumptions

Assumptions constitute the implied factual foundation for the exercise and, hence, are assumed to be present before the start of the exercise. The following general assumptions apply to the Ebola Patient Exercise:

- The exercise will be conducted in a no-fault learning environment wherein systems and processes, not individuals, will be evaluated.
- Exercise simulation will be realistic and plausible, containing sufficient detail from which to respond.
- Exercise players will react to the information and situations as they are presented, in the same manner as if this had been a real event.

Constructs and Constraints

Constructs are exercise devices designed to enhance or improve exercise realism. Alternatively, constraints are exercise limitations that may detract from exercise realism. Constraints may be the inadvertent result of a faulty construct or may pertain to financial and staffing issues. Although there are a number of constructs and constraints (also known as exercise artificialities) for any exercise, the Ebola Patient Exercise planning team recognizes and accepts the following as necessary:

- Exercise communication and coordination will be limited to the participating hospital staff, community partners, and the simulation cell (SimCell). The SimCell for this exercise represents any outside response agencies, community partners, and Hospital Command Centers that are non-participating.
- The hospital staff may need to balance exercise play with real-world emergencies. It is understood that real-world emergencies will take priority.

Exercise Participants

The following are the categories of participants involved in this exercise; note that the term “participant” refers to all categories listed below, not just those playing in the exercise:

- *Players.* Players are hospital/agency personnel who have an active role in responding to the simulated emergency and perform their regular roles and responsibilities during the

exercise. Players initiate actions that will respond to and mitigate the simulated emergency.

- *Controllers.* Controllers set up and operate the exercise site; plan and manage exercise play; act in the roles of response individuals and agencies not playing in the exercise. Controllers direct the pace of exercise play and routinely include members from the exercise planning team. They provide key data to players and may prompt or initiate certain player actions to ensure exercise continuity.
- *Evaluators.* Evaluators are chosen to evaluate and provide feedback on a designated functional area of the exercise. They are chosen based on their expertise in the functional area(s) they have been assigned to review during the exercise and their familiarity with local emergency response procedures. Evaluators assess and document participants' performance against established emergency plans and exercise evaluation criteria, in accordance with HSEEP standards. They are typically chosen from amongst planning committee members or the agencies/organizations that are participating in the exercise.
- *Actors.* Actors are exercise participants who act or simulate specific roles during exercise play. They are typically volunteers who have been recruited to play the role of victims/patients or other bystanders.
- *Observers.* Observers visit or view selected segments of the exercise. Observers do not play in the exercise, and do not perform any control or evaluation functions.
- *Media Personnel.* Some media personnel may be present as observers pending approval by the Avera Queen of Peace Hospital. Media interaction may also be simulated by the SimCell to enhance realism and meet related exercise objectives.

Exercise Tools

Master Scenario Events List

The MSEL outlines benchmarks, as well as injects that drive exercise play. It also details realistic input to the exercise players as well as information expected to emanate from simulated organizations (i.e., those nonparticipating organizations, agencies, and individuals who would usually respond to the situation). An inject will include several items of information, such as inject time, intended recipient, responsible controller, inject type, a short description of the event, and the expected player action.

Exercise Implementation

Exercise Play

Exercise play will begin with a situation update going to charge nurses/department managers of the participating inpatient units. Play will proceed according to the events outlined in the MSEL, in accordance with established plans and procedures. The exercise will conclude upon the completion of operations and attainment of the exercise objectives, as determined by the controller.

Exercise Rules

The following are the general rules that govern exercise play:

- Real-world emergency actions take priority over exercise actions.
- Exercise participants will comply with real-world response procedures, unless otherwise directed by control staff.
- All external communications (written, radio, telephone, etc.) made during the exercise will begin and end with the phrase, “*This is an exercise.*”
- Exercise participants placing telephone calls or initiating radio communication with the SimCell must identify the organization, agency, office, and/or individual with whom they wish to speak.

Safety Requirements

General

Exercise participant safety takes priority over exercise events. All exercise participants share the basic responsibility for ensuring a safe environment for all personnel involved in the exercise. In addition, aspects of an emergency response are dangerous. Professional health and safety ethics should guide all participants to operate in their assigned roles in the safest manner possible. The following general requirements apply to the exercise:

- All exercise controllers, evaluators, and hospital staff will serve as safety observers while the exercise activities are underway. Any safety concerns must be immediately reported to the controller.
- Participants will be responsible for their own and each other’s safety during the exercise. It is the responsibility of all persons associated with the exercise to stop play if, in their opinion, a real safety problem exists. Once the problem is corrected, exercise play can be restarted.
- All hospital staff will comply with their respective environmental, health, and safety plans and procedures, as well as the appropriate Federal, State, and local environmental health and safety regulations.

Accident Reporting and Real Emergencies

For an emergency that requires assistance, the phrase will be “*Real-World Emergency.*” The following procedures should be used in case of a real emergency during the exercise:

- Anyone observing a participant who is seriously ill or injured will first advise the nearest controller; then if possible, render aid, provided the aid does not exceed his or her training.
- The controller who is made aware of a real emergency will initiate the broadcast “*Real-World Emergency.*” providing the following information to the facility point of contact:
 - Location within the healthcare facility

- Condition
- Requirements
- If the nature of the emergency requires a suspension of the exercise at the venue/function, all exercise activities at that facility will immediately cease. Exercise play may resume at that venue/function once the “*Real-World Emergency*” situation has been addressed.
- If a real emergency occurs that affects the entire exercise, the exercise may be suspended or terminated at the discretion of the controller.

Site Access

Security

The hospital public safety/security will control entry to the exercise venue. To prevent confusion and interruption of the exercise, access to the exercise site will be limited to exercise participants only. Players should advise the controller if an unauthorized person is present. Each facility should follow its internal security procedures, augmented as necessary to comply with exercise requirements.

Observer Coordination

Each organization with observers will coordinate with the host medical facility for access to the exercise site. Representatives from Avera Queen of Peace Hospital and/or the controller will be present to explain the exercise program and answer questions for the observers after the exercise conclusion.

Exercise Identification

All staff will be identified by Avera Queen of Peace Hospital identification badges. Exercise controllers, evaluators, and observers will be identified by vests with specific role designation. Communications Plan

Exercise Start, Suspension, and Termination Instructions

The exercise is scheduled to run for two (2) hours, or until the controller determines that the exercise objectives have been met. The controller will announce the start of the exercise and exercise suspension or termination through cellphone or portable radio communication.

All spoken and written external communication will start and end with the statement, “THIS IS AN EXERCISE.”

Player Communication

Players will use routine, in-place facility communication systems. Additional communication assets may be made available as the exercise progresses. The need to maintain capability for a real-world response may preclude the use of certain communication channels or systems that would usually be available for an actual emergency incident. In no instance will exercise communication interfere with real-world emergency communications. Each venue will coordinate its own internal communication networks and channels.

The primary means of communication among the SimCell, controller, and the venues will be via cell phone. A list of key telephone numbers will be available as a Communication Directory before the start of the exercise.

Player Briefing

Controllers will read specific scenario details to the participants to begin exercise play. They may also have technical handouts or other materials to give to players in order to better orient them to the exercise environment.

Public Affairs

This exercise enables players to demonstrate an increased readiness to facilitate a response for Significant Biological Event (Ebola Patient). Any public safety exercise may be a newsworthy event. Special attention must be given to the needs of the media, allowing them to get as complete and accurate a story as possible while ensuring their activities do not compromise the exercise realism, safety, or objectives.

Avera Queen of Peace Hospital is responsible for disseminating public information in advance of the Ebola Patient Exercise as desired.

CHAPTER 3: PLAYER GUIDELINES

Exercise Staff

Controller

The controller is responsible for the overall organization of the Ebola Patient Exercise. The controller monitors exercise progress and coordinates decisions regarding deviations or significant changes to the scenario caused by unexpected developments during play. The controller monitors actions by participants and ensures the implementation of all designated and modified actions at the appropriate time. The controller debriefs participants after the exercise and oversees the setup and takedown of the exercise.

Evaluators

Evaluators work as a team with controllers. Evaluators are SMEs who record events that take place in their assigned location and submit documentation for review and inclusion in the After Action Report (AAR). Evaluators should not have any direct interaction with the players.

Player Instructions

Before the Exercise

- Review the appropriate emergency plans, procedures, and exercise support documents.
- If you gain knowledge of the scenario before the exercise, notify a controller so that appropriate actions can be taken to ensure a valid evaluation.
- Please sign in.

During the Exercise

- Respond to the exercise events and information as if the emergency were real, unless otherwise directed by an exercise controller.
- Controllers will only give you information they are specifically directed to disseminate. You are expected to obtain other necessary information through existing emergency information channels.
- Do not engage in personal conversations with controllers, evaluators, observers, or media personnel while the exercise is in progress. If you are asked an exercise-related question, give a short, concise answer. If you are busy and cannot immediately respond, indicate so, but report back with an answer at the earliest time possible.
- If you do not understand the scope of the exercise or if you are uncertain about an organization's or agency's participation in an exercise, ask a controller.
- Parts of the scenario may seem implausible. Recognize that the exercise has objectives to satisfy and may require the incorporation of unrealistic aspects. Note that every effort has been made by the trusted agents to balance realism with safety and the creation of an effective learning and evaluation environment.

- All external exercise communication will begin and end with the phrase “This is an exercise.” This is a precaution taken so anyone overhearing the conversation will not mistake the exercise play for a real-world emergency.
- When communicating with the SimCell, identify the organization, agency, office, and/or individual with which you want to speak.
- Verbalize out loud when taking an action. This will ensure that evaluators are made aware of critical actions as they occur.
- Maintain a log of your activities. Many times, this log may include documentation of activities missed by a controller or evaluator.

Following the Exercise

- At the end of the exercise at your facility, participate in the Hotwash with the controllers and evaluators.
- Complete the Participant Feedback Form. This form allows you to comment candidly on emergency response activities and effectiveness of the exercise. Please provide the completed form to a controller.
- Provide any notes or materials generated from the exercise to your controller for review and inclusion in the AAR.

Simulation Guidelines

Because the Ebola Patient Exercise is of limited duration and scope, the physical description of what would fully occur at the incident sites and surrounding areas will be relayed to the players by the controller.

If a real emergency occurs during the exercise, the exercise at your respective venue may be suspended or terminated at the discretion of the controller(s) at each venue. If a real emergency occurs, say “Real-World Emergency” and notify the controller immediately.

CHAPTER 4: EVALUATION AND POST-EXERCISE ACTIVITIES

Exercise Documentation

The goal of the Ebola Patient Exercise is to comprehensively exercise and evaluate the hospital's Significant Biological Event (Ebola Patient) response capability. After the exercise, data collected by controllers, evaluators, and players will be used to identify strengths and areas for improvement in the context of the exercise design objectives.

Exercise Evaluation Guides

DHS has developed Exercise Evaluation Guides (EEGs) that identify expected activities for evaluation, provide consistency across exercises, and link individual tasks to disciplines and expected outcomes.

The EEGs selected by the Ebola Patient Exercise trusted agents are contained in the evaluator materials packet. These EEGs have been selected because the activities they describe can be expected to be observed during the exercise and will guide evaluation to match the exercise design objectives. Supplemental evaluation material designed for the Ebola Patient Exercise may also be used.

Hotwash

Immediately following the completion of exercise play, controllers will facilitate a Hotwash with players from their assigned location. The Hotwash is an opportunity for players to voice their opinions on the exercise and their own performance. At this time, evaluators can also seek clarification on certain actions and what prompted players to take them. Evaluators should take notes during the Hotwash and include these observations in their analysis.

After Action Report

The AAR is the culmination of the Ebola Patient Exercise. It is a written report outlining the strengths and areas for improvement identified during the exercise. The AAR will include the executive summary, scenario description, mission outcomes, and capability analysis. The AAR will be drafted by the Emergency Management Coordinator; then it will be reviewed and approved by the Emergency Management Committee.

Improvement Plan

The improvement process represents the comprehensive, continuing preparedness effort of which the Ebola Patient Exercise is a part. The lessons learned and recommendations from the AAR will be incorporated into an Improvement Plan (IP).

APPENDIX A: EXERCISE SCHEDULE

Table A.1 Ebola Patient Exercise Schedule

Time	Personnel	Activity
####	Controller	Start Ex
####	Mitchell Fire EMS	EMS is called to Avera Brady for a resident who is ill
####	Mitchell Fire EMS	EMS transports the resident from Avera Brady to AQOP E.D.
####	AQOP E.D. staff	AQOP E.D. begin to treat the resident
####	AQOP E.D. staff	Resident's family arrives at AQOP to inquire about the status
####	AQOP E.D. staff	Family member begins to c/o weakness, fever, nausea, and vomiting
####	AQOP E.D. staff	Travel question reveals family member travelled to Democratic Republic of the Congo (DRC) during Ebola outbreak
####	AQOP E.D. staff	Isolation for 2 patients and appropriate PPE for staff
####	AQOP E.D. staff	Proper notifications are completed
####	AQOP E.D. staff	Patients are referred/transported to South Dakota assessment hospital
####	AQOP staff	E.D. is cleaned, isolation material, and PPE are properly disposed of
####	Controller	End Ex