



Operation Jesse

Joint Evacuation & Simulated Surge Exercise Controller / Evaluator Handbook

Health Care Association of New Jersey
Arcadia Nursing and Rehabilitation Center
Hamilton Continuing Care Center

May 19, 2011

PREFACE

Operation Jesse (Joint Evacuation & Simulated Surge Exercise) will be conducted at Arcadia Nursing and Rehabilitation Center and the Hamilton Continuing Care Center with guidance and assistance from the Health Care Association of New Jersey (HCANJ). The exercise was made possible with emergency preparedness grant funds provided by the New Jersey Department of Health and Senior Services (NJDHSS). This Controller/Evaluator Handbook (C/E Handbook) was produced with input, advice, and assistance from the Operation Jesse planning and design team, which followed the guidance set forth in the Federal Emergency Management Agency (FEMA), Homeland Security Exercise and Evaluation Program (HSEEP).

The C/E Handbook is a supplement to the *Operation Jesse Exercise Plan (ExPlan)*. It provides controllers and evaluators with detailed information about the exercise scenario and their specific duties and responsibilities. Controllers and evaluators should refer to the ExPlan for basic information about the exercise, including participating facilities, schedules, briefings, and the responsibilities of various participants. The information in this document is current at the date of publication, April 28, 2011, and is subject to change as dictated by the Operation Jesse Exercise Planning Team.

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HANDLING INSTRUCTIONS

1. The title of this document is the *Operation Jesse Controller and Evaluator (C/E) Handbook*.
2. The information gathered in this C/E Handbook is designated as For Official Use Only (FOUO) and should be handled as sensitive information that is 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 Health Care Association of New Jersey is prohibited.**
3. At a minimum, the attached materials will be disseminated strictly on a need-to-know basis and, when unattended, will be stored in a locked container or area that offers sufficient protection against theft, compromise, inadvertent access, and unauthorized disclosure.
4. For more information about the exercise, please consult the following points of contact (POCs):

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CHAPTER 1: GENERAL INFORMATION

Introduction

Operation Jesse is an exercise designed to establish a learning environment for players to validate emergency response plans, policies, and procedures as they pertain to the evacuation and medical surge of long term care facilities. Operation Jesse will utilize human patient simulator technology to help create a more realistic exercise environment and to assess medical and response capabilities of healthcare workers within the two player facilities. To conduct an effective exercise, subject matter experts (SMEs) and Senior Staff from each participating facility have taken part in the planning process and/or will take part in exercise conduct and evaluation.

This Controller and Evaluator (C/E) Handbook was produced at the direction of the Health Care Association of New Jersey (HCANJ) with input, advice, and assistance of exercise planners from Arcadia Nursing and Rehabilitation Center and the Hamilton Continuing Care Center. The concept, development, and implementation of Operation Jesse is evidence of the growing need for healthcare facilities to effectively plan and respond to various emergencies as identified in their Hazard Vulnerability Analysis, but also the need for long term care facilities to conduct more sophisticated exercises in order to validate and improve upon their current level of emergency preparedness.

Confidentiality

Operation Jesse is an unclassified exercise. Control of exercise information is based on public sensitivity regarding the nature of the exercise rather than the actual exercise content. Some exercise material is intended for the exclusive use of exercise planners, controllers, and evaluators, but players may view other materials deemed necessary to their performance. All exercise participants may view the Exercise Plan (ExPlan), *but this C/E Handbook is a restricted document that is intended for controllers and evaluators only.*

Public release of exercise materials to third parties is at the discretion of Health Care Association of New Jersey.

Exercise Summary

General

The evacuation of a long term care or assisted living facility is an extremely serious task and obviously one that presents significant risks to our residents. The movement of vulnerable, medically frail individuals who are often bed-ridden, comatose, who have serious medical conditions, cognitive impairment, or who may rely on medical equipment to sustain life, may create serious health consequences. Moreover, the evacuation of a long term care facility during disasters may also include the movement of logistical items such as medical records, medications, and supplies. It is profoundly recognized that the healthcare worker will play a critical role in the safe evacuation of their elderly at-risk population. These workers must ensure that their resident's medical, mental, and physical needs are met at all times and must be familiar with the command and control structure that will be implemented during an emergency.

The need for properly trained healthcare workers to respond to an evacuation from a long term care facility is critical, not only to ensure the safety of their residents, but also to help reduce the potential for unnecessary patient surge into other areas of the healthcare continuum including acute care hospitals, who depending on the scope of the emergency within a community, may also be overwhelmed with their own patient surge. Evacuation and/or medical surge of a long term care facility does not happen often and thus, long term care facilities must train and exercise these capabilities to enhance their overall ability to respond to an emergency. Currently, long term care facilities are required to conduct at least one evacuation drill each year, but there are no requirements to exercise medical surge.

The Operation Jesse exercise will evaluate the ability to conduct evacuation and medical surge, while simultaneously utilizing human patient simulators that will allow nursing staff to use their clinical assessment skills, apply professional proficiency, and draw on their communication skills during the response. Additionally, the Operation Jesse exercise is designed to establish a learning environment for players to exercise emergency response plans, policies, and procedures as they pertain to an emergency event. The Operation Jesse exercise will be conducted in two sessions on May 19, 2011, beginning at 8:45am at Arcadia Nursing and Rehabilitation Center and then again at 1:00pm at the Hamilton Continuing Care Center. Exercise play is scheduled for 2 hours at each facility or until the Senior Exercise Director and Senior Controller determines that the exercise objectives have been met at each site.

Purpose

The purpose of this exercise is to evaluate player actions against current response plans and capabilities for resident evacuation and medical surge that require long term care facility leadership to make critical decisions to safeguard their residents.

Scope

The scope of play for Operation Jesse requires establishment of a patient triage/staging area within both player facilities and anticipates that healthcare workers will perform the appropriate actions associated with a response to an evacuation and medical surge. These actions include command and control, communications, victim rescue, patient triage, first aid, continuity of care and treatment, hazard identification, site security and media relations. Additionally, human patient simulators will be used during the scope of this exercise. No facility residents will be involved in this exercise.

Assumptions

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

- The exercise will be conducted in a no-fault learning environment wherein systems and processes, not individuals, will be evaluated.
- Exercise and human patient simulation will be realistic and plausible and will contain sufficient detail from which to respond.

- Exercise players will react to information and situations as they are presented, in the same manner as if the exercise were a real incident.

Constructs and Constraints

Constructs are exercise devices that are designed to enhance or improve exercise realism. Constraints are exercise limitations that may detract from exercise realism. Constraints may be the inadvertent result of a faulty construct, or they may pertain to financial and staffing issues. Although there are constructs and constraints (also known as exercise artificialities) in any exercise, the Operation Jesse Exercise Planning Team recognizes and accepts the following as necessary:

- Exercise communication and coordination will be limited to the participating exercise venues and the Exercise Controllers.
- All means of communication will be available for players to use during the exercise.
- Participating facilities may need to balance exercise play with real-world emergencies. Real-world emergencies will take priority.

Target Capabilities

The National Planning Scenarios and establishment of the National Preparedness Priorities have steered the focus of homeland security toward a capabilities-based planning approach. Capabilities-based planning focuses on planning under uncertainty because the next danger or disaster can never be forecast with complete accuracy. Therefore, capabilities-based planning takes an all-hazards approach to planning and preparation that builds capabilities that can be applied to a wide variety of incidents. States and urban areas use capabilities-based planning to identify a baseline assessment of their homeland security efforts by comparing their current capabilities against the Target Capabilities List (TCL) and the critical tasks of the Universal Task List (UTL). This approach identifies gaps in current capabilities and focuses efforts on identifying and developing priority capabilities and tasks for each of the long term care facilities. The selected capabilities are:

- Onsite Incident Management
- Communications
- Shelter-in-Place and Citizen (Resident) Evacuation
- Medical Surge

Exercise Objectives

The Operation Jesse Exercise Planning Team selected objectives that focus on evaluating emergency response procedures, identifying areas for improvement, and achieving a collaborative attitude. This exercise will focus on the following objectives:

1. Evaluate the ability to safely and efficiently evacuate residents from a long term care facility. Arcadia Nursing and Rehabilitation Center staff are expected to establish an internal command and control structure in response to an internal emergency event,

communicate effectively, ensure that the medical needs and safety of residents are met at all times, establish a triage area for coordination of the evacuation of residents and ensure that resident records and medicines are transported properly.

2. Evaluate the ability to safely and efficiently medically surge a long term care facility. Hamilton Continuing Care Center staff are expected to establish an internal command and control structure in response to an external emergency event, communicate effectively (including a media component), ensure that the medical needs and safety of residents and surge patients are met at all times, establish a triage/patient care area for receiving the medical surge of new residents, and ensure that resident records and medicines are received properly from the evacuating facility.

Exercise Participants

The term *participant* encompasses many groups of people, not just those playing in the exercise. Categories of participants involved in the exercise are as follows:

- **Players.** Players are agency personnel who have an active role in responding to the simulated emergency and perform their regular roles and responsibilities during the exercise. Players initiate actions that will respond to and mitigate the simulated emergency.
- **Facility Controllers.** Controllers set up and operate the exercise site and plan and manage exercise play. Controllers direct the pace of exercise play and routinely include members from the exercise planning team. Controllers also work to control the flow of the exercise and explain or clarify issues arising during the exercise.

Controllers have limited decision-making authority in their respective areas. Any changes that impact the scenario or affect other areas of play must be coordinated through a Facility 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 Senior Exercise Director.
- **Human Patient Simulator Controllers.** Patient simulator controllers are personnel who assist as nonparticipating individuals and who have primary responsibility to supervise and operate the human patient simulators. They will have face-to-face contact with players and serve as technical support personnel in control of the patient simulators at all times. All patient simulators function under the direct supervision of Patient Simulator Controllers in accordance with instructions provided by the Senior Exercise Director. All patient simulators are ultimately controlled by the Simulation Laboratory Director, Burlington County College – Center for Public Health Preparedness.
- **Evaluators.** Evaluators are chosen to evaluate and provide feedback on a designated functional area of the exercise. They are chosen based on their expertise in the functional area(s) they have been assigned to review during the exercise and their familiarity with local emergency response procedures. Evaluators assess and document participants' performance against established emergency plans and exercise evaluation criteria, in accordance with HSEEP standards. They are typically chosen from amongst planning committee members or the facilities/organizations that are participating in the exercise.

- **Human patient simulators.** Human patient simulators are exercise participants who act or simulate specific roles during exercise play. These high fidelity human mannequins allow players to conduct basic patient assessments and perform interventions such as CPR, drug delivery, defibrillation, and wound care. Simulators can breathe, bleed, blink, speak, register pulses, respond to light stimuli and register distinctive physiological responses such as heart and lung sounds. “Patients” can simulate biological, chemical, nuclear and radiological exposures, as well as, traumatic injuries through the use of moulage.
- **Observers.** Observers visit or view selected segments of the exercise. Observers do not play in the exercise, and do not perform any control or evaluation functions. 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, observers may be strictly limited or not permitted to view the exercise so they do not interfere with operations and functions.

Exercise Implementation and Rules

- An initial **Amerilert** system message will be generated on May 18, 2011 as part of the exercise. **Please follow the directions provided within the Amerilert message.**
- The Senior Exercise Director will initiate exercise play by transmitting the start of exercise (StartEx) message via radio.
- The Senior Exercise Director makes the decision to conclude the exercise, based on completion of operations and attainment of exercise objectives.
- Real-world emergency actions take priority over exercise actions. **“Real-world emergency”** will be the designated phrase to indicate that there is an emergency in the exercise area that requires immediate attention and may stop exercise play.
- All communications (e.g., written, radio, telephone) during the exercise will begin and end with the statement **“This is an exercise.”**
- **“Timeout”** will be the designated phrase that controllers use to temporarily stop exercise play.
- Exercise players will comply with real-world response procedures, unless otherwise directed by controllers. Responder rules of conduct are outlined in the ExPlan.

Site Access

Security

To prevent confusion and interruption of the exercise, access to the exercise environment will be limited to exercise participants only. Players should advise a controller or evaluator if an unauthorized person is present. Each facility should follow its internal security procedures, augmented as necessary to comply with exercise requirements.

Observer Coordination

Each organization with observers will coordinate with HCANJ for access to the exercise site. Observers will be escorted to an observation area for orientation and conduct of the exercise. All observers will remain within the designated observation area during the exercise. Hamilton Continuing Care Center and Arcadia Nursing and Rehabilitation Center representatives and/or the Senior Exercise Director will be present to explain the exercise program and answer questions for observers during the exercise.

Exercise Identification

Identification badges will be issued to the exercise staff. All exercise personnel and observers will be identified by facility identification or badges distributed by the exercise staff. **Table 1.1** lists these identification items.

Table 1.1. Exercise Identification

Group	Badge Color
Senior Exercise Director	White
Controllers	Green
Evaluators	Red
Observers	Blue
Players, Uniformed	None

Logistics

Parking and Transportation

Controllers and evaluators will be responsible for transportation to their respective exercise locations. Parking will be available at the exercise sites.

Directions to Hamilton Continuing Care Center from Arcadia Nursing and Rehabilitation Center:

- Exit right out of Arcadia parking lot and travel East on Route 33
- At the FIRST traffic light – turn LEFT onto George Dye Road
- Follow George Dye Road to Stop Sign and turn LEFT onto Nottingham Way
- Follow Nottingham Way approximately 1 mile to the FIRST traffic light and turn RIGHT onto Mercer Street
- Follow Mercer Street past the Nottingham Fire House. Immediately after the Fire House – turn LEFT onto Hughes Drive
- Follow Hughes Drive to the FIRST traffic light and turn RIGHT onto Edinburg Road.
- Travel approximately 1/10th mile and see white sign on RIGHT for Hamilton Continuing Care Center.

Lunch

Food and refreshments will be provided for all exercise participants.

Restroom Facilities

Restroom facilities will be located onsite.

Recording and Documenting Activities

“Media” camera crews and still photographers may be operating throughout the exercise.

Cleanup and Restoration

After the exercise, controllers, evaluators, and players will begin cleanup operations to restore the area to pre-exercise conditions. All facilities will assist in these efforts.

CHAPTER 2: EXERCISE SCENARIO

Scenario

On May 18, 2011 HCANJ's Director of Emergency Preparedness receives information from the National Weather Service (NWS) indicating that a Tornado Watch has been initiated. This information is then provided via HCANJ's Emergency Alert System (AMERILERT) to all HCANJ members in the Tornado Watch area. At approximately 8:45am on May 19, 2011 straight line winds topple a large oak tree onto the roof section of the North Wing Short Hall of Arcadia Nursing and Rehabilitation Center resulting in structural damage and water leakage into the building. There are nine (9) residents within the North Wing Short Hall at the time of the event. During this event, one resident will sustain serious head trauma and another will go into cardiac arrest. The damage to the facility dictates that residents within the North Wing Short Hall must be moved to a triage area within the Atrium of Arcadia Nursing and Rehabilitation Center and then ultimately evacuated out of the facility to the Hamilton Continuing Care Center.

Major Events

- HCANJ distributes NWS Tornado Watch
- Straight line winds topple large oak tree onto the roof of Arcadia
- One (1) Arcadia resident sustains head trauma and is transported to hospital.
- One (1) Arcadia resident goes into cardiac arrest while in triage area and is transported to hospital.
- Hamilton Continuing Care Center receives notification of patient surge and establishes surge/triage reception area within their facility
- Six (6) remaining Arcadia residents are evacuated from facility
- Two (2) surge patients are received at Hamilton Continuing Care Center without incident, one (1) surge patient arrives and goes into cardiac arrest upon entering triage area, two (2) surge patients arrive at Hamilton Continuing Care Center (one with skin tear that occurs during transport) and one (1) resident arrives in wheelchair and falls while exiting the transportation vehicle and sustains head trauma.
- Media personnel arrive at Hamilton Continuing Care Center to interview Administrator about event.

Safety

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

General

Exercise participant safety takes priority over exercise events. Personnel involved in the Operation Jesse exercise share the basic responsibility for ensuring a safe environment for all personnel involved in the exercise. The following general requirements apply to the exercise:

- All controllers, evaluators, and support staff members will serve as safety observers while exercise activities are underway.

- Participants will be responsible for their own and each other's safety during the exercise. All persons associated with the exercise are responsible to stop play if, in their opinion, a real safety problem exists. After the problem is corrected, exercise play can be resumed.
- All organizations will comply with their respective environmental, health, and safety plans and procedures, as well as appropriate Federal, State, and local environmental health and safety regulations.

Accident Reporting

All injuries, incidents, and accidents, regardless of severity, must be reported immediately to the nearest controller. Anyone who observes 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. For an emergency that requires assistance, participants should use the phrase **“real-world emergency.”** If the nature of the emergency requires suspension of the exercise at the venue or function, all exercise activities at that facility will immediately cease. Exercise play may resume at that venue or function after the situation has been addressed. If a real emergency occurs that affects the entire exercise, the exercise may be suspended or terminated at the discretion of the Senior Exercise Director and Senior Controller. Notification will be made via radio and overhead paging system.

Alcohol

Alcohol consumption will not be allowed 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 of alcohol, 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 who take prescription medication must report this information through their chain of command. Supervisors should inform Senior Exercise Director of the decision to allow these individuals to participate.

Illegal Drugs

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

Activity-Specific Safety Requirements

The player facilities will provide access control to exercise areas to ensure that unauthorized nonparticipants are denied access and that authorized nonparticipants who are transiting the exercise area to reach other work areas do so without deviating from established routes or reasonable travel times. Personnel who perform exercise site security are not direct participants in the exercise and will not be exposed (as part of the exercise) to any scenario-related play.

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CHAPTER 3: CONTROLLER INFORMATION AND GUIDANCE

Exercise Controller Organization

Controllers, evaluators, and personnel essential to the exercise are collectively referred to as the exercise staff organization. Overall control of the exercise will be established through the Senior Exercise Director. The facility controllers will control exercise activities directly related to their locations.

Exercise Control

Exercise Start, Suspension, and Termination Instructions

The Operation Jesse exercise will be conducted on May 19, 2011 beginning at 8:45am. Exercise play is scheduled for two (2) hours or until the Senior Exercise Director determines that the exercise objectives have been met at each venue. The Senior Exercise Director will announce the start of the exercise. The Senior Exercise Director will announce exercise suspension or termination and will instruct participants to stop in place safely.

If an actual emergency occurs, the exercise may be suspended or terminated at the discretion of the Senior Exercise Director, depending on the nature of the incident. The designated phrase in case of a medical emergency is “**real-world emergency.**” The Senior Exercise Director will announce resumption of the exercise.

Controller Responsibilities

Table 3.1 Details specific controller responsibilities.

Table 3.1. Controller Responsibilities

Controller Responsibilities
Senior Exercise Director
<ul style="list-style-type: none">• Oversees all exercise functions• Oversees and remains in contact with controllers and evaluators• Debriefs controllers and evaluators after the exercise• Oversees setup and cleanup of exercise and positioning of controllers and evaluators• Serves as safety officer for the exercise
Facility Security (Arcadia and HCCC)
<ul style="list-style-type: none">• Establishes and maintains security at exercise venue• Oversees the site security detail• Enforces site access procedures• Serves as safety officer for his or her site
Facility Controllers (Arcadia and HCCC)
<ul style="list-style-type: none">• Issues exercise materials to players• Monitors exercise timeline• Provides input to players (i.e., injects) as described in MSEL• Serves as safety officer for his or her site facility

For specific controller assignments, please see Appendix C.

Controller Package

Controllers and evaluators will receive their exercise materials at the Controller and Evaluator Briefing. The controller package will consist of the ExPlan, C/E Handbook, activity logs, badges, and other exercise tools (e.g., MSEL) as necessary. Controllers may reorganize the material so information that is critical to their specific assignment is readily accessible. Controllers must bring their packages to the exercise. Controllers may also bring additional professional materials specific to their assigned exercise activities.

Incident Simulation

Because the exercise is of limited duration and scope, the physical description of what would fully occur at the incident site and surrounding areas will be relayed to the players by controllers. Controllers will “paint the picture” for players—verbally or with limited written materials—regarding what is happening in and around the incident scene.

Scenario Tools

The MSEL outlines benchmarks and injects that drive exercise play and provide realistic input to exercise players. It provides information that is expected to emanate from simulated organizations (e.g., nonparticipating organizations, agencies, and individuals that usually would respond to a situation). The MSEL consists of the following two parts:

- **Timeline.** This is a list of key exercise events, including scheduled injects and expected player actions. The timeline is used to track exercise events relative to desired response activities.
- **Injects.** An individual event inject is a detailed description of each exercise event. The inject includes the following pieces of information: inject time, intended recipient, responsible controller, inject type, a detailed description of the event, and the expected player action.

Communications Plan

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

Controller Communications

The principal method of communication for controllers during the exercise will be radio and/or cell phone. A list of key telephone numbers is enclosed as Appendix C. Controller communications will link control personnel at all play areas and will remain separate from player communications. In no case will controller communications interfere with or override player communications.

Player Communications

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

Controller Instructions

Before the Exercise

- Review appropriate emergency plans, procedures, and protocols.
- Review appropriate exercise package materials, including the objectives, scenario, injects or implementers, safety and security plans, and evaluator instructions.
- Attend required briefings.
- Review the exercise objectives and controller package for your area of responsibility.
- Report to the exercise check-in location at the time designated in the exercise schedule, meet with the exercise staff, and present the Player Briefing.
- Be at the appropriate location at least 15 minutes before the exercise starts. If you are not assigned to a specific site, be in place to meet participants at least 15 minutes before the exercise starts.
- Obtain or locate necessary communications equipment, and test it to ensure that you can communicate with other controllers and the Senior Exercise Director.

During the Exercise

- Wear controller identification badge. Controller badges will be issued at the Controller and Evaluator Briefing on May 19, 2011.
- Avoid personal conversations with exercise players.
- If you have been given injects, deliver them to appropriate players at the time indicated in the MSEL (or as directed by the Senior Exercise Director). **Note:** If the information depends on some action to be taken by the player, do not deliver the inject until the player has earned the information by successfully accomplishing the required action.
- When you deliver an inject, notify the Senior Exercise Director and note the time you delivered the inject and player actions.
- Receive and record exercise information from players that would be directed to nonparticipating organizations.
- Record all significant events you observe.

- Observe and record exercise artificialities that interfere with exercise realism. If an exercise artificiality interferes with exercise play, report it to the Senior Exercise Director.
- Begin and end all exercise communications with the statement **“This is an exercise.”** This precaution is taken so that anyone who overhears the conversation will not inadvertently mistake exercise play for an actual emergency.
- Do not prompt players regarding what a specific response should be, unless an inject directs you to do so. Clarify information as long as doing so does not provide coaching.
- Ensure that all observers and media personnel stay out of the exercise activity area. If you need assistance, notify the Senior Exercise Director.
- Do not give information to players about scenario event progress or other participants’ methods of problem resolution. Players are expected to obtain information through their own resources.
- The Senior Exercise Director will notify you when the exercise has been suspended or terminated. The exercise will be terminated when the Senior Exercise Director determines that all exercise objectives have been met or enough time has elapsed for exercise objectives to have been demonstrated.

After the Exercise

- Distribute copies of Participant Feedback Forms and pertinent documentation. After participants have completed these forms, collect the forms and give them to the Senior Exercise Director. Coordinate this task with the evaluator in your area.
- All controllers are expected to conduct a Hot Wash at their venue and, in coordination with the venue evaluator, take notes on findings identified by exercise players. Before the Hot Wash, do not discuss specific issues or problems with exercise players. At exercise termination, summarize your notes and prepare for the Controller and Evaluator Debriefing. Have your summary ready for the Senior Exercise Director.

Assessment, Review, and Analysis of Exercise

Hot Wash

Immediately after completion of exercise play, controllers will facilitate a Hot Wash with players from their assigned location. This meeting is primarily geared toward participants and their supervisors. The Hot Wash is an opportunity for players to express their opinions about the exercise and their own performance while the events are still fresh in their minds. At this time, evaluators can seek clarification regarding certain actions and what prompted players to take them. All participants may attend; observers are not encouraged to attend this meeting, however. The Hot Wash should not last more than 30 minutes. Evaluators should take notes during the Hot Wash 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 immediately after the hotwash. During this debriefing, these individuals will discuss their exercise observations in an open environment to clarify actions taken during the exercise. Evaluators should take this opportunity to complete their Exercise Evaluation Guides (EEGs) for submission to the Senior Exercise Director and begin the analysis process outlining the issues to be included in the After Action Report (AAR).

Evaluations

All evaluations are preliminary and may be revised on the basis of information from other controllers, evaluators, or players. If a controller or evaluator did not observe specific aspects of an organization's performance, exercise players may be asked to comment. The evaluation should indicate that this information was provided by players.

Participant Feedback Forms

Participant Feedback Forms will be used to document participant information about the exercise. The controller will distribute these forms during the Hot Wash. The forms will be collected afterward, along with attendance or participation rosters. Controllers should emphasize to players that these forms provide the opportunity for them to comment candidly on emergency response activities and exercise effectiveness.

After Action Conference

The After Action Conference is a forum for facility members to hear the results of the evaluation analysis, validate findings and recommendations in the draft AAR, and begin development of the Improvement Plan (IP). The After Action Conference will be held at a date to be determined.

Exercise Report

An exercise AAR/IP will be prepared to document the evaluation of overall exercise performance. The AAR/IP will include the exercise schedule, scenario, players' activities, evaluations, issues, opportunities, and best practices. The AAR also will contain the following:

- A brief summary, with introductory and general statements noting the exercise scope, purpose, objectives, players, and overall performance assessment
- Assessments for each capability observed
- Issues and recommendations suggested by controller, evaluator, and player comments

A draft AAR will be provided to participating organizations for comment before the After Action Conference is held.

CHAPTER 4: EVALUATOR INFORMATION AND GUIDANCE

General Information

The goal of exercise evaluation is to validate strengths and identify improvement opportunities for the participating long term care facilities. During Operation Jesse, evaluation will attempt to validate plans, procedures, and protocols of Arcadia Nursing and Rehabilitation Center and the Hamilton Continuing Care Center to determine their level of capability with regard to the exercised target capabilities. Validation attempts to answer the following questions:

- Were established plans, procedures, and protocols followed during the exercise?
- Did the facilities and healthcare workers do what they said they were going to do?
- Were the plans, procedures, and protocols effective?
- What level of capability do the plans, policies, and procedures establish?

This validation is accomplished by the following means:

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

The evaluation results will provide an opportunity to identify ways to build on strengths and improve capabilities. Because the two long term care facilities participating in this exercise are testing new and emerging plans, skills, resources, and relationships in response to a changed healthcare environment, this exercise is expected to result in multiple findings and recommendations for improvement.

Exercise Evaluation

The Operation Jesse exercise uses EEGs formulated by the DHS and evaluation methodologies established in the HSEEP as the guide for conducting all exercise evaluation. The AAR/IP will be formatted so that it conforms to current DHS guidance.

After Action Report and Improvement Plan (AAR/IP)

The AAR/IP will be organized by capability, with a section of the AAR/IP devoted to each of the exercised capabilities. For each capability and subordinate activity, the Senior Exercise Director will provide an assessment of how well the executing facility or personnel performed, including best practices and areas for improvement. Specific issues and observations will be identified for each capability and activity, and recommendations for resolving issues will be provided, based on input from controllers, evaluators, and exercise planners.

Finally, the Senior Exercise Director may assign a performance rating for each capability (or activity) on the basis of standard criteria. These ratings represent various degrees of capability. Definitions of performance ratings for each capability or activity will be provided.

Exercise Evaluation Guides (EEGs)

The content for the AAR/IP will be drawn from the EEGs. Each evaluator will be provided with an EEG that will give specific guidance regarding what data to collect during the exercise, how to record it, and how to analyze it before submission to the Senior Exercise Director. The Senior Exercise Director and Senior Controller will compile all evaluator submissions into the first working draft of the AAR/IP.

Each EEG provides a list of subordinate activities and tasks that players are expected to perform during the exercise to demonstrate the specified capability. These tasks, which are drawn primarily from the UTL and the TCL, will be divided into critical tasks (tasks that are required to demonstrate the capability) and supporting tasks (tasks that enhance performance, but are not required). Evaluators' observations regarding the level of performance of these tasks will inform the performance ratings assigned by the Senior Exercise Director in the AAR/IP.

Evaluator Responsibilities

Player performance must be observed and analyzed against plans, policies, procedures, and practices, using criteria established before the exercise. Evaluators document player performance by using EEGs and information obtained during the Hot Wash. The evaluations, documentation, Hot Wash, and debriefing discussion(s) provide important information that substantiates exercise conduct and performance. The AAR/IP will summarize the overall results of the exercise and provide a comprehensive assessment of capabilities and plans that were demonstrated. Specific evaluator activities include the following.

Before the Exercise

- Review appropriate plans, procedures, and protocols.
- Attend required evaluator training and other briefings.
- Review appropriate exercise materials, including the exercise schedule and evaluator instructions.
- Review the EEGs and other supporting materials for your area of responsibility.
- Report to the exercise check-in location at the time designated in the exercise schedule, and meet with the exercise staff.
- Be at the appropriate location at least 15 minutes before the exercise starts. If you are not assigned to a specific site, be in place to deploy as necessary at least 15 minutes before the exercise starts.
- Obtain or locate necessary communications equipment, and test it to ensure that you can communicate with other evaluators and the Senior Exercise Director.

During the Exercise

- Wear evaluator identification badge. Evaluator badges will be issued at the Controller and Evaluator Briefing on May 19, 2011.
- Avoid personal conversations with exercise players.

- Do not prompt players with specific responses or interfere with player performance in any way.
- Your primary duty is to document player performance. After the exercise, that information will be used to determine whether the exercised capabilities and plans were effectively implemented or demonstrated and to identify strengths and improvement items.

After the Exercise

- Participate in the Hot Wash, and take notes on findings identified by players. Before the Hot Wash, do not discuss specific issues or problems with participants. After the Hot Wash, summarize your notes and prepare for the Controller and Evaluator Debriefing. Have your summary ready for the Senior Exercise Director.

Documenting the Event

Evaluators must keep accurate records and notes because these records will form the basis for evaluation of player performance. Evaluation is valuable because it provides 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 EEGs for actions in their area. The EEGs are provided separately as part of the evaluator package. Evaluators should document key activities and those activities that require a timely response for later evaluation.

Evaluators should review their forms and notes immediately after 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.

Evaluator Package

Evaluators will receive their materials for review at the Controller and Evaluator Briefing. The evaluator package contains this C/E Handbook, the ExPlan, EEGs, and other items as necessary. Evaluators should bring the package to the exercise. They may reorganize the material so information that is critical to their specific assignment is readily accessible. Evaluators may bring additional professional materials specific to their assigned activities.

Controller and Evaluator Briefing

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

Evaluator Instructions and Guidelines

General

Evaluators should avoid personal conversations with players. Evaluators should not give information to players about event progress or other participants' methods of problem resolution. Players are expected to obtain information through their own resources.

Evaluation Basics

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

- Use EEGs to confirm that evaluation objectives are met.
- Take detailed notes concerning significant activities observed, including the time they were initiated or completed.
- 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 tasks, as specified in the EEGs.

Recording Important Events

Although numerous events may occur simultaneously, evaluators do not need to record all the action. Knowing which events are important helps evaluators eliminate superfluous data and provide the kind of information that is most useful for evaluation. Important events that evaluators should record include the following:

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

What to Look For

Individuals preparing the exercise report will analyze the results provided by all evaluators to achieve an integrated evaluation of exercised plans and capabilities. Their analysis will focus on the timing of key events, decisions made, and actions taken. To assist in that analysis, you should focus on the following areas:

- Timeliness in actions
- Communication among players and organizations
- Direction and coordination of triage areas
- Monitoring and assessing events
- Command and control

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

Placement and Monitoring

Evaluators should be located so they can observe player actions and hear conversations without interfering with those activities. There are four evaluators for this exercise that are paired as “teams”. Each evaluator team consists of a subject matter expert in long term care and another in Emergency Medical Services (EMS), Evacuation, and Surge.

For specific evaluator assignments, please see Appendix C.

For exercise site maps highlighting key locations, please see Appendix B.

Postexercise Activities

The Senior Exercise Director will notify you when evaluation of the event has been suspended or terminated. The evaluation will be terminated when the Senior Exercise Director determines that all exercise objectives have been met or enough time has elapsed for exercise objectives to have been demonstrated.

All evaluators are expected to participate in a Hot Wash and take notes on findings identified by players. Before the Hot Wash, evaluators should not discuss specific issues or problems with participants. After the Hot Wash, summarize your notes and prepare for the Controller and Evaluator Debriefing. Have your summary ready for the Senior Exercise Director.

Assessment, Review, and Analysis of Exercise

Hot Wash

Immediately after completion of exercise play, controllers will facilitate a Hot Wash with players from their assigned location. This meeting is geared primarily toward participants and their supervisors. The Hot Wash is an opportunity for players to voice their opinions regarding the exercise and their own performance while the events are still fresh in their minds. At this time, evaluators can seek clarification regarding certain actions and what prompted players to take them. All participants may attend; observers are not encouraged to attend this meeting, however. The Hot Wash should not last more than 30 minutes. Evaluators should take notes during the Hot Wash 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 immediately after the hotwash. During this debriefing, these individuals will discuss their exercise observations in an open environment to clarify actions taken during the exercise. Evaluators should take this opportunity to complete their EEGs for submission to the Senior Exercise Director and begin the analysis process outlining issues to be included in the AAR.

Evaluations

All evaluations are preliminary and may be revised on the basis of information from other controllers, evaluators, or players. If a controller or evaluator did not observe specific aspects of an organization's performance, exercise players may be asked to comment. The evaluation should indicate that this information was provided by players.

Participant Feedback Forms

Participant Feedback Forms will be used to document participant information about the exercise. A controller will distribute these forms during the Hot Wash. These forms will be collected afterward, along with attendance or participation rosters. Controllers should emphasize to players that these forms provide them with the opportunity to comment candidly on emergency response activities and exercise effectiveness.

After Action Conference

The After Action Conference is a forum for facility officials to hear the results of the evaluation analysis, validate findings and recommendations in the draft AAR, and begin development of the IP. The After Action Conference is tentatively scheduled for June 14, 2011. You will receive an invitation via email to attend.

Exercise Report

An exercise AAR/IP will be prepared to document the evaluation of overall exercise performance. This AAR/IP will cover the exercise schedule, scenario, players' activities, evaluations, issues, opportunities, and best practices. The AAR also will contain the following:

- A brief summary, with introductory and general statements noting exercise scope, purpose, objectives, players, and an overall performance assessment
- Assessments for each capability observed
- Issues and recommendations suggested by controller, evaluator, and player comments

A draft AAR will be provided to participating organizations for comment before the After Action Conference is held.

APPENDIX A: EXERCISE SCHEDULE

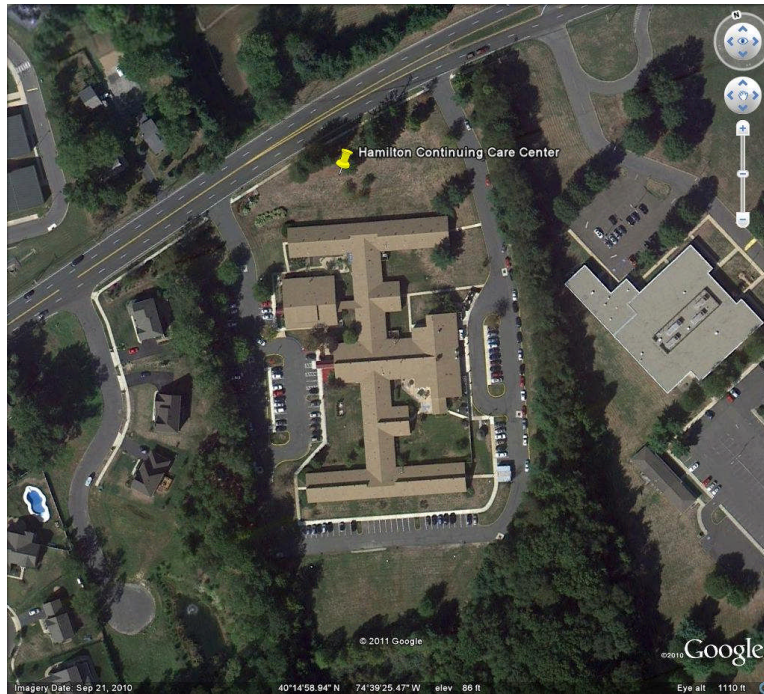
Time	Personnel	Activity	Location
May 19, 2011			
7:00AM	BCC Controllers	Set up and Walk-through	Arcadia - Atrium
8:00AM	Exercise Controllers, Evaluators	Controller and Evaluator Orientation Briefing	Arcadia - Atrium
8:30AM	Controllers and Exercise Staff	Check-in for Final Instructions and communications check	Arcadia - Atrium
8:30AM	Controllers and Exercise Staff	Controllers give player briefs	Arcadia - Atrium
8:35AM	Controllers and Evaluators	Controllers and Evaluators in Starting Positions	Arcadia -North Wing Short Hall
8:45AM	All	Arcadia Exercise Starts	Arcadia -North Wing Short Hall
10:35AM	Controllers and Evaluators	Assemble South Wing Players for briefing	Arcadia –Immediately outside of Atrium
11:00AM	Controller	Controller gives player briefs	HCCC
11:00AM	Evaluators	Lamdin and Mooreland to report to HCCC for start of surge portion of exercise.	
11:15AM	All	Arcadia Exercise Ends	
Immediately Following the Exercise	All	<ul style="list-style-type: none"> ▪ Venue Hot Washes ▪ Turn in all Participant Feedback Forms 	Arcadia - Atrium
11:25AM	Controllers and Evaluators	HCCC Exercise Starts	HCCC
12:00Noon	Controllers and Evaluators	Remaining Controllers and Evaluators located at Arcadia report to HCCC	HCCC – EOC Conf Room
2:45PM	All	HCCC Exercise Ends	HCCC –Dining Room HCCC – Dining Room
2:45PM	All	Hotwash	
Immediately after Hotwash	Controllers and Evaluators	Controller Evaluator Debriefing	

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APPENDIX B: EXERCISE SITES

Figure B.1

Hamilton Continuing Care Center



Arcadia Nursing and Rehabilitation Center



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APPENDIX C: CONTROLLER AND EVALUATOR ASSIGNMENTS

Exercise Position (Badge Color)	Cell Phone Number	Location
Senior Exercise Director (White)		
Dave Weidner	(609) 529 - 0089	Arcadia/HCCC
Facility Controllers (Green)		
Jason DelCampe	(609) 462 - 7648	Hamilton Continuing Care
Paul Zrinko		Arcadia
Amelia Muccio (Senior Controller)	(732) 921 - 4188	Hamilton Continuing Care
Joy Spellman	(609) 410 - 4428	BCC Simulators
Leo McGough	(609) 424 - 4117	BCC Simulators
Anita Drummond	NA	BCC Simulators
Evaluators (Red)		
Chris Neuwirth (EMS/Evac/Surge)	(908) 285 - 8953	Arcadia - Primary assignment/HCCC
Elinor Fritz (LTC)	(609) 651 - 1453	Arcadia - Primary assignment/HCCC
Tammy Mooreland (LTC)	(609) 675 - 6121	HCCC - Primary assignment/Arcadia
Mark Lamdin (EMS/Evac/Surge)	(609) 306 - 1181	HCCC - Primary assignment/Arcadia
Observers (Blue)		
Rebecca McMillen	(609) 610 - 6575	
Sherl Brand	(908) 208 - 3387	
Captain Freeman/Nottingham Fire	(609) 890 - 9834	
Matthew Cadmus – RWJH EMS	(732) 684 - 9493	
Walt Bronek – Hamilton OEM	(609) 672 - 8351	
Patty Tucker - HCANJ	(732) 241 - 7457	
Hamilton Continuing Care	Main phone – (609) 588 - 0091	
Arcadia	Main phone - (609) 586 - 1114	

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