



CriticalVAX

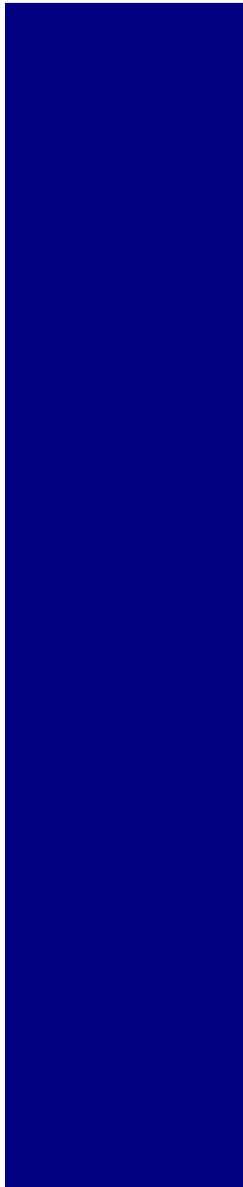
Exercise Plan

Date

The Exercise Plan (ExPlan) gives elected and appointed officials, observers, media personnel, and players from participating organizations information they need to observe or participate in the exercise. Some exercise material is intended for the exclusive use of exercise planners, controllers, and evaluators, but players may view other materials that are necessary to their performance. All exercise participants may view the ExPlan.

EXERCISE OVERVIEW

<p>Exercise Name</p>	<p>CriticalVAX</p>
<p>Exercise Dates</p>	<p>Indicate the start and end dates of the exercise</p>
<p>Scope</p>	<p>This exercise is a full-scale exercise, planned for three (3) hours at exercise location. Exercise play is limited to this timeframe and this site, and is a response to a biological event. Additional partners may be added at the discretion of the playing organization.</p>
<p>Mission Area(s)</p>	<p>Mitigation and Response</p>
<p>Core Capabilities</p>	<p>Medical Countermeasure Dispensing and Administration</p>
<p>Objectives</p>	<p>Objective 1: Notify and confirm availability of the pre-identified Point of Dispensing /Point of Administration (POD/POA) site within one hour of the decision to activate the site.</p> <p>Objective 2: Develop a schedule to cover the first two (2) operational periods at least 24 hours prior to the start of POD/POA operations.</p> <p>Objective 3: Notify and confirm availability of personnel identified to fill roles for the first operational period at least 24 hours prior to the start of POD/POA operations.</p> <p>Objective 4: Ensure that all identified POD/POA staff for first operational period report to the POD/POA within 30 minutes of identified reporting time.</p> <p>Objective 5: Manage delivery and recovery of the MCM and ancillary supplies to the POD/POA site using the Medical Emergency Response Inventory Tracking System (MERITS) or another inventory system used by the county.</p> <p>Objective 6: Set up POD/POA (materiel, layout, supplies, stations for staff) within six (6) hours prior to POD/POA operations.</p>



Objective 7: Inform public of dispensing/administration operations, including locations, time period of availability, and method of delivery at least 48 hours prior to start of POD/POA operations.

Objective 8: Activate the Countermeasure Data Management System (CDMS) or other online electronic pre-registration (e.g., eHealth Scheduling) at least 48 hours before POD/POA operations start to allow recipients to register per planned operational periods to support social distancing within the POD/POA.

Objective 9: Ensure that individuals with access and functional needs are provided additional support as requested.

Objective 10: Provide Just-in-Time Training (JITT) to POD/POA staff and volunteers within 24 hours before the start of POD/POA Operations.

Objective 11: Sustain MCM administration operations for three (3) hours and determine hourly throughput based on the throughput for the specific POD/POA plan for that site.

Objective 12: Demonstrate maintaining Cold Chain storage of the MCM in accordance with package instructions and the “Vaccine Storage and Handling Toolkit” (January 2020) throughout entire POD operations.

Objective 13: Simulate/administer MCM to affected population for a three (3) hour dispensing period, and ensure outcomes are recorded in CDMS. (Target: #5 in Health Electronic Response Data System (HERDS) Security Survey for the POD/POA site being exercised).

Objective 14: Provide 100% of recipients with instructions on the procedure for reporting adverse events and medical follow-up immediately after vaccine is administered.

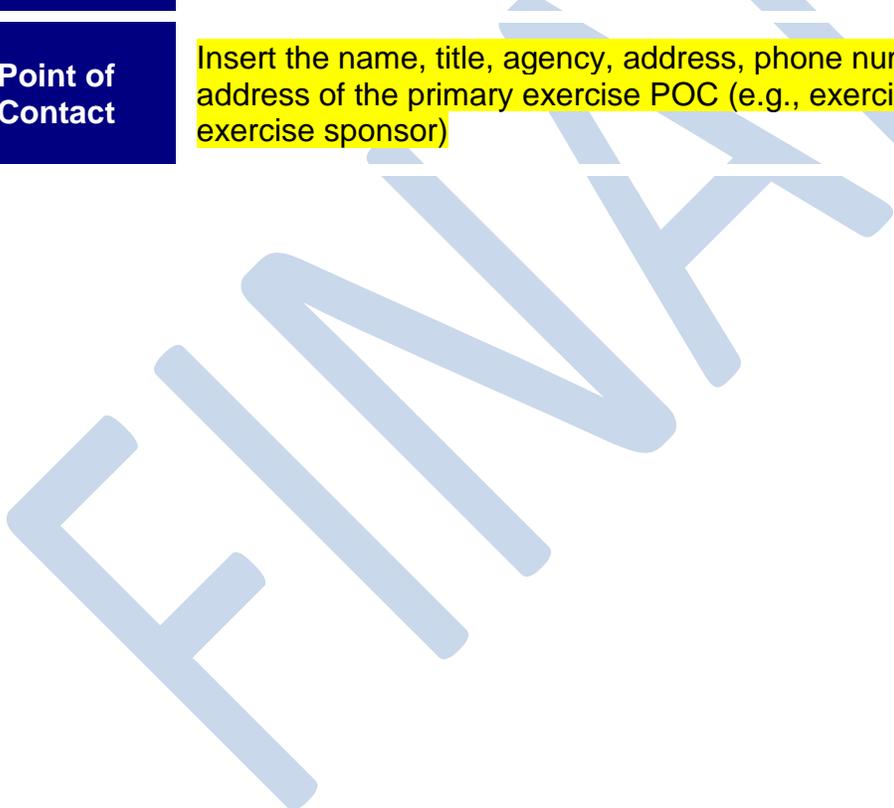
Threat or Hazard

Global Pandemic – COVID-19

Scenario

As of this date there is not yet a vaccine for Coronavirus-SARS-2, the virus which causes COVID-19. The Centers for Disease Control and Prevention (CDC) is strongly recommending annual flu vaccine for everyone six (6) months of age and older, because it is an effective way to decrease flu illnesses, hospitalizations, and deaths. During the COVID-19 pandemic, reducing the overall burden of respiratory illnesses is important to protect vulnerable populations at risk for severe illness, the healthcare system, and other critical infrastructure. Thus, local health departments and

	healthcare providers should use every opportunity during the influenza vaccination season to administer influenza vaccines to all eligible persons.
Sponsor	Public Health Emergency Preparedness Cooperative Agreement New York State Department of Health
Participating Organizations	Insert a brief summary of the total number of participants and participation level (i.e., Federal, State, local, Tribal, non-governmental organizations (NGOs), and/or international agencies). Consider including the full list of participating agencies in Appendix B. Delete Appendix B if not required.
Point of Contact	Insert the name, title, agency, address, phone number, and email address of the primary exercise POC (e.g., exercise director or exercise sponsor)



GENERAL INFORMATION

Exercise Objectives and Core Capabilities

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

Exercise Objective	Core Capability
1. Notify and confirm availability of the pre-identified Point of Dispensing /Point of Administration (POD/POA) site within one hour of the decision to activate the site.	Medical Countermeasure Dispensing and Administration
2. Develop a schedule to cover the first two (2) operational periods at least 24 hours prior to the start of POD/POA operations.	Medical Countermeasure Dispensing and Administration
3. Notify and confirm availability of personnel identified to fill roles for the first operational period at least 24 hours prior to the start of POD/POA operations.	Medical Countermeasure Dispensing and Administration
4. Ensure that all identified POD/POA staff for first operational period report to the POD/POA within 30 minutes of identified reporting time.	Medical Countermeasure Dispensing and Administration
5. Manage delivery and recovery of the MCM and ancillary supplies to the POD/POA site using the Medical Emergency Response Inventory Tracking System (MERITS) or another inventory system used by the county.	Medical Countermeasure Dispensing and Administration
6. Set up POD/POA (materiel, layout, supplies, stations for staff) within six (6) hours prior to POD/POA operations.	Medical Countermeasure Dispensing and Administration
7. Inform public of dispensing/administration operations, including locations, time period of availability, and method of delivery at least 48 hours prior to start of POD/POA operations.	Medical Countermeasure Dispensing and Administration
8. Activate the Countermeasure Data Management System (CDMS) or other online electronic pre-registration (e.g., eHealth Scheduling) at least 48 hours before POD/POA operations start to allow recipients to register per planned operational periods to support social distancing within the POD/POA.	Medical Countermeasure Dispensing and Administration
9. Ensure that individuals with access and functional needs are provided additional support as requested.	Medical Countermeasure Dispensing and Administration
10. Provide Just-in-Time Training (JITT) to POD/POA staff and volunteers within 24 hours before the start of POD/POA Operations.	Medical Countermeasure Dispensing and Administration
11. Sustain MCM administration operations for three (3) hours and determine hourly throughput based on the throughput for the specific POD/POA plan for that site.	Medical Countermeasure Dispensing and Administration
12. Demonstrate maintaining Cold Chain storage of the MCM in accordance with package instructions	Medical Countermeasure Dispensing and Administration

Exercise Objective	Core Capability
and the "Vaccine Storage and Handling Toolkit" (January 2020) throughout entire POD operations.	
13. Simulate/administer MCM to affected population for a three (3) hour dispensing period, and ensure outcomes are recorded in CDMS. (Target: #5 in Health Electronic Response Data System (HERDS) Security Survey for the POD/POA site being exercised).	Medical Countermeasure Dispensing and Administration
14. Provide 100% of recipients with instructions on the procedure for reporting adverse events and medical follow-up immediately after vaccine is administered.	Medical Countermeasure Dispensing and Administration

Table 1. Exercise Objectives and Associated Core Capabilities

Participant Roles and Responsibilities

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

- Players.** Players are personnel who have an active role in discussing or performing their regular roles and responsibilities during the exercise. Players discuss or initiate actions in response to the simulated emergency.
- Controllers.** Controllers plan and manage exercise play, set up and operate the exercise site, and act in the roles of organizations or individuals that are not playing in the exercise. Controllers direct the pace of the exercise, provide key data to players, and may prompt or initiate certain player actions to ensure exercise continuity. In addition, they issue exercise material to players as required, monitor the exercise timeline, and supervise the safety of all exercise participants.
- Simulators.** Simulators are control staff personnel who role play nonparticipating organizations or individuals. They most often operate out of the Simulation Cell (SimCell), but they may occasionally have face-to-face contact with players. Simulators function semi-independently under the supervision of SimCell controllers, enacting roles (e.g., media reporters or next of kin) in accordance with instructions provided in the Master Scenario Events List (MSEL). All simulators are ultimately accountable to the Exercise Director and Senior Controller.
- Evaluators.** Evaluators evaluate and provide feedback on a designated functional area of the exercise. Evaluators observe and document performance against established capability targets and critical tasks, in accordance with the Exercise Evaluation Guides (EEGs).
- Actors.** Actors simulate specific roles during exercise play, typically victims or other bystanders.

- **Observers.** Observers visit or view selected segments of the exercise. Observers do not play in the exercise, nor do they perform any control or evaluation functions. Observers view the exercise from a designated observation area and must remain within the observation area during the exercise. Very Important Persons (VIPs) are also observers, but they frequently are grouped separately.
- **Support Staff.** The exercise support staff includes individuals who perform administrative and logistical support tasks during the exercise (e.g., registration, catering).

Exercise Assumptions and Artificialities

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

Assumptions

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

- The real event is conducted in a no-fault learning environment wherein capabilities, plans, systems, and processes will be evaluated.
- The real event scenario is plausible, and events occur as they are presented.
- Real event response contains sufficient detail to allow players to react to information and situations as they are presented.
- Pursuant to New York State Consolidated Laws, Executive Law Article 2-B, Section 28, New York Statutes, the governor has the authority to declare a state of emergency. <http://www.semo.state.ny.us/uploads/Article%202-B.pdf>;
- The governor has the authority to direct the activation of MCM clinical operations and may direct the New York State (NYS) Commissioner of Health to activate all or a portion of the NYS Comprehensive Emergency Management Plan;
- The HHS Secretary has determined a public health emergency and has issued a declaration that circumstances exist justifying Emergency Use Authorizations to permit emergency dispensing;
- State/federal guidance may determine priority distribution and dispensing algorithms;
- MCM clinical operations are primarily a local function of the local health department taking the lead role. However, the response to an incident will require a multi-agency, multi-level response and will be scaled to fit the real event;
- Location and number of persons that may need MCM following an incident may vary widely;

- An appropriate and safe MCM is available through state and local stockpiles or SNS if needed;
- The number of persons exposed or impacted is greater than that which the local health department can respond to through typical day-to-day operations;
- Safe and appropriate locations are available for ongoing MCM clinical operations;
- Legal requirements or standards may be suspended or modified by state/federal entities as appropriate and as dictated by the incident;
- Each MCM clinical operations site will have trained staff and volunteers. At the mobilization site, any additional staff needed will receive just-in-time-training (JITT);
- MCM clinical operations will maximize throughput in the safest manner relative to the incident specifics, including mask mandates and social distancing;
- A Clinical Data Management System (CDMS) form (paper or electronic) will be completed for each person receiving MCM at MCM clinical operations;
- Every effort shall be made to provide recipients with information regarding the MCM received; and
- Various MCM clinical operations models exist and no one model will suit all needs and every incident. Components of multiple models will be blended to best suit local needs and expected outcomes;
- Any additional laws that would impede the functions of an MCM POD will be waived at the State or Federal level, as appropriate.

Artificialities

During this exercise, the following artificialities apply:

- Communication and coordination is limited to participating response organizations and venues.
- Only communication methods listed in the Communications Directory are available for players to use during the exercise.

EXERCISE LOGISTICS

Safety

Participant safety takes priority over response events. The following general requirements apply to the response:

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

Fire Safety

Standard fire and safety regulations relevant to the venue, or organization will be followed during the exercise.

Emergency Medical Services

The sponsor organization will coordinate with local emergency medical services in the event of a real-world emergency.

Site Access

Security

If entry control is required for the response venue(s), the sponsor organization is responsible for arranging appropriate security measures. Players should advise their venue’s controller or evaluator of any unauthorized persons.

Exercise Identification

Response staff may be identified by badges, hats, and/or vests to clearly display exercise roles; additionally, uniform clothing may be worn to show agency affiliation. Table 2 describes these identification items. (LHDs may customize as they wish)

Group	Color
Exercise Director	
Facilitator	
Controllers	
Evaluators	
Actors	
Support Staff	
Observers/VIPs	
Media Personnel	
Players, Uniformed	
Players, Civilian Clothes	

Table 2. Exercise Identification

FEMNA

POST-EXERCISE/REAL EVENT AND EVALUATION ACTIVITIES

Debriefings

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

Hot Wash

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

Controller and Evaluator Debriefing

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

Participant Feedback Forms

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

Evaluation

Exercise Evaluation Guides

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

After-Action Report

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

Improvement Planning

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

After-Action Meeting

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

Improvement Plan

The IP identifies specific corrective actions, assigns them to responsible parties, and establishes target dates for their completion. It is discussed and validated during the AAM.

PARTICIPANT INFORMATION AND GUIDANCE

Exercise Rules

The following general rules govern exercise/real event response:

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

Players Instructions

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

Before the Exercise/Real Event

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

During the Exercise/Real Event

- Respond to events and information as if the emergency were real, unless otherwise directed by an exercise controller.
- Controllers will give you only information they are specifically directed to disseminate. You are expected to obtain other necessary information through existing emergency information channels.
- Do not engage in personal conversations with controllers, evaluators, observers, or media personnel. If you are asked an exercise/real event-related question, give a short, concise answer. If you are busy and cannot immediately respond, indicate that, but report back with an answer as soon as possible.
- Every effort has been made by the exercise’s trusted agents to balance realism with safety and to create an effective learning and evaluation environment.
- All communications will begin and end with the statement, **“This is an exercise/real event.”** This precaution is taken so that anyone who overhears the conversation will not mistake exercise play for a real-world emergency.

- Speak when you take an action. This procedure will ensure that evaluators are aware of critical actions as they occur.
- Maintain a log of your activities. Many times, this log may include documentation of activities that were missed by a controller or evaluator.

After the Exercise/Real Event

- Participate in the Hot Wash at your venue with controllers and evaluators.
- Complete the Participant Feedback Form. This form allows you to comment candidly on emergency response activities and effectiveness. Provide the completed form to a controller or evaluator.
- Provide any notes or materials generated to your controller or evaluator for review and inclusion in the AAR.

FOR OFFICIAL USE ONLY

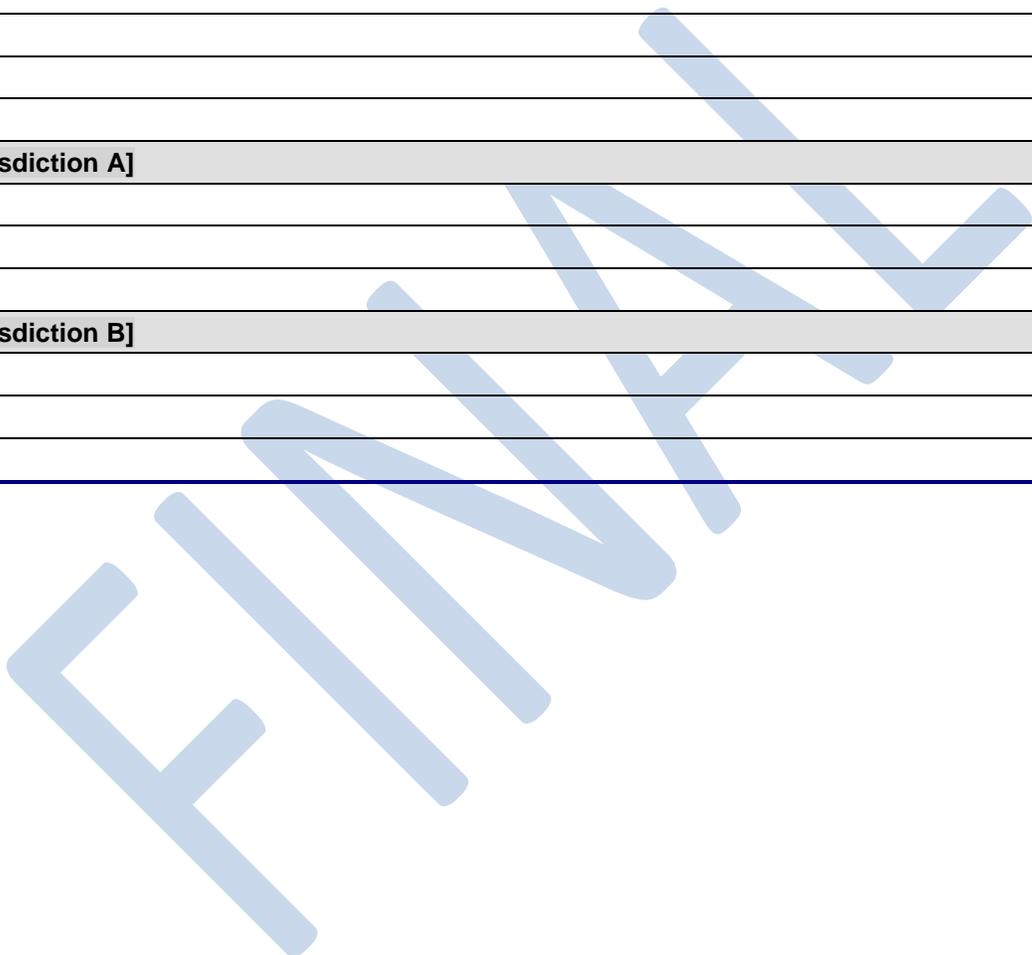
APPENDIX A: EXERCISE SCHEDULE

[Note: Because this information is updated throughout the exercise planning process, appendices may be developed as stand-alone documents rather than part of the ExPlan.]

Time	Personnel	Activity	Location
[Date]			
[Time]	Controllers, evaluators, and exercise staff	Controller and Evaluator Briefing	[Location]
As needed	Controllers and exercise staff	Set up control cell and walkthrough	[Location]
[Date]			
[Time]	Controllers and exercise staff	Check-in for final instructions and communications check	[Location]
[Time]	Media	Media Briefing	[Location]
[Time]	VIPs and selected exercise staff	VIP Controller Briefing	[Location]
[Time]	Controllers and evaluators	Controllers and evaluators in starting positions	[Location]
[Time]	All	Controllers provide player briefs	[Location]
[Time]	All	Exercise starts	[Location]
[Time]	All	Exercise ends	[Location]
Immediately Following the Exercise	All	Venue Hot Washes/turn in all Participant Feedback Forms	[Location]
[Date]			
[Time]	Controllers, evaluators, and elected and appointed officials	Controller and Evaluator After Action Review	[Location]

APPENDIX B: EXERCISE PARTICIPANTS

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



APPENDIX C: COMMUNICATIONS PLAN

[The Communications Plan Template can be inserted here as Appendix C.]

FINAL

APPENDIX D: EXERCISE SITE MAPS

Figure D.1: [Map Title]

[Insert map]

Figure D.2: [Map Title]

[Insert map]

FINAL

