

**Knox/East Tennessee Healthcare
Coalition**

**Knox/East Tennessee Healthcare
Coalition
Individual Hospital Functional Ebola
Exercise**

**EXPLAN/Participant/
C/E Handbook
Rules and Instructions
Draft Version 2**

Date

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PREFACE

The Knox/East Tennessee Healthcare Coalition's Individual Hospital Functional Exercise is sponsored by [REDACTED]. For the purposes of this exercise, three documents (EXPLAN, Participant Handbook and C/E Handbook) have all been combined into this single document, which was produced with input, advice, and assistance from the exercise planning team, and followed the guidance set forth in the Federal Emergency Management Agency (FEMA), Homeland Security Exercise and Evaluation Program (HSEEP). Additional information may be provided to participants in specific roles, as appropriate.

The EXPLAN gives officials, observers, media personnel, and players from participating organizations the information necessary to observe or participate in the exercise focusing on participants' emergency response plans, policies, and procedures as they pertain to disasters. The information in this document is current as of (date) and is subject to change as dictated by the Exercise Planning Team (EPT).

This is a *Controlled 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. The EXPLAN cannot be viewed by all exercise participants without the permission of the EPT.

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 jurisdictional directives. Public release of exercise materials to third parties including media will not be permitted.

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HANDLING INSTRUCTIONS

1. The title of this document is The Knox/East Tennessee Healthcare Coalition's Individual Hospital Functional Exercise (EXPLAN).
2. The information gathered in this EXPLAN is and should be handled as sensitive information not to be disclosed. This document should be safeguarded, handled, transmitted, and stored in accordance with appropriate security directives. Reproduction of this document, in whole or in part, without prior approval from the exercise planning team is prohibited.
3. At a minimum, the attached materials will be disseminated only on a need-to-know basis and when unattended, will be stored in a locked container or area offering sufficient protection against theft, compromise, inadvertent access, and unauthorized disclosure.
4. For more information, please consult the following points of contact (POCs):

List Your POCs

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CHAPTER 1: GENERAL INFORMATION

Introduction

Emerging outbreaks such as the 2014 Ebola Virus Disease is a severe, often-fatal disease in humans and nonhuman primates (monkeys, gorillas, and chimpanzees). Ebola Outbreaks have occurred sporadically since initial recognition in 1976. The disease is caused by infection with Ebola virus, named after a river in the Democratic Republic of the Congo (formerly Zaire) in Africa, where it was first recognized

The Knox/East Tennessee Healthcare Coalition's Individual Hospital Functional Exercise is designed to establish a learning environment for players to exercise emergency response plans, policies, and procedures regarding an individual's hospital response to a single Ebola Virus Disease (EVD) patient.

Scenario

The local health department has been notified of a traveler arriving from Guinea. The traveler is a 32 year old male, who was in Guinea working as a doctor with a non-profit organization treating Ebola patients. He has been classified as high risk and is staying quarantined at his home, as he is not allowed to use public transportation, attend public places and group gathers, work, or travel out of the area. He only has a wife living in his home – no children or additional relatives. Your hospital will be able to work through the scenario from preparation, through receipt of the patient, to disposition.

- **Day 1:** The traveler identifies your hospital as his preferred treatment hospital, should he become symptomatic. Your Regional Hospital Coordinator notifies your hospitals Emergency Management contact of the designation.
- **Day 6:** Your Emergency Department is notified by EMS and Emergency Management Contact is notified by the Regional Hospital Coordinator that the traveler has reported a low-grade fever (100.5 degrees F) with no other symptoms. You are notified that he will be brought into your hospital for evaluation. The traveler ultimately arrives at your Emergency Department (or your designated entry point) via ambulance with his wife following via personal vehicle.

The hospital should use this scenario to drive events that will force the implementation of internal EVD protocols. Physically demonstrate how the patient will be isolated, evaluated, treated (if necessary), and how you will get to the disposition of the patient – whether that be a transfer or treatment until the patient can be discharged. Keep in mind that – at a minimum - you will have to house the patient for up to 72 hours while you await test results before you can transfer the patient from your facility to an Ebola Treatment Facility. You may also take the opportunity to determine how you will manage the spouse; what actions you will take if the spouse were to become symptomatic before the patient could be transferred; how you will want to interact with local, state, and federal public health; and, how you will manage the media.

Points of Consideration During the Exercise

General Planning Considerations:

- Has a facility-specific “Ebola suspect” policy and procedure been developed and disseminated to all relevant staff? [e.g., ED, floor/hospitalist, intensive care unit (ICU) staff?]
- Does the facility policy address appropriate PPE, and have PPE supplies been procured in advance and stocked at points needed (e.g., ED triage, outside a designated ED room/floor room/ICU room)?
- Has the facility disseminated information on the recommended PPE to all relevant staff, including instructions for the appropriate sequence for putting on and removing PPE safely?
- Does the facility policy designate patient room(s) or areas in their ED (at a minimum), medical floor and ICU (where applicable), where a suspect Ebola patient would be most safely placed? Has the designated patient care room or area been stocked with appropriate PPE and disposable patient care equipment (e.g., blood pressure cuffs)?
- Does the facility policy address the recommended environmental infection control measures for Ebola, and has this information been disseminated to all environmental services staff?
- Does the facility policy outline procedures for notifying key staff, when a suspect Ebola patient is identified? Does the facility have an incident command structure in place, if needed, and defined thresholds for activation in response to a suspect Ebola patient?
- Does the facility policy outline that the local (or Regional) health department should be notified?
- Is a protocol in place to identify potentially exposed staff, patients or visitors (e.g., ED waiting room, persons in admitting area, etc.)?
- Is a protocol in place to decontaminate the areas where the traveler has visited?
- Is there a designated room for triage, transport, and clinical staff to quickly don PPE?
- Is there a protocol for a designated staff person to monitor, control and log who is entering and leaving patient’s room?
- Is there a protocol for decontaminating the patient’s room once patient leaves?

Is there a protocol in place for disposing of all material in patient's room (linens, equipment, sharps, etc.)?

STOP – DECISION POINT: should patient be admitted or transported to another institution with appropriate facilities to care for a suspect Ebola case within your region (this is prior to EVD confirmation via laboratory testing and prior to transfer to an Ebola Treatment Facility)?

STOP here if patient will be transferred.

If the decision is made to admit the patient:

The patient is admitted to a private airborne isolation room with a private bathroom on the hospital floor (**determine location**). At this point, discuss what medical tests and/or interventions should be implemented. At this time, the patient is only presenting with a low grade fever. No other symptoms are present. Who should be consulted within and/or outside of the hospital?

Does the facility have a designated room [single bed room or airborne infection isolation rooms (AIIR)] for suspect Ebola patients?

Does the facility have protocols in place for transporting patient to designated room? (patient, transport personnel, nurses wearing recommended PPE, and sequestering and cleaning and disinfection of patient transport equipment such as wheelchair or gurney)?

Does the facility have disposable equipment stocked near the designated patient room?

Is appropriate PPE available outside of the designated room?

Does the designated room have an anteroom (if available)?

Does the designated room have a private bathroom (if available)?

Is appropriate infection control signage displayed outside of the designated room when occupied by a suspect Ebola patient?

Is protocol in place for removal and disposal as medically regulated waste of all medical waste from the patient room (e.g., linens, disposable PPE, disposable equipment, urine and stool, other bodily fluids)?

Is protocol in place for decontamination of surface areas and equipment in designated room?

Is protocol in place for disposal or removal of all medical waste from hospital and by

what means? (e.g., autoclave, incineration, outside medical waste company)

Laboratory

- Is protocol in place to notify hospital laboratory director?
- Has a site specific and procedure specific risk assessment been performed to determine potential risks for specimen handling and processing?
- Are the laboratory director and staff familiar with the recommended biosafety protocols, including PPE?
- Is protocol in place for which laboratory tests are considered “critical” in assessing suspect Ebola patients and how often those tests will be performed?
- Have designated persons been identified to perform blood draws on suspect Ebola patients?

If point of care testing is used:

- Have designated persons been identified to perform point of care testing?

If testing is to be performed in hospital laboratory:

- Are the appropriate plastic blood collection tubes available?
- Are there designated persons and a protocol in place to transport specimens safely from hospital room to laboratory?
- Will an automated analyzer/machine be used, and if yes, is it being used in a biosafety cabinet or behind a plexiglass shield?
- Has a procedure been developed for decontaminating the analyzer?
- If a biosafety cabinet is available in the laboratory, is there a protocol in place to process blood cultures?
- Is there a protocol in place to inactivate blood specimens to perform malaria smears?
- Is there protocol in place for disposal of laboratory waste (e.g., double bag, wipe down outside of bags with bleach, incineration)?
- Is protocol in place for disposal or removal of all medical waste from hospital laboratory and by what means (e.g., autoclave, incineration, pick up by outside medical waste company)?
- Where will samples from suspect Ebola patients be stored, including labeling as suspected Ebola?

Are procedures in place to identify and monitor any laboratory personnel who handled the specimens and who were not wearing appropriate PPE?

Sending specimens for Ebola testing:

Is there a protocol for appropriately packaging and shipping the blood specimen for appropriate testing?

Have any laboratory staff been trained to perform Category A packaging?

Has the state public health department contacted the Centers for Disease Control and Prevention (CDC) to determine where specimens for Ebola virus testing should be sent?

Are appropriate materials available for packaging and shipping samples for Ebola testing as Category A?

Who will physically ship the specimen for testing?

Media/press issues

Has a hospital Public Information Officer (PIO) been designated to issue media releases and answer media questions?

Is PIO officer coordinating with both the local health department and state health department PIO?

Are media templates in place ready to modify as needed for quick release?

Is there a mechanism in place to alert and educate hospital staff about the case in the hospital?

Confidentiality

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All exercise participants should use appropriate guidelines to ensure the proper control of information within their areas of expertise and protect this material in accordance with current Tennessee Homeland Security directives.

Public release of exercise materials to third parties or media is generally prohibited. Exceptions may be requested by through the exercise Points of Contact listed on page 3 of this document.

Purpose

The purpose of this exercise is to evaluate player actions against current participating healthcare organizations plans relating to Ebola Virus Disease (EVD).

Exercise Objectives

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

1. Evaluate the hospital's use of the incident command system to manage the incident.
2. Evaluate the hospital's internal and external communications as related to the incident.
3. Evaluate the ability of participating agencies to evaluate available resources and request additional support if required.
4. Evaluate the ability to rapidly communicate capabilities with EMS partners and coordinate pre-hospital needs.
5. Evaluate the ability of participating implementation of Ebola triage, treatment, and response protocols.

(Res.C1c 3.1 Provide medical supply management and distribution support to incident response operations according to Incident Management Team (IMT) assignments in the incident action plan (IAP); Res.C1c 3.3.1 Process and manage requests for additional medical supply personnel or equipment; Res.C1c 3.2 Provide logistics support for medical supplies management and distribution; Res.C1c 4.1 Establish medical supplies warehouse management structure; Res.C1c 4.2 Activate warehousing operations for receipt of medical assets; Res.C1c 4.3 Identify needed transportation assets for medical supplies; Res.C2a 1.2 Develop procedures for obtaining mass prophylaxis supplies from the receipt, staging, and storage (RSS) sites in coordination with the Medical Supplies and Distribution Capability; Res.C2a 1.3 Develop plans, procedures, and protocols for mass prophylaxis dispensing operations; Res.C2a 1.3.1 Develop procedures for the distribution and dispensing of mass prophylaxis; Res.C2a 2.1 Develop and implement training for mass prophylaxis operations; Res.C2a 3.3.4 Coordinate with law enforcement to provide security to protect medicines, supplies, and public health personnel)

CHAPTER 2: EXERCISE LOGISTICS

Exercise Summary

General

The Knox/East Tennessee Healthcare Coalition's Individual Hospital Functional Exercise is designed to establish a learning environment for players to exercise emergency response plans, policies and procedures as they pertain to a single Ebola Virus Disease (EVD) patient. The Exercise will be conducted on [REDACTED] beginning at [REDACTED] hours. Functional Exercise play is scheduled through [REDACTED] hours or until the Senior Controller determines the exercise objectives have been met.

Exercise Venue(s)

The following location(s) will be active during the exercise: [REDACTED]

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 Knox/East Tennessee Healthcare Coalition's Individual Hospital Functional 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 the scenario to initiate implementation of all plans related to EVD.
- 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 know as exercise artificialities) for any exercise, the exercise planning team recognizes and accepts the following as necessary:

- Exercise communication and coordination will be limited to the participating exercise venues and the direction of the Lead Controller.
- Only those communication methods listed in the Communication IAP will be available for players to use during the exercise.
- The participating agencies 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** are 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** set up and operate the exercise site and plan and manage exercise play. Controllers direct the pace of exercise play and may include members from the exercise planning team controllers working with the Lead Controller. Controllers have limited decision-making authority in their respective areas to make changes that impact the scenario or affect other areas of play. Any significant changes must be coordinated through the Lead Controller. Controllers record events and ensure documentation is submitted for review and inclusion in the After-Action Report (AAR). All controllers are accountable to the Lead Controller
- **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. For this exercise Evaluators may serve as Controllers also.
- **Role Players/Patients** 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 or other bystanders. The simulated media role may also be filled by controllers and, if so, there will be no need for actors.
- **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. Observers will view the exercise from a designated observation area and will be asked to remain within the observation area during the exercise. VIPs are a type of observer, but are frequently grouped separately. A dedicated group of exercise controllers should be assigned to manage these groups. Due to the space limitations posed by many EOCs, observers may be strictly limited or not permitted to view the exercise so they do not interfere with EOC operations and functions.
- **Support Staff** includes individuals who are assigned administrative and logistical support tasks during the exercise (i.e. registration, catering, etc.).

Exercise Tools

Exercise Plan/Controller and Evaluator Handbook

The Knox/East Tennessee Healthcare Coalition Full-Scale Exercise Plan and C/E Handbook have been combined into a single document. This document is designed to help exercise controllers and evaluators conduct and evaluate an effective exercise. The handbook also enables controllers and evaluators to understand their roles and responsibilities in exercise execution and evaluation. Should a player, observer, or media representative find an unattended handbook, it should be provided to the nearest controller or evaluator.

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 and Rules

- The decision to conclude the exercise will be determined by the Lead Controller based upon the completion of hospital operations and attainment of the exercise objectives.
- 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 communications (written, radio, telephone, etc.) made during the exercise will begin and end with the phrase, “This is an exercise.”
- “Real Emergency” will be the designated phrase that indicates there is an emergency requiring immediate attention that may or may not stop exercise play.
- “Timeout” will be the designated phrase used by controllers to temporarily stop exercise play.
- Exercise players will comply with real-world response procedures unless otherwise directed by controllers. Player rules of conduct are outlined in the EXPLAN.
- Exercise players placing telephone calls or initiating radio communication with the exercise players must identify the organization, agency, office, or individual with whom they wish to speak.

Safety Requirements

General

This is a full-scale exercise, with exercise play being conducted in counties throughout Knox County and the Eastern EMS Region. There will be a dedicated Safety Officer at all of the participating locations of the exercise. Any participant witnessing an unsafe act or emergency should immediately notify a controller. The evaluator will suspend exercise play and notify the Lead Controller, who will evaluate the situation and decide if the exercise can be safely resumed.

Site Access

Security

Each agency will provide security according to their respective plans.

Observer Coordination

Each organization with observers will coordinate with their Lead Evaluator/Controller for access. Observers will be escorted to an observation area for orientation and conduct of the exercise.

Parking and Directions

Each participating organization will be responsible for making parking arrangements at their locale for exercise participants.

Refreshments and Restroom Facilities

Food and refreshments will be made available for the convenience of all exercise participants. Restroom facilities will be located onsite for use during the exercise.

Exercise Identification

Identification badges will be issued to exercise staff. All exercise personnel and observers will be identified at each exercise location.

Communications Plan

Exercise Start, Suspension, and Termination Instructions

Knox/East Tennessee Healthcare Coalition's Individual Hospital Functional Exercise will be conducted on [REDACTED] beginning at [REDACTED] hours through [REDACTED] hours or until the Lead Controller determines that the exercise objectives have been met. If an actual emergency occurs, the exercise may be suspended or terminated at the discretion of the Lead Controller, depending on the nature of the incident. The designated emergency phrase in case of a medical emergency is "Real Emergency." The Lead Controller will announce restart of the exercise.

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

Player Communications

Players may use land lines, cell phones, VHF, UHF, 800 MHz, fax, , Tennessee Health Alert Network (THAN), HRTS (Hospital Resource Tracking System), for this exercise. No player communications are to be sent to agencies outside of the participating agencies listed in this handbook. *In no instance will exercise communication interfere with real-world communications.*

Controller Communications

The principal method of communications for controllers during the exercise will be by cell phone. A list of key telephone and fax numbers, and radio call signs will be available as a Communication Directory before the start of the exercise. Controller communications will link control personnel and will remain separate from the player communications.

Public Affairs

This exercise enables players to demonstrate an increased readiness to deal with a Ebola patient. Any exercise of this scope may be a newsworthy event. Special attention may 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.

Each participating agency is responsible for handling medical requests at their organization. Their Public Information Officer (PIO) may prepare a pre-exercise news release for review by all partners, if needed.

CHAPTER 3: PLAYER GUIDELINES

Exercise Staff

Lead Controller

The Lead Controller has the overall responsibility for planning, coordinating, and overseeing all exercise functions. He/she manages the exercise activities and maintains a close dialogue with other controllers regarding the status of play and the achievement of the exercise design objectives.

Controllers

The individual controllers issue exercise materials to players as required and monitor the exercise timeline. Controllers also provide injects to the players as described in the MSEL. Specific controller responsibilities are addressed in this document and through briefings.

Evaluators

Evaluators work as a team with controllers. Evaluators are SMES who record events that take place during the exercise and submit documentation for review and inclusion in the After Action Report (AAR). Evaluators should not have any direct interaction with the players. Specific evaluator responsibilities are addressed in this document and through briefings. For this exercise evaluators may serve as controllers.

Player Instructions

Before the Exercise

Review the appropriate emergency plans, procedures, and exercise support documents.

Be at the appropriate site at the designated time before the start of the exercise. Wear identification badge.

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 the 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 the creation of an effective learning and evaluation environment.

All 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 outside organizations, identify the organization, agency, office, and/or individual with which you want to speak.

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, please 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 or evaluator.

Provide any notes or materials generated from the exercise to your controller or evaluator for review and inclusion in the AAR.

Simulation Guidelines

Because the Knox/East Tennessee Healthcare Coalition’s Individual Hospital Functional Exercise is of limited duration and scope, the physical description of what is occurring at the incident sites and surrounding areas may be relayed to the players by controllers.

If a real emergency occurs during the exercise, the exercise may be suspended or terminated at the discretion of the Lead Controller. If a real emergency occurs, say, “***THIS IS A REAL EMERGENCY***” and notify the nearest evaluator.

CHAPTER 4: EVALUATION AND POST-EXERCISE ACTIVITIES

Exercise Documentation

It is essential that evaluators keep accurate records and notes because these will form the basis for evaluation of performance. The value of evaluation is its ability to provide constructive feedback (positive and negative) to improve the effectiveness of an organization's response to emergencies. Accurate and detailed documentation is critical to facilitate a full record of all the events in an exercise and to understand player actions.

Evaluators will document the exercise by using the appropriate Exercise Evaluation Guides (EEGs) for actions in their area. The EEGs are provided separately as part of the Evaluator Package. Evaluators should document key activities and those that require a timely response for later evaluation.

Evaluators will review their forms and notes immediately following the exercise to ensure an accurate reconstruction of events and activities for discussion at the Controller and Evaluator Debriefing. Evaluation materials, including notes and forms, become part of the exercise documentation. Checklists and evaluation forms must be completed as thoroughly and accurately as possible.

Exercise Evaluation Guides

The content for the AAR/IP will be drawn from the EEGs. Each evaluator will be provided with an EEG that will provide specific guidance on what data to collect during the exercise, how to record it, and how to analyze it prior to submission to the Lead Evaluator. The Lead Evaluator and the EPT will compile all evaluator submissions into the first working draft of the AAR.

Hotwash

Immediately following the completion of each venue exercise play, the Controller for that venue will facilitate a hotwash with players. This meeting is primarily geared toward participants and their supervisors. The hotwash is an opportunity for players to voice their opinions on the exercise and their own performance while the events are still fresh in their minds, *but should concentrate mainly on issues that the evaluators might not have witnessed or recorded*. At this time, evaluators can also seek clarification on certain actions and what prompted players to take them. All participants may attend, however observers are not encouraged to attend this meeting. The hotwash should not last more than 30 minutes. Evaluators should take notes during the hotwash and include these observations in their analysis.

Controller and Evaluator Debriefing

Controllers, evaluators, and selected exercise participants will attend a facilitated Controller and Evaluator Debriefing on **To Be Determined**. During the debriefing these individuals will discuss their observations of the exercise in an open environment to clarify actions taken during the exercise. Evaluators should take this opportunity to complete/finalize their EEGs

for submission to the lead evaluator as well as begin the analysis process outlining the issues to be included in the After Action Report (AAR).

After Action Report

The AAR is the culmination of the Knox/East Tennessee Healthcare Coalition's Individual Hospital Functional Exercise. It is a written report outlining the strengths and areas for improvement identified during the exercise. The AAR will include the timeline, executive summary, scenario description, mission outcomes, and capability analysis. The AAR will be drafted by a core group of individuals from the exercise planning team.

After Action Conference and Improvement Plan

The improvement process represents the comprehensive, continuing preparedness effort of which the Knox/East Tennessee Healthcare Coalition's Individual Hospital Functional Exercise is a part of the lessons learned and recommendations from the AAR that will be incorporated into an Improvement Plan (IP).

After Action Conference

The After Action Conference is a forum for jurisdiction officials to hear the results of the evaluation analysis, validate the findings and recommendations in the draft AAR, and begin development of the IP. The date for the After Action Conference will be announced at a later date.

Improvement Plan

The IP identifies how recommendations will be addressed, including what actions will be taken, who is responsible, and the timeline for completion. It is created by key stakeholders participating in the After Action Conference.

APPENDIX A: EXERCISE SCHEDULE
(To be completed as you wish to run your exercise)

Exercise Date	Communications Method	Activity

APPENDIX B: PARTICIPATING AGENCIES

Participating Agencies