



# Knox/East Tennessee Healthcare Coalition 2018 Full Scale Exercise: Emerging Infectious Disease Outbreak (Zombie Flu)

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Exercise Plan/Participant Guide/Controller and  
Evaluator Handbook

October 19, 2018 – November 8, 2018

## EXERCISE OVERVIEW

<b>Exercise Name</b>	KET HC 2018 FSE: Emerging Infectious Disease
<b>Exercise Dates</b>	October 19, 2018 – November 8, 2018
<b>Scope</b>	This exercise is a full-scale exercise planned for 21 days at various locations within the Knox/East Tennessee Healthcare Coalition’s jurisdiction. Exercise play is limited to the parameters set forth within each participating organization.
<b>Mission Area(s)</b>	Prevention, Protection, Mitigation, Response, and Recovery
<b>Core Capabilities</b>	HPP Capabilities 1: (Foundation for Health Care and Medical Readiness), 2 (Health Care and Medical Response Coordination), 3 (Continuity of Health Care Service Delivery), 4 (Medical Surge)
<b>Objectives</b>	<ul style="list-style-type: none"> <li>• Evaluate internal organizational plans ability to identify and respond to an emerging infectious disease outbreak.</li> <li>• Assess the internal and external communications systems utilized during such events, to include surveillance, resource monitoring, patient tracking, and management of infectious disease patients.</li> <li>• Evaluate the resource needs and methods for requesting additional support with a specific focus on specifying and typing resource requests (to include equipment and medical supplies).</li> <li>• Assess the organization’s ability to coordinate with outside agencies to include public health and other KET HC members.</li> <li>• Evaluate how to manage and recover from an emerging infectious disease outbreak within the coalition’s jurisdiction.</li> </ul>
<b>Threat or Hazard</b>	Emerging Infectious Disease Outbreak
<b>Scenario</b>	CDC and WHO authorities have identified multiple cases of suspected viral encephalitis in cities across the U.S. Symptoms include fever, confusion, and violent behavior mimicking rabies, but patients also have severe respiratory symptoms such as coughing and pneumonia. Healthcare facilities recommend patients exhibiting similar symptoms isolate the patient and contact public health immediately. Because this is an emerging event, the scenario will evolve as information becomes available.



<b>Exercise Name</b>	KET HC 2018 FSE: Emerging Infectious Disease	
<b>Sponsor</b>	Knox/East Tennessee Healthcare Coalition	
<b>Participating Organizations</b>	KET Coalition Members (Public Health, Hospital, EMS, EMA, Medic Blood Center, Regional Forensic Center, RMCC) Long Term Care, Home Health, Hospice, Ancillary/Outpatient Clinics, Dialysis Partners Knox/Regional County Schools	
<b>Point of Contact</b>	Charity Menefee Knox County Health Department 140 Dameron Avenue Knoxville, TN 37917 (865) 215-5098 Charity.menefee@knoxcounty.org	Wanda Roberts East TN Regional Health Office 2101 Medical Center Way Knoxville, TN 37920 (865) 549-5294 Etrhc.health@tn.gov

## GENERAL INFORMATION

### Exercise Objectives and Core Capabilities

The following exercise objectives in Table 1 describe the expected outcomes for the exercise. The objectives are linked to core capabilities, which are distinct critical elements necessary to achieve the specific mission area(s). The objectives and aligned core capabilities are guided by elected and appointed officials and selected by the Exercise Planning Team.

Exercise Objective	Core Capability
Evaluate internal organizational plans ability to identify and respond to an emerging infectious disease outbreak.	Capability 1: Foundation for Healthcare and Medical Readiness (HPP) Capability 3: Continuity of Health Care Services Delivery (HPP) Capability 4: Medical Surge (HPP) Domain 1: Community Resilience (PHEP)
Assess the internal and external communications systems utilized during such events, to include surveillance, resource monitoring, patient tracking, and management of infectious disease patients.	Capability 2: Health Care and Medical Response Coordination (HPP) Domain 3: Information Management (PHEP)
Evaluate the resource needs and methods for requesting additional support with a specific focus on specifying and typing resource requests (to include equipment and medical supplies).	Capability 1: Foundation for Healthcare and Medical Readiness (HPP) Capability 2: Healthcare and Medical Response Coordination (HPP) Domain 2: Incident Management (PHEP) Domain 3: Information Management (PHEP)
Assess the organization's ability to coordinate with outside agencies to include public health and other KET HC members.	Capability 2: Healthcare and Medical Response Coordination (HPP) Capability 4: Medical Surge (HPP) Domain 2: Incident Management (PHEP)
Evaluate how to manage and recover from an emerging infectious disease outbreak within the coalition's jurisdiction.	Capability 3: Continuity of Health Care Services (HPP) Domain 2: Incident Management (PHEP)

**Table 1. Exercise Objectives and Associated Core Capabilities**

### Participant Roles and Responsibilities

The term *participant* encompasses many groups of people, not just those playing in the exercise. Groups of participants involved in the exercise, and their respective roles and responsibilities, are as follows:

- **Players.** Players are personnel who have an active role in discussing or performing their regular roles and responsibilities during the exercise. Players discuss or initiate actions in response to the simulated emergency.

- **Controllers.** Controllers plan and manage exercise play, set up and operate the exercise site, and act in the roles of organizations or individuals that are not playing in the exercise. Controllers direct the pace of the exercise, provide key data to players, and may prompt or initiate certain player actions to ensure exercise continuity. In addition, they issue exercise material to players as required, monitor the exercise timeline, and supervise the safety of all exercise participants.
- **Simulators.** Simulators are control staff personnel who role play nonparticipating organizations or individuals. They most often operate out of the Simulation Cell (SimCell), but they may occasionally have face-to-face contact with players. Simulators function semi-independently under the supervision of SimCell controllers, enacting roles (e.g., media reporters or next of kin) in accordance with instructions provided in the Master Scenario Events List (MSEL). All simulators are ultimately accountable to the Exercise Director and Senior Controller.
- **Evaluators.** Evaluators evaluate and provide feedback on a designated functional area of the exercise. Evaluators observe and document performance against established capability targets and critical tasks, in accordance with the Exercise Evaluation Guides (EEGs).
- **Actors.** Actors simulate specific roles during exercise play, typically victims or other bystanders.
- **Observers.** Observers visit or view selected segments of the exercise. Observers do not play in the exercise, nor do they perform any control or evaluation functions. Observers view the exercise from a designated observation area and must remain within the observation area during the exercise. Very Important Persons (VIPs) are also observers, but they frequently are grouped separately.
- **Media Personnel.** KCHD Community Relations staff will work with the coalition to produce a media package on the day of the exercise. There will be no open media invitations during the event.
- **Support Staff.** The exercise support staff includes individuals who perform administrative and logistical support tasks during the exercise (e.g., registration, catering).

## Exercise Assumptions and Artificialities

In any exercise, assumptions and artificialities may be necessary to complete play in the time allotted and/or account for logistical limitations. Exercise participants should accept that assumptions and artificialities are inherent in any exercise, and should not allow these considerations to negatively impact their participation.

### Assumptions

Assumptions constitute the implied factual foundation for the exercise and, as such, are assumed to be present before the exercise starts. The following assumptions apply to the exercise:

- The exercise is conducted in a no-fault learning environment wherein capabilities, plans, systems, and processes will be evaluated.

- The exercise scenario is plausible, and events occur as they are presented.
- Exercise simulation contains sufficient detail to allow players to react to information and situations as they are presented as if the simulated incident were real.
- Participating agencies may need to balance exercise play with real-world emergencies. Real-world emergencies take priority.

### **Artificialities**

During this exercise, the following artificialities apply:

- Exercise communication and coordination is limited to participating exercise organizations, venues, and the Simcell.

## EXERCISE LOGISTICS

### Safety

Exercise participant safety takes priority over exercise events. The following general requirements apply to the exercise:

- A Safety Controller is responsible for participant safety; any safety concerns must be immediately reported to the Safety Controller. The Safety Controller and Exercise Director will determine if a real-world emergency warrants a pause in exercise play and when exercise play can be resumed.
- For an emergency that requires assistance, use the phrase **“real-world emergency.”** The following procedures should be used in case of a real emergency during the exercise:
  - Anyone who observes a participant who is seriously ill or injured will immediately notify emergency services and the closest controller, and, within reason and training, render aid.
  - The controller aware of a real emergency will initiate the **“real-world emergency”** broadcast and provide the Safety Controller, Senior Controller, and Exercise Director with the location of the emergency and resources needed, if any. The Senior Controller will notify the SimCell at 865-549-5323 or 865-549-5343 as soon as possible if a real emergency occurs.

## POST-EXERCISE AND EVALUATION ACTIVITIES

### Debriefings

Post-exercise debriefings aim to collect sufficient relevant data to support effective evaluation and improvement planning.

### Hot Wash

At the conclusion of exercise play, controllers facilitate a Hot Wash to allow players to discuss strengths and areas for improvement, and evaluators to seek clarification regarding player actions and decision-making processes. All participants may attend; however, observers are not encouraged to attend the meeting. The Hot Wash should not exceed 30 minutes.

### Controller and Evaluator Debriefing

Controllers and evaluators attend a facilitated C/E Debriefing immediately following the exercise. During this debriefing, controllers and evaluators provide an overview of their observed functional areas and discuss strengths and areas for improvement.

### Participant Feedback Forms

Participant Feedback Forms provide players with the opportunity to comment candidly on exercise activities and exercise design. Participant Feedback Forms should be collected at the conclusion of the Hot Wash.

## Evaluation

### Exercise Evaluation Guides

EEGs assist evaluators in collecting relevant exercise observations. EEGs document exercise objectives and aligned core capabilities, capability targets, and critical tasks. Each EEG provides evaluators with information on what they should expect to see demonstrated in their functional area. The EEGs, coupled with Participant Feedback Forms and Hot Wash notes, are used to evaluate the exercise and compile the After-Action Report (AAR).

### After-Action Report

The AAR summarizes key information related to evaluation. The AAR primarily focuses on the analysis of core capabilities, including capability performance, strengths, and areas for improvement. AARs also include basic exercise information, including the exercise name, type of exercise, dates, location, participating organizations, mission area(s), specific threat or hazard, a brief scenario description, and the name of the exercise sponsor and POC.

### Improvement Planning

Improvement planning is the process by which the observations recorded in the AAR are resolved through development of concrete corrective actions, which are prioritized and tracked as a part of a continuous corrective action program.

## After-Action Meeting

The After-Action Meeting (AAM) is a meeting held among decision- and policy-makers from the exercising organizations, as well as the Lead Evaluator and members of the Exercise Planning Team, to debrief the exercise and to review and refine the draft AAR and Improvement Plan (IP). The AAM should be an interactive session, providing attendees the opportunity to discuss and validate the observations and corrective actions in the draft AAR/IP.

## Improvement Plan

The IP identifies specific corrective actions, assigns them to responsible parties, and establishes target dates for their completion. It is created by elected and appointed officials from the organizations participating in the exercise, and discussed and validated during the AAM.

# PARTICIPANT INFORMATION AND GUIDANCE

## Exercise Rules

The following general rules govern exercise play:

- Real-world emergency actions take priority over exercise actions.
- Exercise players will comply with real-world emergency procedures, unless otherwise directed by the control staff.
- All communications (including written, radio, telephone, and e-mail) during the exercise will begin and end with the statement **“This is an exercise.”**
- Exercise players who place telephone calls or initiate radio communication with the SimCell must identify the organization or individual with whom they wish to speak.

## Players Instructions

Players should follow certain guidelines before, during, and after the exercise to ensure a safe and effective exercise.

### Before the Exercise

- Review appropriate organizational plans, procedures, and exercise support documents.
- Be at the appropriate site at least 30 minutes before the exercise starts. Wear the appropriate uniform and/or identification item(s).
- Sign in when you arrive.
- 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.

### During the Exercise

- Respond to exercise events and information as if the emergency were real, unless otherwise directed by an exercise controller.
- Controllers will give you only 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. If you are asked an exercise-related question, give a short, concise answer. If you are busy and cannot immediately respond, indicate that, but report back with an answer as soon as possible.
- If you do not understand the scope of the exercise, or if you are uncertain about an organization’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 incorporation of unrealistic aspects. Every effort has been made by the exercise's trusted agents to balance realism with safety and to create an effective learning and evaluation environment.
- All exercise communications will begin and end with the statement "This is an exercise." This precaution is taken so that anyone who overhears the conversation will not mistake exercise play for a real-world emergency.
- When you communicate with the SimCell, identify the organization or individual with whom you wish to speak.
- Speak when you take an action. This procedure will ensure that evaluators are aware of critical actions as they occur.
- Maintain a log of your activities. Many times, this log may include documentation of activities that were missed by a controller or evaluator.

### After the Exercise

- Participate in the Hot Wash at your venue with controllers and evaluators.
- Complete the Participant Feedback Form. This form allows you to comment candidly on emergency response activities and exercise effectiveness. 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 exercise is of limited duration and scope, certain details will be simulated. The physical description of what would fully occur at the incident sites and surrounding areas will be relayed to players by simulators or controllers. A SimCell will simulate the roles and interactions of nonparticipating organizations or individuals. The East Tennessee Regional Health Office will man the SimCell for all public health related communications for the East Region and Knox County participants. The SimCell will be active from 9:00 AM- 12:00 PM on November 8<sup>th</sup>. The number for the SimCell will be 865-549-5323 or 865-549-5343.

## Appendix A: Exercise Schedule

**Note:** Prior to October 19, 2018 (on \_\_\_\_\_), KET HC members will receive an exercise related CDC health alert regarding the initial cases. Patients exhibiting the following symptoms should immediately be placed in isolation and providers should notify their local public health authorities: fever, confusion, violent behavior (similar to rabies) along with severe respiratory symptoms such as coughing and pneumonia. Knox County Schools Students will also produce a news segment sharing the same information. **All participating agencies will be asked to log into KETHC website to confirm that they received the health alert and identify any immediate needs.**

Day 1: October 19	Personnel	Activity	Location
TBD	Controllers, evaluators, and exercise staff at AMR, UTMC and XXX hospital	Patient Zero arrives at hospital XXX. Initiates highly infectious disease plan.	Hospital XXX
[As needed]	Controllers, evaluators, and exercise staff at AMR, UTMC and XXX hospital	Patient Zero is transported to UT Medical Center by AMR as the region's Assessment Hospital	University of Tennessee Medical Center

Day 2-19: October 20- Nov 7	Personnel	Activity	Location
TBD	Controllers and exercise staff	Exercise Controllers send updated situation report on the evolving event. This may come via Health Alert or ESSENCE update. More patients are being seen throughout the region. Hospitals should begin managing the patients themselves.	Virtual (email, TNHAN, KET HC website may be utilized)
November 1 <sup>st</sup>	Knox County Schools	"News update" on more details related to the exercise. Information released that event is being investigated as a bioterrorism event. Virus continues to spread. Identified as genetically modified H1N1. More detailed information on control measures.	TBD
November 6 <sup>th</sup>	Controller/Evaluators	Controller/Evaluator Meeting	KCHD?



Day 20: November 8	Personnel	Activity	Location
0830 to 1200	All Players, controllers, evaluators	Surge event	All participating agencies.
0830 to 1200	All participating organizations	Log into KET HC website and complete resource assessment form to document participation in the exercise	Online ketcoalition.org
Afternoon	Players and controller/evaluators within each participating organization	Internal organization hotwash	Various
November __	Personnel	Activity	Location
TBD	Organizational controllers, evaluators/ emergency managers	Regional Hotwash	Knox County Health Department
By November 16 <sup>th</sup> .	All participating organizations	Log into KET HC website and complete online hotwash tool	Online ketcoalition.org



## Appendix B: Exercise Participants

Participating Organizations	
Federal	
State	
[Jurisdiction A]	
[Jurisdiction B]	

## Appendix C: Acronyms

Acronym	Term
DHS	U.S. Department of Homeland Security
ExPlan	Exercise Plan
HSEEP	Homeland Security Exercise and Evaluation Program
SME	Subject Matter Expert
SimCell	Simulation Cell
EEG	Exercise Evaluation Guide
KCHD	Knox County Health Department
TNHAN	Tennessee Health Alert Network
KET HC	Knoxville/East Tennessee Healthcare Coalition
AAR	After Action Report
AAM	After Action Meeting
IP	Improvement Plan
POC	Point of Contact
C/E	Controller/Evaluator
FSC	Full Scale Exercise
NGOs	Non-Government Organizations
HPP	Hospital Preparedness Program
CDC	Centers for Disease Control
WHO	World Health Organization