



DEPARTMENT OF **PUBLIC HEALTH & HUMAN SERVICES**



MONTANA
**PUBLIC HEALTH
EMERGENCY PREPAREDNESS**

PHEP Highly Infectious Disease Virtual Tabletop Exercise (TtX)

Exercise Plan

Eastern RHCC - 1st Quarter: Wednesday, September 18, 2024.

Centra RHCC - 2nd Quarter: Wednesday, December 4, 2024.

Southern RHCC - 3rd Quarter: Wednesday, March 19, 2025.

Western RHCC - 4th Quarter: Wednesday, June 25, 2025.

The Exercise Plan (ExPlan) gives senior leaders, observers, media personnel, and players from participating organizations information they need to observe or participate in the exercise. It includes an exercise overview, objectives and aligned capabilities, roles and responsibilities, logistics, schedule, and communications plan. 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

Exercise Name	PHEP Highly Infectious Disease Virtual Tabletop Exercise (TTX)
Exercise Dates	Eastern RHCC - 1st Quarter: Wednesday, September 18, 2024. Centra RHCC - 2nd Quarter: Wednesday, December 4, 2024. Southern RHCC - 3rd Quarter: Wednesday, March 19, 2025. Western RHCC - 4th Quarter: Wednesday, June 25, 2025.
Scope	This exercise is discussion based/virtual tabletop format planned for two hours. Exercise play is limited to invited participants from local & tribal health jurisdictions and their response partners.
Focus Area(s)	Response
PHEP Capabilities	Capability 3: Emergency Operations Coordination Capability 4: Emergency Public Information and Warning Capability 6: Information Sharing Capability 8: Medical Countermeasure Dispensing and Administration Capability 11: Nonpharmaceutical Interventions Capability 12: Public Health Laboratory Testing Capability 13: Public Health Surveillance and Epidemiological Investigation
Objectives	Exercise L/THJ and partner response plans to address a highly infectious disease public health emergency. Discuss coordination of Incident Command, Unified Command, and notification for when additional support is needed. Discuss jurisdictional risks including biological mass casualty events (HICD) Engage participants about their potential ESF8 coordination and risk communication roles and functions during a large-scale incident. Discuss strategies to efficiently distribute and dispense or administer MCMs to the public and measure throughput. Discuss/develop pharmaceutical and nonpharmaceutical intervention strategies. Review After Action Review and Improvement Plan (AAR-IP) process.
Threat/Hazard	Highly Infectious Disease
Scenario	A highly infectious disease impacts local education, faith-based, health & childcare locations, requiring local/tribal health jurisdiction coordinated response actions.
Sponsor	Montana Department of Public Health and Human Services (DPHHS) – Public Health Emergency Preparedness (PHEP) Section.
Participating Organizations	Local and Tribal Health Jurisdictions and their invited response partners.
Point of Contact	Chris Boyce PHEP Emergency Management Specialist christopher.boyce@mt.gov

GENERAL INFORMATION

Exercise Objectives and Capabilities

The following exercise objectives in Table 1 describe the expected outcomes for the exercise. The objectives are linked to capabilities, which are distinct critical elements necessary to achieve the specific mission area(s).

Exercise Objective	Core Capability
Exercise L/THJ and partner response plans to address a highly infectious disease public health emergency.	Capability 3: Emergency Operations Coordination Capability 12: Public Health Laboratory Testing Capability 13: Public Health Surveillance and Epidemiological Investigation
Discuss coordination of Incident Command, Unified Command, and notification for when additional support is needed.	Capability 3: Emergency Operations Coordination Capability 6: Information Sharing
Discuss jurisdictional risks including biological mass casualty events (HICD)	Capability 4: Emergency Public Information and Warning Capability 6: Information Sharing
Engage participants about their potential ESF8 coordination and risk communication roles and functions during a large-scale incident.	Capability 4: Emergency Public Information and Warning Capability 6: Information Sharing
Discuss strategies to efficiently distribute and dispense or administer MCMs to the public and measure throughput.	Capability 8: Medical Countermeasure Dispensing and Administration
Discuss/develop pharmaceutical and nonpharmaceutical intervention strategies.	Capability 11: Nonpharmaceutical Interventions

Table 1. Exercise Objectives and Associated Capabilities

Participant Roles and Responsibilities

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.
- **Controllers.** Controllers plan and manage exercise play, set up and operate the exercise.

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:

- The exercise is conducted in a no-fault learning environment wherein capabilities, plans, systems, and processes will be evaluated.
- The exercise scenario is plausible, and events occur as they are presented.
- Exercise simulation contains sufficient detail to allow players to react to information and situations as they are presented as if the simulated incident were real.
- Participating agencies may need to balance exercise play with real-world emergencies. Real-world emergencies take priority.

Artificialities

During this exercise, the following artificialities apply:

- Exercise communication and coordination is limited to participating organizations.
- Any incident information points without sufficient detail will be filled in by participants to meet their needs and allow discussion/actions according to their respective plan.

EXERCISE LOGISTICS

Safety

Exercise participant safety takes priority over exercise events. Each participating organization will be responsible for their player's safety given the virtual environment.

POST-EXERCISE ACTIVITIES

Debriefings

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

Hotwash

At the conclusion of exercise play, a controller will lead a Hot Wash to allow players to discuss strengths and areas for improvement.

Participant Feedback Forms

Participant Feedback Forms provide players with the opportunity to comment candidly on exercise activities and exercise design, and to share their observed strengths and areas for improvement. Participant Feedback Forms will be collected via an online form.

PARTICIPANT INFORMATION AND GUIDANCE

Exercise Rules

The following general rules govern exercise play:

- Real-world emergency actions take priority over exercise actions.
- Exercise players will comply with jurisdiction's plans, unless otherwise directed by the control staff.
- All external communications (including written, radio, telephone, and e-mail) during the exercise will begin and end with the statement **"This is an exercise."**

Players Instructions

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

Before the Exercise

- Review appropriate organizational plans, procedures, and exercise support documents.
- Sign in when you arrive.

During the Exercise

- Respond to exercise events and information as if the emergency were real, unless otherwise directed by an exercise controller.
- Controllers will give you only information they are specifically directed to disseminate.
- If you do not understand the scope of the exercise, or if you are uncertain about an organization's participation in an exercise, ask a controller.
- Parts of the scenario may seem implausible. Recognize that the exercise has objectives to satisfy and may require incorporation of unrealistic aspects. Every effort has been made by the exercise's trusted agents to balance realism with safety and to create an effective learning and evaluation environment.
- All exercise communications will begin and end with the statement ["This is an exercise."] This precaution is taken so that anyone who overhears the conversation will not mistake exercise play for a real-world emergency.

After the Exercise

- Participate in the Hotwash at your venue with controllers and evaluators.
- Complete the Participant Feedback Form.

APPENDIX A: EXERCISE SCHEDULE

Day 1	Personnel	Activity	Location
0830	Controllers	Begin Virtual Mtg	Virtual
0830-0900	Controllers and Players	Test cameras/microphones	Virtual
0830-0900	Players	Arrive & Sign into exercise at respective locations	Varies by jurisdiction
0900	Controllers	Begin Exercise	Virtual
0900-1045	Controllers and Players	Exercise Play	Virtual
1045-1055	Controllers and Players	Hotwash/Debrief	Virtual
1055	Controllers and Players	End Exercise	Virtual

Appendix B: Acronyms

Acronym	Term
DHS	U.S. Department of Homeland Security
DPHHS	Montana Department of Public Health and Human Services
ExPlan	Exercise Plan
HSEEP	Homeland Security Exercise and Evaluation Program
L/THJ	Local/Tribal Health Jurisdictions
MCM	Medical Counter Measures
PHEP	Public Health Emergency Preparedness
RHCC	Regional Health Care Coalition
SME	Subject Matter Expert

Appendix C: Discussion Questions by Module

Module 1 – Last Night:

1. What is your level of suspicion for this suspect case and why?
2. What additional information do you want to collect about this suspect case and what questions do you have?
3. What resources will you use to collect your information?
4. Who do you notify this suspect case, and how do you contact them after hours?
5. How long could the child have been symptomatic?

Module 2 – Today:

1. What is your level of suspicion of this case now and why?
2. Who else do you notify/update about this suspect case now?
3. Do any notifications need to occur before school and daycare begin on Thursday morning? Who do you involve in this decision?
4. What actions are needed if there have been exposures to healthcare workers and other patients in the waiting room?
5. What specimens do you want collected, where are they to be sent, how are they transported, at what temperature?
6. Are there other populations/locations within your community that are high risk for this outbreak? What resources do you use to guide you for this information?

Module 3 – Later Today:

1. What are your next actions – have you activated a team such as an incident command or unified command to manage the incident?
2. What plans do you have for public information – who will coordinate / how will public information be distributed?
3. Are additional resources needed for the contact investigations at the school, daycare, and church? What are they/how are they requested?
4. What intervention strategies can be undertaken to limit additional spread?
5. Should a public point of dispensing site be established to support mass prophylaxis/administration? Is your POD Plan up to date to support this?