



# Operation Jesse

## Joint Evacuation & Simulated Surge Exercise Exercise Plan - (EXPLAN)

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 Exercise Plan (ExPlan) 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 ExPlan gives officials, observers, media personnel, and players from participating organizations the information necessary to observe or participate in a response exercise focusing on long term care facility emergency response plans, policies, and procedures as they pertain to disasters. The information in this document is current as of the date of publication, April 28, 2011 and is subject to change as dictated by the exercise planning team.

Operation Jesse is an *unclassified exercise*. The control of information is based more on public sensitivity regarding the nature of the exercise than on the actual exercise content. Some exercise material is intended for the exclusive use of exercise planners, controllers, and evaluators, but players may view other materials deemed necessary to their performance. The ExPlan may be viewed by all exercise participants, *but the Controller and Evaluator (C/E) Handbook is a restricted document intended for controllers and evaluators only.*

All exercise participants should use appropriate guidelines to ensure the proper control of information within their areas of expertise and to protect this material in accordance with current jurisdictional directives. Public release of exercise materials to third parties is at the discretion of Health Care Association of New Jersey

This page is intentionally left blank.

# HANDLING INSTRUCTIONS

1. The title of this document is Operation Jesse *Exercise Plan (ExPlan)*.
2. The information gathered in this ExPlan is *For Official Use Only (FOUO)* and should be handled as sensitive information not to be disclosed. This document should be safeguarded, handled, transmitted, and stored in accordance with appropriate security directives. **Reproduction of this document, in whole or in part, without prior approval from Health Care Association of New Jersey is prohibited.**
3. At a minimum, the attached materials will be disseminated only on a need-to-know basis and when unattended, will be stored in a locked container or area offering sufficient protection against theft, compromise, inadvertent access, and unauthorized disclosure.
4. For more information, please consult the following points of contact (POCs):

## **Senior Exercise Director**

J. David Weidner, Director of Emergency Preparedness  
Health Care Association of New Jersey  
4 AAA Drive – Suite 203  
Hamilton, NJ 08691  
609-890-8700 (office)  
609-529-0089 (cell)  
[Dave@hcanj.org](mailto:Dave@hcanj.org)

## **Arcadia Nursing and Rehabilitation Center – Facility Controller**

Paul Zrinko  
Director of Facilities  
1501 Route 33  
Hamilton Square, NJ 0 8690  
609-586-1114 (office)

## **Hamilton Continuing Care Center – Facility Controller**

Jason Delcampe  
Assistant Administrator  
1059 Edinburg Road  
Hamilton, NJ 08690-1297  
609-890-7183 (office)

## **Burlington County College – Center for Public Health Preparedness – SIM Controller**

Joy Spellman  
Director  
900 Briggs Road - Science Incubator, RM 117  
Mt. Laurel, NJ 08054  
856-222-9311 (office)

This page is intentionally left blank.



# CONTENTS

<b>Preface .....</b>	<b>i</b>
<b>Handling Instructions .....</b>	<b>iii</b>
<b>Chapter 1: General Information .....</b>	<b>1-1</b>
Introduction .....	1- <u>1</u>
Confidentiality .....	1- <u>1</u>
Purpose .....	1- <u>1</u>
Target Capabilities .....	1- <u>1</u>
Exercise Objectives .....	1- <u>2</u>
<b>Chapter 2: Exercise Logistics .....</b>	<b>2-1</b>
Exercise Summary .....	2- <u>1</u>
Exercise Tools .....	2- <u>3</u>
Exercise Implementation and Rules .....	2- <u>3</u>
Safety Requirements .....	2- <u>4</u>
Site Access.....	2- <u>4</u>
Exercise Identification .....	2- <u>4</u>
Communications Plan .....	2- <u>5</u>
<b>Chapter 3: Player Guidelines .....</b>	<b>3-1</b>
Exercise Staff .....	3- <u>1</u>
Player Instructions .....	3- <u>2</u>
Simulation Guidelines .....	3- <u>3</u>
<b>Chapter 4: Evaluation and Post-Exercise Activities .....</b>	<b>4-1</b>
Exercise Documentation .....	4- <u>1</u>
Hotwash .....	4- <u>1</u>
Controller and Evaluator Debriefing .....	4- <u>1</u>
After Action Report.....	4- <u>2</u>
After Action Conference and Improvement Plan .....	4- <u>2</u>
<b>Appendix A: Exercise Schedule .....</b>	<b>A-1</b>
<b>Appendix B: Exercise Sites .....</b>	<b>B-1</b>
<b>Appendix C: Participating Agencies .....</b>	<b>C-1</b>

This page is intentionally left blank.

# 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 in order 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 Exercise Plan (ExPlan) was produced at the direction of the Health Care Association of New Jersey (HCANJ) with the 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*. The control of information is based more on public sensitivity regarding the nature of the exercise than on the actual exercise content. Some exercise material is intended for the exclusive use of exercise planners, controllers, and evaluators, but players may view other materials deemed necessary to their performance. This ExPlan may be viewed by all exercise participants, *but the Controller and Evaluator (C/E) Handbook is a restricted document intended for controllers and evaluators only.*

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

Public release of exercise materials to third parties is at the discretion of HCANJ.

## Purpose

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

## Target Capabilities

The National Planning Scenarios (NPS) and the establishment of the National Preparedness Priorities have steered the focus of homeland security toward a capabilities-based planning approach. Capabilities-based planning focuses on planning under uncertainty, since the next



danger or disaster can never be forecast with complete accuracy. Therefore, capabilities-based planning takes an all-hazards approach to planning and preparation which builds capabilities that can be applied to a wide variety of incidents. 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 the jurisdiction. 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 players 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 eventual 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 players 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 patients, and ensure that patient records and medicines are received properly from the evacuating facility.

## CHAPTER 2: EXERCISE LOGISTICS

### 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 supplies 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 facilities 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 if it were to occur. 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 these two capabilities, 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.

#### Assumptions

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

- The exercise will be conducted in a no-fault learning environment wherein systems and processes, not individuals, will be evaluated.

- Exercise simulation will be realistic and plausible, containing sufficient detail from which to respond.
- Exercise players will react to the information and situations as they are presented, in the same manner as if this had been a real event.

## Constructs and Constraints

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

- Exercise communication and coordination will be limited to the participating exercise facilities and the Exercise Controllers.
- All means of communication will be available for players to use during the exercise.
- The participating facilities may need to balance exercise play with real-world emergencies. **It is understood that real-world emergencies will take priority.**

## Exercise Participants

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

- **Players.** Players are 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 the Senior Exercise Director. 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.** Human 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 Human 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 posed by many EOCs, observers may be strictly limited or not permitted to view the exercise so they do not interfere with EOC operations and functions.

## Exercise Tools

### Controller and Evaluator Handbook

The Operation Jesse C/E Handbook is designed to help exercise controllers and evaluators conduct and evaluate an effective exercise. The handbook also enables controllers and evaluators to understand their roles and responsibilities in exercise execution and evaluation. Should a player, observer, or media representative find an unattended handbook, it should be provided to the nearest controller or evaluator.

### Master Scenario Events List

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

## Exercise Implementation and Rules

- An initial **Amerilert** system message will be generated on May 18, 2011 as part of the exercise. **If you received this message, please follow the directions provided within the Amerilert message.**
- The Senior Exercise Director will initiate exercise play by transmitting the STARTEX message via radio.
- The decision to conclude the exercise will be determined by the Senior Exercise Director and the Senior Controller based upon the completion of operations and attainment of the exercise objectives.
- Real-world emergency actions take priority over exercise actions.
- Exercise participants will comply with real-world response procedures, unless otherwise directed by control staff.
- All communications (written, radio, telephone, etc.) made during the exercise will begin and end with the phrase, **“This is an exercise.”**
- **“Real Emergency”** will be the designated phrase that indicates there is an emergency requiring immediate attention that may or may not stop exercise play.
- **“Timeout”** will be the designated phrase used by controllers to temporarily stop exercise play.
- Exercise players will comply with real-world response procedures unless otherwise directed by controllers. Player rules of conduct are outlined in the ExPlan.

## Safety Requirements

### General

Since this exercise is limited to a single facility at a time, there will not be a dedicated Safety Officer for the exercise. Instead, all exercise controllers, evaluators, and support staff will serve as safety officers for the exercise. Any participant witnessing an unsafe act or emergency should immediately notify a controller. The controller(s) will suspend exercise play and notify the Senior Exercise Director and the Senior Controller, who will evaluate the situation and decide if the exercise can be safely resumed.

### 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 organization should follow its internal security procedures, augmented as necessary to comply with exercise requirements.

## Observer Coordination

As this exercise is grant funded via NJDHSS, observers may be present, but will be clearly identified and are not permitted to interfere with actions conducted during the exercise. These observers may include members of NJDHSS – PHILEP, local emergency management, EMS, fire or other invited guests. Members of local emergency management, EMS or fire are **NOT PLAYERS** in this exercise.

## Parking and Directions

Operation Jesse will be completed at two separate locations. The Arcadia Nursing and Rehabilitation Center - 1501 Route 33, Hamilton Square, NJ 08690 (morning) and the Hamilton Continuing Care Center 1059 Edinburg Road, Hamilton, NJ 08690-1297 (afternoon). The Burlington County College – Center for Public Health Preparedness will bring a large 20 foot support trailer that must remain free and clear for access by the human patient simulator controllers. Please do not block access to the support trailer at any time.

## Refreshments

Refreshments will be provided to exercise participants during the “hot wash” portion of the exercise.

## Exercise Identification

Given the scope and nature of Operation Jesse, all players must display their facility identification in the normal manner. Identification badges for all other participants will be provided by HCANJ and must be clearly worn and displayed at all times.

## Communications Plan

### Exercise Start, Suspension, and Termination Instructions

Operation Jesse will be conducted in two sessions on 5/19/11, beginning at 8:45am at Arcadia Nursing and Rehabilitation Center and then again at 1:00pm at Hamilton Continuing Care Center. Exercise play is scheduled for 2 hours or until the Senior Exercise Director and Senior Controller determines that the exercise objectives have been met. The Senior Exercise Director will announce the start of the exercise. The Senior Exercise Director will announce any exercise suspension or termination and will instruct participants to stop in place safely. **Please note: there will be a player briefing/communications check at 8:30am for Arcadia Nursing and Rehabilitation Center staff members and a player briefing/communications check at 11:00am for Hamilton Continuing Care Center staff members.**

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 emergency phrase in case of a medical emergency is “Real Emergency.” The Senior Exercise Director will announce restart of the exercise.

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



## Player Communications

Players will use telephone and radio for responding to all injects. All communications must begin and terminate with “This is an Exercise”. No player communications are to be sent to agencies outside of the exercise venue. *In no instance will exercise communication interfere with real-world communications.*

CONFIDENTIAL

## CHAPTER 3: PLAYER GUIDELINES

### 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:

#### Senior Exercise Director

The Senior Exercise Director has the overall responsibility for planning, coordinating, and overseeing all exercise functions. He manages the exercise activities and maintains a close dialogue with the Facility Controller regarding the status of play and the achievement of the exercise design objectives.

#### Facility Controllers

The individual facility controllers issue exercise materials to players as required and monitor the exercise timeline. Facility controllers also provide injects to the players as described in the MSEL. Specific facility controller responsibilities are addressed in the C/E Handbook.

#### Human Patient Simulator Controllers

Human 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.

#### 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.

#### Evaluators

Evaluators work as a team with controllers. Evaluators are SMEs who record events that take place during the exercise and submit documentation for review and inclusion in the After Action Report (AAR). Evaluators should not have any direct interaction with the players. Specific evaluator responsibilities are addressed in the C/E Handbook.

#### 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.

## Player Instructions

### Before the Exercise

- Review the appropriate emergency plans, procedures, and exercise support documents.
- Be at the appropriate site at least 30 minutes before the start of the exercise. Wear appropriate uniform/identification badge.
- If you gain knowledge of the scenario before the exercise, notify a controller so that appropriate actions can be taken to ensure a valid evaluation.
- Please sign in.

### During the Exercise

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

### Following the Exercise

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

## Simulation Guidelines

Because the Operation Jesse is of limited duration and scope, the physical description of what is occurring at the incident sites and surrounding areas will be relayed to the players by simulators or controllers.

If a real emergency occurs during the exercise, the exercise may be suspended or terminated at the discretion of the Senior Exercise Director or Senior Controller. If a real emergency occurs, say **“Real Emergency”** and notify the nearest controller and evaluator.

CONFIDENTIAL

# CHAPTER 4: EVALUATION AND POST-EXERCISE ACTIVITIES

## Exercise Documentation

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

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

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

## Exercise Evaluation Guides

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

Each EEG provides a list of subordinate activities and tasks that players are expected to perform during the exercise in order to demonstrate the given capability. These tasks, drawn primarily from the Universal Task List (UTL) and the Target Capabilities List (TCL), will be divided into Critical Tasks (those tasks that are required in order to demonstrate the capability) and Supporting Tasks (those tasks that enhance performance, but are not required).

## Hotwash

Immediately following the completion of exercise play, the Senior Controller will facilitate a hotwash with players via conference call. This call is primarily geared toward participants and their supervisors. The hotwash is an opportunity for players to voice their opinions on the exercise and their own performance while the events are still fresh in their minds. At this time, evaluators can also seek clarification on certain actions and what prompted players to take them. The hotwash will last 15 minutes. Evaluators should take notes during the hotwash and include these observations in their analysis.

## Controller and Evaluator Debriefing

Controllers, simulators, evaluators, and selected exercise participants will attend a facilitated Controller and Evaluator Debriefing immediately after the hotwash. During the debriefing, these

individuals will discuss their observations of the exercise in an open environment to clarify actions taken during the exercise. Evaluators should take this opportunity to complete/finalize their EEGs for submission to the lead evaluator as well as begin the analysis process outlining the issues to be included in the After Action Report (AAR).

## **After Action Report**

The AAR is the culmination of the Operation Jesse. It is a written report outlining the strengths and areas for improvement identified during the exercise. The AAR will include the timeline, executive summary, scenario description, mission outcomes, and capability analysis. The AAR will be drafted by a core group of individuals from the exercise planning team.

## **After Action Conference and Improvement Plan**

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

### **After Action Conference**

The After Action Conference is a forum for Senior Staff to hear the results of the evaluation analysis, validate the findings and recommendations in the draft AAR, and begin development of the IP. The After Action Conference will be held on June 14, 2011.

### **Improvement Plan**

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



## APPENDIX A: EXERCISE SCHEDULE

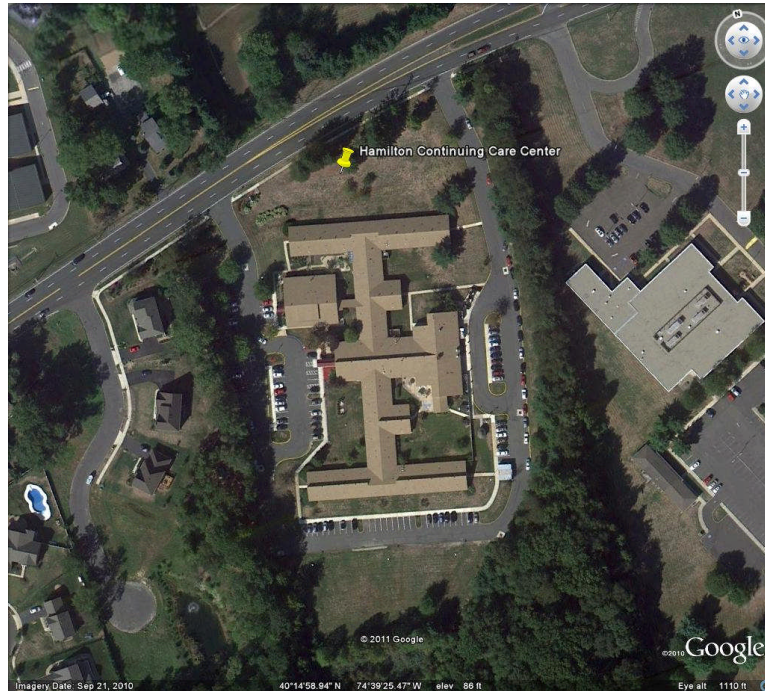
Table A.1 the Operation Jesse Schedule

Time	Personnel	Activity
<b>ARCADIA NURSING AND REHABILITATION CENTER</b>		
<b>Morning Session (EVACUATION)</b>		
0800	Controllers and Evaluators	Briefing Meeting
0830	Controllers and Evaluators	Communications Check
0830	Participants	Receive Player Briefing
0845	All	STARTEX - (CODE TRIAGE)
1115	All	ENDEX - (CODE CLEAR)
Immediately following ENDEX	Participants, Controllers, Evaluators	Hotwash
<b>HAMILTON CONTINUING CARE CENTER</b>		
<b>Afternoon Session (MEDICAL SURGE)</b>		
1100	Controllers and Evaluators	Communications Check
1100	Participants	Receive Player Briefing
1125	All	STARTEX - (CODE TRIAGE)
1445	All	ENDEX – (CODE CLEAR)
Immediately following ENDEX	Participants, Controllers, Evaluators	Hotwash

## APPENDIX B: EXERCISE SITES

Figure B.1

### Hamilton Continuing Care Center



### Arcadia Nursing and Rehabilitation Center



**APPENDIX C: PARTICIPATING AGENCIES****Table C.1** *Participating Agencies*

Participating Agencies	
Health Care	
Health Care Association of New Jersey (HCANJ)	
Arcadia Nursing and Rehabilitation Center (Arcadia)	
Hamilton Continuing Care Center (HCCC)	
New Jersey Primary Care Association (NJPCA)	
Burlington County College - Center for Public Health Preparedness (BCC)	
Hospicomm	
Central West Medical Coordination Center(CW-MCC)	
Robert Wood Johnson University Hospital – Hamilton (RWJUH-H)	
Local OEM	
Nottingham Fire Company	
Hamilton Township Office of Emergency Management	
State	
New Jersey Department of Health & Senior Services (NJDHSS)	