

**[INSERT SEAL]**

**[State] Homeland Security  
Exercise and Evaluation Program**

**[Jurisdiction]**

**[Exercise Type]  
Evaluation Plan (EVALPLAN)**

**[Month] [Day#], [Year]**

## PREFACE

The purpose of publishing an Evaluation Plan (EVALPLAN) is to aid exercise evaluators in the conduct and evaluation of an effective exercise. This document also enables evaluators to understand their roles and responsibilities in exercise execution and evaluation. Expert evaluation is an important cornerstone of a successful exercise. Exercises are the culmination of training toward a higher level of preparedness. This document was produced with the help, advice, and assistance of planning team members from various departments and agencies. As such, this document is tangible evidence of the public safety partnership in response to the threat or act of terrorism.

The information in this document is current as of the date of publication and is subject to change, as dictated by the Exercise Planning Team.

### **Important!**

This EVALPLAN is a supplement to the Exercise Plan (EXPLAN). Refer to the EXPLAN for basic information about the exercise, including participating agencies, schedules, briefings, and the responsibilities of various participants.

This document contains more detailed information about the exercise scenario and the duties and responsibilities of exercise evaluators.

Evaluators should refer to this document, the EXPLAN, and the additional exercise material that will be distributed during the Controller/Evaluator (CE) Briefing.

## ADMINISTRATIVE HANDLING INSTRUCTIONS

1. The title of this document is *[Exercise Name] Evaluation Plan*.
2. This document should be safeguarded, handled, transmitted, and stored in accordance with appropriate security directives. It should be released to individuals on a strict need-to-know basis. Information contained herein was prepared for the exclusive use of planning team members, project officers, and non-participant personnel involved in the operational and administrative aspects of the exercise. The contents of this handbook will not be divulged to exercise participants unless officially authorized by [Sponsor Agency].
3. Reproduction of this document, in whole or in part, without prior approval from [Sponsor Agency] is prohibited.
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# PART 1 – GENERAL INFORMATION

## **Purpose**

The EVALPLAN is designed to provide the essential information that you, as an evaluator, will need to successfully assist the controllers with coordinating and directing the exercise during play. Effective control and evaluation will provide immediate feedback, reinforce and validate training, and identify strengths, weaknesses, and opportunities for improved response. This EVALPLAN is divided into three parts:

- Part 1 – General Information
- Part 2 – Evaluator Instructions and Guidance
- Part 3 – Scenario and Supporting Data

Copies of this document will be available at the exercise site for review by any controller or evaluator who did not previously receive a copy.

Exercise information and materials should be given only to those people and organizations actually participating in [Exercise Name]. The EVALPLAN for this exercise is a **restricted document intended for controllers' and evaluators' eyes only**. Please ensure this document is safeguarded so players do not gain advance knowledge of specific exercise information.

The exercise will be conducted on [Date], from [Time] until [Time]. Exercise play is scheduled for [Length of Play] or until the Exercise Director determines that the exercise objectives have been accomplished.

## **Background**

[Jurisdiction], its jurisdictions, and the State of [State] recognize their responsibility to protect the public from, and mitigate the consequences of, the hazards associated with acts of terrorism, including the necessity for a properly integrated response in the event of such an incident. With those responsibilities in mind, [Jurisdiction], its jurisdictions, and the State of [State] have developed policies and procedures to respond to a terrorism incident and conduct terrorism exercises.

### **Exercise Concept and Scope**

**Scope of Play.** [Exercise Name] centers on a biological incident. The exercise will focus on the overall response and decision-making processes and integration and coordination among responding public health, emergency management, hospitals, and allied public safety agencies.

**Assumptions.** The following general assumptions apply. Emergency services personnel who respond to incident scenarios will operate in accordance with existing plans, procedures, and practices during this exercise. The goals and objectives of the exercise will be consistent with functional area operations and technical plans and procedures, whenever possible, as long as safety, cost effectiveness, and prudence are not compromised.

**Artificialities.** Artificialities will detract from realism; however, exercise planners and participants accept these artificialities to facilitate accomplishment of the exercise objectives. Surrogates may be playing in place of some key decision makers. The surrogates, in most instances, will be junior to the principals they represent. Therefore, the surrogates' actions during the exercise may not depict the same actions that might be taken by their respective principals. Some events may require time jumps or may be accelerated to meet exercise objectives.

### **Design Objectives**

The numbered statements generally display the overarching objectives for the exercises while the lettered statements generally reflect tasks to be accomplished that correspond to the overarching objectives.

- 1. Examine and test hospital policies, procedures, and plans for response to and recovery from a biological weapon event.**
  - a. Initiate isolation protocols for individuals ill with contagious disease and protection protocols for hospital personnel
  - b. Request, deploy, and employ resources among hospitals
  - c. Take care of the “worried well”
  - d. Use the Incident Command System (ICS)

- e. Collaborate in the deployment and employment of the Strategic National Stockpile (SNS) for vaccination of case contacts, hospital personnel, first responders and families
- f. Test communications with Emergency Operations Centers (EOC)

**2. Examine and test public health policies, procedures, and plans for response to and recovery from a biological weapon event.**

- a. Initiate quarantine of individuals exposed to contagious disease
- b. Use the ICS
- c. Collaborate in the deployment and employment of the SNS for vaccination of case contacts, hospital personnel, first responders and families, community
- d. Test communications with EOCs

**3. Examine and test county agencies' policies, procedures, and plans for response to and recovery from a biological weapon event.**

- a. Provide prophylaxis and personal protective equipment for emergency response personnel
- b. Transport contagious patients, including across county and state lines
- c. Take care of the “worried well”
- d. Develop, share, and provide public information through operation of a joint information system
- e. Augment incident management staff, including the use of a Type I Incident Management Team in [City, Town, County], through effective interactions with state and federal partners
- f. Use the ICS
- g. Collaborate in the deployment and employment of the SNS for vaccination of case contacts, hospital personnel, first responders and families, community
- h. Test communications with EOCs

**4. Examine and test multi-jurisdictional policies, procedures, and plans for response to and recovery from a biological weapon event.**

- a. Activate Mutual Aid Agreements
- b. Activate Memoranda of Understanding (MOU)
- c. Utilize regional assistance and coordination

- d. Exercise State Emergency Management Division alert and warning
- e. Activate and utilize State EOC
- f. Activate and utilize State Public Information Officer (PIO)
- g. Practice resource management
- h. Request and obtain a Governor’s Proclamation

### ***Participant Roles and Responsibilities***

**Controllers.** Controllers are exercise participants who plan and manage the exercise play, setup and operate the exercise incident site, and act in the roles of response individuals and agencies not actually playing in the exercise. Controllers provide key data to players and may prompt or initiate certain player actions to ensure exercise continuity. Controllers are the only participants who will provide information or direction to the players. Controllers may employ compressed time to ensure exercise continuity and completion. Any changes that impact the scenario or affect other areas of play must be coordinated through the lead controller, who will coordinate with the Exercise Director. All controllers will be accountable to the lead controller. A controller may also serve as an evaluator.

**Evaluators.** Evaluators are chosen from various agencies to evaluate and comment on designated functional areas of the exercise. Evaluators are chosen based on their expertise in the functional area(s) they review during the exercise. Evaluators have a passive role in the exercise and only note the actions of players; they do not interfere with the flow of the exercise.

**Controller / Evaluator Preparation.** To ensure positive exercise control and comprehensive evaluation, controllers and evaluators will be positioned at specific exercise participant locations. A comprehensive orientation will be given to controllers and evaluators before the exercise.

**Players.** Players are agency personnel who have an active role in responding to such an emergency by performing their regular roles and responsibilities during the exercise scenario. Players will also include communications personnel who may be offsite but have an integral role in directing agency responses and actions. Players initiate actions that will control and mitigate the simulated emergency.

**Observers.** Observers view all or selected portions of exercise play. Observers do not participate in exercise play or in exercise control functions.

**Exercise Staff.** Exercise staff refers to exercise planning team members.

### ***Exercise Implementation and Rules***

- Real emergency actions take priority over exercise actions.
- **“Real Emergency”** will be the designated phrase that indicates there is an emergency in the exercise area 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.
- Modification or intentional disruption of communication circuits is prohibited.
- Exercise players will comply with real-world response procedures unless otherwise directed by controllers. Responder rules of conduct are outlined in the EXPLAN.
- All written communications and telephone conversations made during the exercise will begin and end with the words, **“This is an exercise.”**
- Exercise players placing telephone calls must identify the organization, agency, office, or individual with whom they wish to speak.

### ***Site Access***

To prevent confusion and interruption of exercise conduct, access to the exercise sites will be limited to exercise personnel only and those observers, visitors, and media personnel controlled by the venue supervisor.

**Exercise Identification**

Distinctive badges will be issued to exercise staff (controllers, evaluators, players, observers and the media) to ensure their identification. The following chart describes identification items:

<b>Group</b>	<b>Badge Color</b>
Exercise Director	<b>Green</b>
Controllers	<b>Green</b>
Evaluators	<b>Red</b>
Players	<b>Blue</b>
Observers	<b>Purple</b>
Media Personnel	<b>Hot Pink</b>

**Logistics**

This section specifies tasks to accomplish specific support exercise preparation, conduct, and / or evaluation. This plan includes notification of controllers, acquisition of briefing rooms, communications requirements, meals, transportation, and facility security badging / access.

**Parking and Transportation.** Controllers and evaluators will be responsible for transportation coordination to their respective exercise locations. Parking will be available.

**Lunch.** Food and refreshments will be available for the convenience of all exercise personnel.

**Restroom Facilities.** Restroom facilities will be located onsite for use during the exercise.

**Cleanup and Restoration.** Following the exercise, controllers, evaluators, and players will begin cleanup operations to restore the area to pre-exercise conditions. All agencies assist in these efforts.

**Recording and Documenting Activities.** Media camera crews and still photographers will be operating throughout the exercise. All participants should be advised of their presence and instructed to cooperate fully.

## Public Affairs

**General.** This exercise offers all levels of Government – but particularly [State], [Jurisdiction], and its associated jurisdictions – the opportunity to demonstrate an increased readiness to deal with health emergency / terrorist incidents. Any public safety exercise of this scope is a newsworthy event. Because this exercise deals with a terrorist incident – a subject of wide public interest – news media attention can be expected to be particularly high.

It is recommended that officials who talk to the media be pre-designated so they can properly prepare themselves. It is also general policy that the Exercise Support Team does not talk to the media.

Special attention must be given to the needs of the news media, allowing them to get as complete and accurate a story as possible, but ensuring their activities do not impact the realism of the exercise or compromise safety or the exercise objectives.

**Exercise Responsibilities.** [Jurisdiction], its jurisdictions, [State], and the media have the following key responsibilities:

1. **Pre-Exercise.** The community is responsible for disseminating public information in advance of the exercise. [Name], the Public Information Officer for [City, Town, County], and the Public Health Media Specialist will prepare a pre-exercise news release for review by all partners. When finalized the news release will be distributed to all partners.
2. **During the Exercise.** Each facility / jurisdiction will follow internal procedures and establish an appropriate plan to work with the media during the exercise. Media personnel will only enter the exercise play area with assigned escorts at all times.

## Safety

### A. General

All participating organizations recognize the importance of conducting an exercise of this magnitude as safely as possible.

The [Agency] will provide the exercise Safety Officer for the exercise. The Safety Officer will have no other duties.

## B. Definitions

**Safety Officer.** The Safety Officer looks out for the safety of all exercise participants and is not responsible for providing controller injects to play activities. Any real safety concerns should be reported to a controller, who will be identified by a green controller badge. The Safety Officer has full authority regarding any safety-related aspect of exercise play. **All participants will follow the Safety Officer's directions.**

**Exercise Controllers.** Exercise controllers help guide the exercise. They provide exercise injects and information to the responders. All exercise controllers will also serve as safety observers during the exercise.

**Exercise Safety Requirements (General).** Participant safety takes priority over exercise events. Although the organizations involved in the exercise come from various agencies, they share the basic concept of ensuring a safe and healthful workplace for their personnel. In addition, aspects of an incident response are dangerous. Professional health and safety ethics should guide all participants to operate in their assigned roles as safely as possible. The following general requirements apply to the exercise

- All exercise controllers will serve as safety observers while exercise activities are under way.
- Participants will be responsible for their own and each other's safety during the exercise. It is the responsibility of every person associated with the exercise to stop play if, in his or her opinion, a real safety problem exists. Once the problem is corrected, exercise play can be restarted.
- All organizations will comply with their respective environmental, health, and safety plans and procedures, as well as all appropriate Federal, State, and local environmental health and safety regulations.

**Scope.** The exercise presents a potential safety hazard to all participants. For this reason, an exercise Safety Officer has been established to identify those hazards and make appropriate recommendations to ensure participant safety at all times.

**Medical Support.** If participants need medical support for headaches, minor cuts, and other minor injuries and illnesses, medical support will be provided during the exercise.

There will be a dedicated real emergency advanced life support (ALS) unit at the exercise site; medical evacuation support will also be available.

**Accident Reporting.** All injuries, incidents, and accidents, regardless of severity, will be reported immediately to the nearest controller. Anyone observing a participant who is seriously ill or injured will first advise the nearest controller and then render first aid, if possible, provided the aid given does not exceed his or her training.

**Use of Alcohol.** Alcohol consumption is prohibited during the exercise. If a controller detects the presence of alcohol on a participant or if a participant is believed to be under the influence, the controller will remove the participant from the exercise, and report the participant to his or her supervisor for appropriate follow-on action.

**Prescription Medication.** Participants taking prescription medication will report this information to their chain of command. Supervisors should inform the exercise Safety Officer of their decision to allow such an individual to participate.

**Illegal Drugs.** The use of illegal drugs is prohibited. If a controller detects the presence of drugs on a participant or if a participant is believed to be under the influence, the controller will remove the participant from the exercise and report the participant to his or her supervisor for appropriate follow-on action.

**Personal Protective Equipment.** Personal protective equipment (PPE) may be needed for various operations during the exercise. PPE will generally be provided by the participant's organization. Use of respiratory protection, if needed, will be allowed only for participants who have been medically qualified, trained, and fit-tested. Participating organization safety officers will ensure the proper and authorized use of PPE by their individual participants.

### C. **Exercise-Specific Safety Requirements**

**Exercise Setup.** Primary concerns during exercise setup are centered on placing items at the scenario location for use during the exercise. As with the exercise, a Safety Officer will be present during all setup operations. Medical support personnel will be on-scene and / or immediately available during setup operations.

**Operations.** All generating devices will be located in areas in which exhaust gases will not pose any potential for exposure to exercise participants (i.e., located far enough away from buildings to avoid buildup of carbon monoxide inside). In addition, hearing conservation measures will be followed.

**Electrical.** All electrical hazards and generating devices will be clearly marked and separated to prevent inadvertent contact.

#### **D. Activity-Specific Safety Requirements**

The [Agency] will provide access control to the exercise area to ensure unauthorized non-participants are denied access and authorized non-participants crossing the exercise area to reach other work areas do so without deviating from established routes or reasonable travel times. Those personnel performing exercise site security are not direct participants and will not be exposed (as part of the exercise) to any scenario-related play.

In an area of exercise pedestrian traffic, drivers will not exceed 5 miles per hour, except in emergency situations.

**Weather Considerations.** Actual weather conditions will be used during the exercise; however, wind conditions may be simulated as deemed necessary.

**Heat Stress.** Heat stress is defined by the following conditions presented in order of increasing severity: heat rash, heat cramps, heat exhaustion, and heat stroke (hot, dry skin). Ambient temperature, ambient humidity, work activity, type/level of PPE, and physical fitness/acclimatization of exercise participants mainly influence heat stress. Generally, exercise participants who will be at the highest risk are personnel required to wear PPE and perform heavy work activity during the warmest times of day.

Heat stress can be controlled by drinking plenty of water (available at the site), avoiding alcohol (before and during exercise), complying with proper work / rest regimens, and maintaining the core body temperature below 100.4°F. The Safety Officer is responsible for assessing exercise participants for heat stress potential and taking prompt corrective action to mitigate dangerous heat stress conditions. Heat stress is generally monitored and controlled according to American Conference of Government Industrial Hygienists (ACGIH) criteria.

Exercise participants who experience a significant heat stress condition (e.g., heat exhaustion and heat stroke) should immediately stop working, inform a Safety Officer, and report to the on-site medical responders. Basic response actions for a victim of severe heat stress include moving to a shaded location (preferably air conditioned), removing PPE/ clothing, and administering water.

**Hypothermia.** Hypothermia is defined as the progressive cooling of the body. This cooling can occur rapidly (e.g., when a person is immersed in cold water) or gradually (e.g., through general outdoor exposure in cold weather). The body can adjust to a drop of a few degrees of internal body temperature, but larger temperature losses can result in the inability of the body to regulate its temperature and produce necessary body heat. The signs and symptoms of hypothermia include the following:

- Shivering (or, in severe cases, the absence of shivering)
- Numbness
- Drowsiness or inactivity
- Stiff or rigid posture
- Rapid breathing and pulse at the onset (slow breathing and pulse in severe cases)
- Coordination difficulties (e.g., staggering)
- Joint/muscle stiffness
- Decreased level of consciousness

All exercise participants are susceptible to the effects of hypothermia. Hypothermia can be controlled by removing all wet clothing, gradually warming the victim, giving warm liquids to conscious victims, and keeping the victim warm. All controllers and the safety officer are responsible for assessing exercise participants for cold injury potential and for taking corrective action to mitigate dangerous conditions.

Exercise participants who experience cold injuries or the signs and symptoms of hypothermia should immediately stop working, inform a Safety Officer, and be brought to the on-scene real emergency site.

**Real Emergency Procedures.** For an emergency that requires medical assistance, the phrase will be “*Real Emergency*.” The following procedures will be used in case of an **actual emergency** during the exercise:

- The first exercise player, controller, evaluator, or observer who becomes aware of an actual emergency will initiate the broadcast of “*Real Emergency*” over all frequencies being used at the exercise.
- All radio transmissions will cease, except the unit that first transmitted “*Real Emergency*” will specify the following:
  - Location
  - Condition
  - Requirements (if possible)
- If requirements at the scene are specified, only those units requested will respond.
- If an actual medical emergency occurs, the aided will be immediately removed via the real emergency ambulance to the appropriate receiving medical facility.
- If the nature of the emergency is such that a suspension of the exercise is needed, all exercise activities will **immediately cease**.

**Fire Safety.** [Agency] will be notified and should provide support in case a fire or other emergency occurs during the exercise that is not part of exercise play. Following are fire safety requirements for the exercise:

- Firefighting equipment will be readily available and in proximity.
- Particular care will be taken to ensure no exercise operations cause unintentional fires.
- Resupply fuels, specifically gasoline, kerosene, and diesel fuel, will be stored only in approved containers. They will be clearly labeled for content and will be stored away from combustible materials. They will not be stored within 50 feet of an ignition source such as an open flame or gas-operated or electrical equipment that could spark or short out. “No Smoking” signs will be posted near the storage area. Fire extinguishers and other safety equipment will be stored close to the resupply fuel

storage area, but not with the fuel containers. Fuels will be handled using safe handling methods.

**Weapons Safety.** It is the policy of the U.S. Department of Homeland Security, Office of State and Local Government Coordination and Preparedness (USDHS / OSLGCP) to ensure every effort is made to provide a safe and secure environment at all OSLGCP-sponsored exercises for its participants, observers / VIPs, control / evaluation staff, volunteers, and the general public.

Federal and contractor exercise planners and controllers will plan for and promulgate the following control measures regarding weapons, whether introduced as a simulated device during exercise play or used by law enforcement officers in their normal scope of duties:

- For the purpose of this policy, a “weapon” means all firearms, knives, explosive devices, less than lethal weapons/tools/devices, and any object capable of causing bodily harm.
- Qualified personnel (e.g., law enforcement, security, military) with the legal authority to carry weapons who have an assigned exercise role (e.g., responder and tactical team) and have the potential for interaction with other exercise participants will **NOT** carry a loaded weapon within the confines of the exercise play area. They may continue to carry their weapons only after they have been properly cleared and rendered safe (i.e., no ammunition in chamber, cylinder, breach, or magazines) and only after being marked or identified in a conspicuous manner (i.e., bright visible tape around the visible stock or holster). The use of an area clearly marked as “off limits,” and with assigned armed personnel to secure weapons in a container, vehicle, or other security area is acceptable, and should be consistent with host jurisdiction weapons security policies.
- Qualified personnel (e.g., law enforcement, security, military) with the legal authority to carry weapons who are used to provide “real-world” perimeter security for the exercise and have no assigned or direct interaction with exercise participants may continue to carry loaded weapons as part of their normal scope of duty.
- All other personnel with no legal authority to carry weapons will not bring, introduce, or have in their possession any weapon of any type in any area associated with the exercise. Safety briefings will be provided to all exercise participants specifying provisions and policies regarding weapons before the start of the exercise.
- Simulated explosive devices, such as “flash bangs,” pyrotechnics, flares, smoke grenades, etc., will be handled and/or detonated only by qualified exercise staff or bomb technicians.

- Aggressive behavior will not be tolerated during exercise conduct, except in matters of self-defense. Examples of aggressive behavior may include, but are not limited to, excessive speeding; uncontrolled animals (e.g., K-9s and horses); employment of defense products (e.g., mace, pepper spray, stun guns, tasers, batons); and forceful use of operational response equipment or tools (e.g., pike poles and hose lines used at full stream on victims).
- Exceptions to this policy specifying special mitigating circumstances will be directed, in writing, to the OSLGCP 30 days before the exercise.

#### **E. Assembly Area**

A parking lot at the [Location] will be designated as the Assembly Area.

**Pre-Exercise.** All participating units will report to the Assembly Area and report their arrival to the Assembly Area controller. Responding units will be positioned in the order of their response at the north end of the Assembly Area. The controller will, in turn, report the arrival of participating units to the Senior Controller via the Controller Communications Network.

**Exercise.** Units will be released from the Assembly Area as directed by the Assembly Area controller using a deployment timetable that will be distributed before the start of the exercise.

No participating personnel or units will depart the Assembly Area unless released by an Assembly Area controller or in response to a real emergency.

## PART 2 – EVALUATOR INFORMATION AND GUIDANCE

### ***General Information***

The goal of exercise evaluation is to validate strengths and identify improvement opportunities for the participating organization(s). This is accomplished by:

- Observing the exercise and collecting supporting data
- Analyzing the data to compare performance against expected outcomes
- Determining what changes need to be made to the procedures, plans, staffing, equipment, communications, organizations, and interagency coordination to ensure expected outcomes.

The evaluation results should not be viewed by the participating agencies and jurisdictions as a “report card” that grades weakness, but as an opportunity to identify ways to build on strengths and improve capacity. Since jurisdictions are testing new and emerging plans, skills, resources, and relationships in response to a changed homeland security environment, every exercise can be expected to result in multiple findings and recommendations for improvement.

### ***Evaluator Responsibilities***

Player performance must be observed and analyzed against plans, policies, procedures, and practices using criteria established before the exercise. Evaluators document the player performance using Exercise Evaluation Guides (EEGs) as well as information obtained during the Player Hot Wash. The evaluations, documentation, Hot Wash, and debriefing discussion(s) provide important information that substantiates exercise conduct and performance. An After-Action Report / Improvement Plan (AAR / IP) will be written that summarizes the overall results of the exercise and provides a comprehensive assessment of the emergency response activities. Specific evaluator activities include the following:

- Before the exercise, review the appropriate emergency plans and procedures and the EXPLAN, including objectives and all appendices

- Attend required briefings
- Review the EEGs and other supporting material for your area of responsibility
- Report to the exercise location at the time designated in the exercise Schedule of Events. Report arrival to check-in and meet with exercise staff
- Be in the appropriate location at least 15 minutes before the start of the exercise. If you are not assigned to a specific site, be in place to meet the players at least 15 minutes before the start of the exercise
- During the exercise, the evaluators' primary duty is documenting player performance. After the exercise, that data will be used to determine whether the exercise objectives were demonstrated and to identify strengths, opportunities, and improvement items

**Documenting the Exercise.** It is essential that evaluators keep accurate records and notes because these will form the basis for evaluation of performance. The value of exercise evaluation is its ability to provide constructive feedback (positive and / or 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 EEGs for actions in their area. A list of EEGs by venue begins on page 2-14. A full list of EEGs can be found as an appendix to this document. Evaluators should document key activities and those that require a timely response for later evaluation.

Evaluators will review their forms and notes immediately following exercise termination to ensure an accurate reconstruction of events and activities for discussion at the CE 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.

Samples of Task Level "write-ups" are shown as follows:

### **Task III-14: Provide Emergency Public Information to the Media and the Public**

**Issue 1:** Some counties did not receive press releases.

**Summary:** *(This should be a summary of the events that took place concerning this task.)*

JIC staff prepared a series of press releases to convey information to the public. Each release was coordinated with the Executive Management Team. The press releases were distributed over the Emergency Management System (EMS). However, not all counties use the EMS to obtain their information. For example, the Capital County Dispensing Site did not receive any news releases because they do not use EMS.

**Consequence:** *(This should be a comment of what would happen if the proper actions did not take place as expected.)* Outdated and conflicting information was put out by one county that had not seen the latest press release.

**Analysis:** *(The following questions should be answered during the analysis: 1. What happened – what the evaluator actually saw. 2. What was supposed to happen – based upon the plans and procedures. 3. Was there a difference and why – conduct a root cause analysis of why. 4. What was the impact – were the consequences of the action (or inaction, or decision) positive, negative, or neutral.)* The JIC relied solely on the EMS as its method of distributing the press releases. The procedures for the JIC require that press releases be faxed to counties that do not have access to or use the EMS. However, when the second press release was sent, the Deputy Public Information Officer (PIO) asked if he should fax the release to the counties and was told by the PIO that it is the county's responsibility to ensure access to and use of the EMS. Capital County has access to the EMS but does not generally use it because staff are not trained for its use. The Capital County PIO indicated that the system was not properly installed and therefore they could not use it.

**Recommendation:** *(What are the fixes to the root causes? May have more than one.)* The Emergency Management Agency (EMA) should establish procedures or protocols to ensure that news releases reach all affected counties or agencies, regardless of their EMS capabilities.

**Task III-15: Establish and Maintain Rumor Control Operations** *(Note: This is a task with more than one issue.)*

**Issue 1:** Rumor Control was not provided with a script or other written instructions on the message to be conveyed to the public.

**Summary:** The JIC established a Rumor Control Center staffed by two people for the exercise. Rumor Control directed callers to other telephone numbers and Emergency Alert System (EAS) stations for additional information and developed responses based on the latest information available to them. However, staff did not always have the most recent information and sometimes released information that had not been approved by the PIOs.

**Consequence:** The information provided to the public was not always consistent or up to date.

**Analysis:** When Rumor Control received a call, staff would provide a response based on the best information they had or would discuss the request with the PIOs. On several occasions, the PIOs were busy, so the Rumor Control staff developed a response that reflected outdated information. The two Rumor Control staff worked independently but generally coordinated their responses. Each kept a folder of information that they had gathered. However, because they were developing their own responses, the information was not consistent.

**Recommendation:** The EMA should develop procedures for the PIOs to place a high priority on developing a script for Rumor Control staff to use in responding to public inquiries.

**Issue 2:** Rumor Control was not provided with adequate reference materials.

**Summary:** Several callers were told to contact their local EMA or stay tuned to the local EAS station. However, Rumor Control did not have the telephone numbers for some of the agencies and the radio frequencies for the EAS stations.

**Consequence:** Callers were frustrated and felt that they were getting the “runaround” because they could not get the information they needed from one source.

**Analysis:** The JIC, where the Rumor Control staff were located, had some of the reference materials and telephone numbers but they were not pulled together in a single resource that could be accessed by all staff. Various staff members had developed their own references. Although staff were willing to share reference information, it was not easy to

access and was not available at all when the person who developed the information was not present.

**Recommendation:** The EMA should develop a list of EAS stations and frequencies as a reference tool for Rumor Control.

***Task V-1: Develop and Implement Protective Action Decisions***

**Summary:** Public Health demonstrated the ability to implement a representative sample of population protective measures for a terrorist-induced statewide pneumonic plague outbreak. Following confirmation of the agent, participants requested the Strategic National Stockpile (SNS) push package from the Centers for Disease Control and Prevention (CDC), following the procedures outlined in their plans. Once the SNS arrived at the designated receiving site, responsibility for the package was transferred to the State and local authorities, who began the breakdown and distribution. Public Health established geographic and risk-group dispensing priorities and adjusted them as information continued to develop throughout the scenario. Public Health arranged additional pharmaceutical and medical supplies through the Vendor Managed Inventory to ensure a continued supply of prophylaxis.

**Recommendation:** None.

**Evaluator Package.** Evaluators will receive their materials for review at the CE Briefing. The evaluator package contains EEGs, evaluator instructions, and other items. Evaluators should bring the package to the exercise. Evaluators may reorganize the material so the information critical to their specific assignment is readily accessible. Evaluators may bring additional professional materials specific to their assigned activities.

**Controller / Evaluator Briefing.** This briefing will assist in preparing controllers and evaluators for performance of their functions. It will include a detailed review of exercise activities and the scenario. This briefing is the time for controllers and evaluators to ask questions and ensure they completely understand their roles and responsibilities. Controller and evaluator questions should be addressed and information clarified so controllers and evaluators feel confident they can effectively perform their assignments.

### ***Evaluator Instructions and Guidelines***

**General.** During the exercise, evaluators will address any player questions or clarification requests to the controllers. Evaluators should not interact with players in such a way that results in prompting of and / or interfering with player performance.

Whenever possible, every activity and response action should be carried out exactly as if the events were real to ensure evaluations are not skewed or do not misrepresent player actions. Controllers will give information to players in a form and manner consistent with an **actual emergency** and as a result of specific events or actions taken by the players. Players must earn information before they are given that information. Evaluators should observe the methods controllers use to disseminate scenario information and how players act on this information.

Actual equipment and procedural problems should be expected during an exercise; these interject a form of free play. Players' solutions to actual equipment or procedural problems in real time during the exercise afford a valuable opportunity to observe players' conduct and current training. Controllers should allow players to solve such problems unless safety is compromised or exercise limitations are exceeded. Evaluators will bring safety issues to the attention of controllers or, in the absence of a controller, will bring safety hazards to the attention of players. Evaluators will document equipment-related issues for the subsequent CE Debriefing.

**Scenario Confidentiality.** Scenario information will be closely guarded to ensure its confidentiality. Players' prior knowledge of the scenario will skew any assessment of the emergency response capabilities. Following are some guidelines for evaluators:

- Evaluators should be careful of what they say and to whom because it may be overheard
- Evaluators should be careful when positioning themselves to observe an activity to ensure their actions do not disclose information
- Evaluators should ensure no one can see their scenario material or comments. They should never place their scenarios or injects where players can read them

**Evaluation Basics.** Remember, your experience and expertise are your most important tools. Experienced evaluators use the following techniques for effective evaluation:

- Use the EEGs to confirm that exercise objectives are met

- Take detailed notes concerning significant activities observed, including the time
- When more than one evaluator is assigned to an area, divide responsibilities to ensure detailed evaluation of player activities
- Stay in proximity to player decision-makers
- Focus on critical activities (e.g., hazard assessment decisions, protective action decisions, command and control issues, and other similar activities)

**Recording Important Events.** Although numerous events may occur simultaneously, evaluators do not need to record all the action. Knowing which events are important eliminates superfluous information and provides the kind of data most useful for exercise evaluation. Important events evaluators should record include the following:

- Initiating scenario events
- Actions of players in relation to the scenario
- Key decisions made by managers and the times these decisions are made
- Deviations from plans and implementation procedures
- Times when mitigating actions are completed

**Placement and Monitoring.** Evaluators should be located so they can observe player actions and hear conversations without interfering with those activities. Certain conditions may warrant more than one evaluator being located in a setting or area.

**What to Look For.** Individuals preparing the exercise evaluation report will analyze the results provided by all evaluators to achieve an integrated evaluation of response capabilities. Their analysis will focus on the measures taken to mitigate the simulated emergency, the timing of key events, decisions made, and actions taken. Potential areas you should focus on to assist in that analysis include the following:

- Timeliness in mitigation actions
- Communication among players and organizations
- Direction and coordination of field activities
- Monitoring and assessing scenario events

- Command and control
- Creative player problem solving, beyond current plans and implementation procedures
- Plans or procedures that affect player efforts
- Equipment issues in relation to player efforts

**Post-Exercise Activities.** The primary post-exercise duties for evaluators are observation of the Player Hot Wash immediately following the exercise, and the CE Debriefing. Evaluators will work with other members of the Exercise Organization during the evaluation process to complete the picture of player actions and assess whether objectives were met and what improvements are needed. *It is important that the evaluators capture five to seven “things that went well” and the same number of “things that need improvement” at the venue Hot Washes.*

### Overview of Evaluation Methodology

This evaluation methodology is designed to analyze performance at three levels, depending on the complexity of the exercise. The three levels of performance analysis are:

- **Task Level Performance:** The capacity of individual players or teams to perform a required task during an exercise
- **Agency/Discipline/Function Level Performance:** The performance of **agencies** (e.g., police or fire department), **disciplines** (e.g., local, state, and federal law enforcement agencies), and **functions**, often as defined with the Incident Command System (ICS) (e.g., HazMat team, Emergency Operation Center, or fire services)
- **Mission Level Performance:** The ability of the intergovernmental community as a whole (e.g., across disciplines and across jurisdictions) to achieve the expected outcomes in responding to an event

As discussed in more detail below, the results from these different levels of evaluation are needed to provide a comprehensive assessment of jurisdictional preparedness, which contributes to the national measurement of terrorism readiness.

### **Task Level Performance**

At the most fundamental level, an exercise evaluation can be used to look at the ability to perform individual prevention and response tasks. Analysis at this level will answer the question: *Did the individuals or team carry out the task the way that you expected and in a way that achieved the goal of the function?* In other words: *Did the person or small team do the right thing the right way at the right time?*

The evaluation of the performance of individual tasks can help determine whether personnel, training, and equipment are sufficient for the individuals / teams to do their job. For example, the evaluation may show whether participants followed prescribed procedures when responding to a terrorism incident and whether equipment has been properly maintained and operated correctly. Such information is useful for team leaders and supervisors when determining training needs, scheduling maintenance, and routine purchasing. The analysis will also explore the impact that not completing a task or not completing it in a timely manner has on other actions and the integrated overall response.

### **Agency / Discipline / Functional Level Performance**

The exercise evaluation also assesses performance of specific agencies, disciplines, and functions. The purpose of evaluation at this level is to answer the question: *Did the larger team (e.g., emergency operations center) perform the duties correctly in accordance with approved plans, policies, procedures, and agreements?*

The analysis at this level is useful for assessing such issues as advanced planning and preparation; how the members work together at the discipline, departmental, or organizational level; and how well team members communicate across organizational and jurisdictional boundaries. This information is used by department managers and agency executives at the state and local level in developing annual operating plans and budgets, in communicating with political officials in setting long-range training and planning goals, and in developing interagency and inter-jurisdictional agreements.

The evaluation team should conduct the evaluation and analysis in a way which synchronizes them with the organizational structures in use by the community. For many jurisdictions, the

breakout of functional activities is defined by ICS / National Incident Management System (NIMS). These functional groups, and the activities they carry out, are categorized as follows:

- **Fire Services:** Initial response, fire suppression, explosive ordnance disposal, standby unit, decontamination, rescue, technical rescue, recovery
- **Emergency Medical Service (EMS) / Emergency Medicine:** Triage, treatment, transportation, medical communications, air operations, sustainment, protocols
- **Health and Hospitals:** Treatment, hospitals, decontamination, surge capacity, hospital security
- **HazMat:** Entry, site access control, safe refuge area, decontamination, technical specialists, coordination, personal protection equipment selection, reconnaissance
- **Law Enforcement:** Initial response, scene security, force protection, investigation, law enforcement task force, explosive ordnance disposal, traffic control, evacuation
- **Public Safety Communications:** Incident identification, link between responders and emergency management
- **Emergency Management:**
  - *Command and Operations:* Organization of initial response, reinforced response organization, multi-division/group organization, information, liaison, damage assessment, economic impact, operational planning, intergovernmental communications, assessment
  - *Planning:* Situation, resources, documentation, demobilization
  - *Logistics:* Communications, medical, supply, food, facilities, transportation
  - *Finance/Administration:* Time, procurement, compensation/claims, cost
- **Public Works:** Heavy equipment, public utilities, debris removal, construction, contract management, drainage, water / runoff treatment
- **Public Health:** Quarantine, medical advice, epidemiology, public outreach and education, enforcement
- **Government Administrators:** Public information, evacuation, requests for resources, coordination

- **Environmental:** Environmental health, assessment (air, water, soil, flora, fauna), analysis, contamination, cleanup, enforcement

### **Mission Level Performance**

At the highest level, the evaluation can be used to assess whether the intergovernmental community as a whole (e.g., across disciplines and across jurisdictions) achieved the expected mission outcomes in responding to a simulated event. The focus is principally on outcome, rather than the individual processes. For example, the evaluation would assess whether casualties were minimized or prevented, not whether each individual followed a specific procedure. The purpose of evaluation at this level is to answer the question: *How prepared is the community to prevent or respond to and recover from a terrorist attack?*

Mission level outcomes are those things that citizens expect from their elected officials and public agencies in addressing a terrorist threat or attack. Although the specifics may vary from community to community, the following is a list of mission outcomes that generally address public expectations:

- **Prevention / Deterrence:** Ability to prevent or deter terrorist actions
- **Emergency Assessment:** Ability to detect an event, determine its impact, classify the event, conduct environmental monitoring, and make government-to-government notifications
- **Emergency Management:** Ability to direct, control, and coordinate a response, provide emergency public information to the population-at-risk and the population-at-large, and manage resources. This outcome also includes direction and control through the ICS and Unified Command System, the Emergency Operations Center (EOC), and Joint Information Center (JIC)
- **Incident/Hazard Mitigation:** Ability to control, collect, and contain an incident at its source and to mitigate the magnitude of its impact. This outcome also includes all response tasks conducted at the incident scene except those specifically associated with victim care
- **Public Protection:** Ability to provide initial warnings to the population-at-large and the population-at-risk, notify people to shelter in place, and/or evacuate the population-at-

risk, provide evacuee support (e.g., transportation for evacuees, reception centers, shelters), protect schools and other special populations, and manage traffic flow and access to the affected area

- **Victim Care:** Ability to treat victims at the scene, transport patients, treat patients at a medical treatment facility, track patients, and handle and track human remains
- **Investigation / Apprehension:** Ability to investigate the cause and source of the attack, prevent secondary attacks, and to identify and apprehend those responsible
- **Recovery / Remediation:** Ability to restore essential services, restore businesses and commerce, cleanup the environment and render the affected area safe, compensate victims, provide long-term mental health and other services to victims and the public, and restore a sense of well-being to the community

### ***Using Exercise Evaluation Guides (EEG)***

Exercise evaluation is based on a set of objectives and specific evaluation elements associated with each objective. The evaluation materials are structured to enable evaluators to gather information on the performance of participating organizations for each applicable evaluation aspect demonstrated at a particular location.

An EEG containing “target areas and evaluation aspects” has been provided for each functional evaluation element. These are generally based on existing plans, protocols, and training and are designed to elicit specific data and information on the organization’s performance during the exercise. The target areas provide a base of information from which to observe performance. The results of this evaluation are recorded on the EEG.

Organizations are expected to demonstrate their emergency response capabilities to the best of their ability and in accordance with their emergency plans and procedures. The evaluation element forms are based on whether the organization’s performance was consistent with the organization’s current plans and procedures. Any inconsistencies should be assessed regarding whether they impeded or improved organizational performance and should be documented if possible. The evaluator should note any exceptional procedures that may be recommended to others.

The following page lists the EEGs by venue. The complete EEGs may be found as an appendix to this document.

**NOTE:** *The complete EEGs have been omitted from this Evaluation Plan (EVALPLAN) Example. These should be selected from the full list of Homeland Security Exercise and Evaluation Program (HSEEP) EEGs (available in HSEEP Volume IV: Sample Exercise Documents and Formats) based on the specific variables of the jurisdiction's exercise scenario.*

**EEGs by Venue**

Task #	Outcome/Task	[Venue]						
<b>I. Criminal Prevention and Deterrence</b>								
I-1	Respond to Reports of Potential Threats		X					
I-2	Coordinate Prevention and Deterrence Tasks		X					
I-3	Increase Surveillance at Vulnerable Sites/Events		X					
I-4	Initiate Investigation of a Suspect				X			
<b>II. Emergency Assessment</b>								
II-1	Dispatch First Responders and Establish Initial Communications		X					
II-2	Make Immediate Incident Scene Reports		X					
II-3	Detect and Identify Hazard		X					
II-4	Collect Input for Hazard Assessment	X	X		X	X		
II-5	Make Hazard Assessments and Predictions	X			X	X		
II-6	Coordinate Monitoring and Sampling Operations	X		X				
<b>III. Emergency Management</b>								
III-1	Alert and Mobilize EOC Staff		X					
III-2	Activate, Expand and Operate the EOC		X			X		

[State] Homeland Security Exercise and Evaluation Program – [Ex Type] – EVALPLAN

Task #	Outcome/Task	[Venue]						
III-3	Direct and Control Response Operations	X	X	X	X	X		
III-4	Notify Government Agencies and Officials	X	X	X	X	X		
III-5	Direct Activation of Traffic and Access Control Points	X	X	X	X			
III-6	Direct and Control Protection of At-Risk Population		X	X	X	X		X
III-7	Direct Protective Actions for Schools, Day Care Centers, and Special Populations	X	X		X			X
III-8	Direct and Control Distribution of Supplies and Equipment	X	X	X	X	X		X
III-9	Request and Coordinate Additional Response Support	X	X	X	X	X		X
III-10	Request Regional/State/Federal Assistance	X	X	X	X	X		
III-11	Direct and Control Critical Infrastructure Mitigation		X			X		
III-12	Direct and Control Public Information Activities	X	X	X	X	X		X
III-13	Activate and Operate Joint Information System	X	X			X		X
III-14	Provide Emergency Public Information to Media and Public	X	X		X	X		X

[State] Homeland Security Exercise and Evaluation Program – [Ex Type] – EVALPLAN

Task #	Outcome/Task	[Venue]						
III-15	Establish and Maintain Rumor Control Operations	X			X	X		X
<b>IV. Incident Site Hazard Mitigation</b>								
IV-1	Isolate Incident Scene and Define Hazard Areas				X			
IV-2	Establish Incident Command/Unified Command				X			
IV-3	Conduct Incident Command		X					
IV-4	Maintain Accountability of Responders and Citizens		X					
X								
<b>V. Protection</b>								
X								
V-1	Develop and Implement Protective Action Decisions	X	X	X	X	X		X
V-2	Prepare and Disseminate Protective Action Messages	X	X	X	X	X		X
V-3	Activate Traffic and Access Control Points		X					X
V-4	Coordinate Protective Actions for Special Populations	X	X	X	X			X
V-5	Implement Protective Actions for Special Populations		X					X
V-6	Coordinate Protective Actions for Schools and Day Care Centers	X	X		X			

[State] Homeland Security Exercise and Evaluation Program – [Ex Type] – EVALPLAN

Task #	Outcome/Task	[Venue]						
V-7	Implement Protective Actions for Schools and Day Care Centers		X					
V-8	Direct Reception Center Operations		X					
V-9	Operate Reception Centers		X					
V-10	Direct Shelter Operations	X		X				
V-11	Operate Shelters	X						
V-12	Arrange for Veterinary Services	X						
<b>VI. Victim Care</b>								
VI-1	Provide Immediate Emergency Aid		X					
VI-2	Conduct Search and Rescue Operations		X					
VI-3	Provide Emergency Triage, Treatment, and Stabilization		X					
VI-4	Decontaminate Patients at Incident Site		X					
VI-5	Screen Individuals for Agent Contamination		X					
VI-6	Decontaminate Individuals at Screening Site		X					
VI-7	Treat Patients at Screening Site		X	X				
VI-8	Report Victim Status to EOC/Hospital		X					
VI-9	Prepare to Receive Patients		X	X	X			
VI-10	Transport Patients to Hospital		X	X				
VI-11	Decontaminate Patients at Hospital		X	X				
VI-12	Treat Patients at Hospital		X	X				
VI-13	Track Patient Status/Location	X	X	X	X	X		

Task #	Outcome/Task	[Venue]						
VI-15	Coordinate Disposition of Human Remains	X			X	X		
VI-16	Notify Next-of-Kin		X					
<b>VII. Criminal Investigation and Apprehension</b>								
VII-2	Initial Criminal Investigation				X			
VII-3	Collect Evidence from Victims/Witnesses		X					

## PART 3 – SCENARIO AND SUPPORTING DATA

### General Scenario

- On Day -15 a group of Ruthenians (Western Ukraine), dissatisfied with American and Western European agricultural and governmental policies about import of their products, acquires smallpox from a former-Soviet Union biological weapons scientist allied with Chechen rebels and Muslim extremists. This group, Ruthenians United Totally Against Business and Government Again (RUTABAGA), aware of an agricultural exchange with the United States, hopes to infect families traveling to the United States with smallpox, start an epidemic which would cause the collapse of government in the United States and result in a world-wide panic and social upheaval.
- On D-7 RUTABAGA sprays smallpox around a gathering of 120 of the 200 people that will be traveling to the United States, hoping to infect them and cause widespread disease.
- On Day 0 the group of 200 agriculturalists and their families (45 families – 14 in [City, Town, County], 12 in [City, Town, County], 7 in [City, Town, County], 9 in [City, Town, County], and 3 in [City, Town, County]) from Ruthenia arrive by aircraft in [City]. They tour vineyards in the [City, Town, County], [City, Town, County], and [City, Town, County] valleys. Most of the members of this group can speak basic English. They live with farm families and study the very successful grape-growing practices in [State] hoping to emulate those practices when they return to their homes.



### Major Events

- On D+5 one family (2 adults and 1 child) in [City, Town, County] became ill with a fever followed by rash in two days (D+7).
- On D+9 this family was subsequently seen by an infectious disease physician in [City, Town, County]. The physician included smallpox in her differential diagnosis and contacted the [Local Health].



- On D+10 the [State Health] confirms the diagnosis of smallpox at the [State Health Lab] and notifies the Centers for Disease Control and Prevention (CDC).
- On D+10 mobile television trucks arrive at [Hospital] and [Hospital] based upon the rumor that there’s an “epidemic” of smallpox in [City, Town, County]. 
- On D+10 [State Health] recommends that the hospitals and healthcare providers in the region begin to:
  - Triage patients for fever and rash and take measures to evaluate and treat patients with fever and rash separate from other patients.
  - Provide respiratory and contact precautions and isolation for all patients with fever and rash.
  - Administer smallpox vaccinations for healthcare workers including all hospital staff and EMS not already vaccinated within the last 3 years.
  - Decontaminate any facility and equipment that had treated the individuals with smallpox.
- and [Local Health] begins to:
  - Quarantine other members of the visiting Ruthenians group.
  - Quarantine those in contact with the visiting Ruthenians not yet ill.
  - Isolate those in contact with Ruthenians with fever but not yet rash in a Type X isolation facility.
  - Contact tracing for all of those ill with fever and rash and aggressive vaccination within three days for those who have been in contact with the ill Ruthenians.
- On D+11 seven members of the visiting Ruthenian group appear at the emergency department of [Hospital] with high fevers; one also has a rash on their feet, hands, and face. 
- On D+11, based upon the potential for additional cases of smallpox, [State Health] recommends that the entire population of [Cities, Towns, Counties] be vaccinated against smallpox within the next 10 days.

- D+11. [Local Health] requests deployment of the Strategic National Stockpile's (SNS) smallpox vaccine and vaccination supplies. [State Health] concurs and requests vaccine for all five counties in [Jurisdiction] as well as the surrounding areas in [State]. The SNS package is expected to arrive in [State] in 12 hours and should be available in the region in 24 hours.
- D+12. All local health jurisdictions, hospital emergency departments, and healthcare provider offices are being inundated with news requests and requests for vaccination by the general public. [State Health] recommends establishing off-campus triage and treatment points to help take the pressure off hospital emergency departments.
- D+12. The Health Officer in [City, Town, County] is overwhelmed with management of patients and contacts and requests public health mutual aid. [City, Town, County] Emergency Management requests a Type-1 Incident Management Team and additional public health resources in the form of case / contact management teams.
- D+13. [City, Town, County] Fire / EMS receives a request to transport a severely ill child to [Hospital]. Upon arrival at the home they find a Ruthenian child with a high fever and a rash.
- D+14. Most of the host families no longer desire to have their guests in their homes and are pressuring their sponsoring agency to send the Ruthenians back home or get the Ruthenians out of their homes. Some Ruthenians have been forced out of host homes and are staying in motels.



- D+14. [Hospital] requests transport of a potential smallpox patient to [City, Town, County].
- D+16. [Hospital] requests transfer of two severely ill smallpox patients because neither hospital in [City, Town, County] has the facilities needed to care for these two severely ill patients.
- Between D+11 and D+17, six other host families in [Cities, Towns, Counties] report their guest families are ill with fever and muscle aches, some of them are quite ill.
- By D+17, five adults and two children in three different host family homes in [City, Town, County], 1 adult and one child in one host family home in [City, Town, County], 2 adults in two host family



homes in [City, Town, County], 2 additional adults in one host family home in [City, Town, County], and 1 adult in [City, Town, County] are ill with fever and rash. All have been seen by health care providers in acute care, group practice, or emergency room settings. All are hospitalized with suspected or confirmed smallpox.

- D+18. One of the children in the index cases' host family and the physician who initially saw them in [Hospital] develop a fever.
- D+19. One of volunteer EMT who transported the index patients to [Hospital] from [City, Town, County] develops a fever.
- D+20. The ill Ruthenian child in [City, Town, County] dies.
- D+21. The child of the index cases' host family develops a rash characteristic of smallpox.
- D+22. One of the ill in [City, Town, County] and one in [City, Town, County] die.
- D+24. A vineyard worker from one of the hosting vineyards in [City, Town, County] develops a fever of 104°F, with headache and muscle aches while visiting his family in [City, Town, County]. His father calls [Hospital] to ask what to do.

## APPENDICES

**NOTE:** *The appendices included in each exercise document will vary depending on the specific requirements of the exercise and the preferences of the exercise planners. It is strongly recommended that the following appendices accompany this document:*

EEGs

*These appendices can be found in the Evaluation section of HSEEP Volume IV: Sample Exercise Documents and Formats. The exercise planning team is also encouraged to peruse the Reference and Sample Appendices sections to determine if any of the supplemental materials provided would be desirable to include as part of the appendices.*