

West Virginia Frontline Healthcare Preparedness

**No-Notice Ebola Readiness Drill Plan**  
**PART 2:**  
**CONDUCT and EVALUATION**

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**HEALTH EP&R, LLC**

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## ***No-Notice Drill Plan Part 2: Conduct and Evaluation***

### **ADMINISTRATIVE HANDLING INSTRUCTIONS**

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## **DRILL PLAN PART 2: CONDUCT**

### **Drill Logistics and Guidelines**

#### **Pre-Exercise Communications Check**

Before the start of the drill, the Drill Manager will conduct a communications check with all Evaluators.

#### **LiveProcess Set-up**

The Drill Manager should confirm that LiveProcess is available and that its operations are assigned to a Drill Player. A training event should be established in the LiveProcess computer application and be used to inform and update other Healthcare Coalition partners during the hospital's drill.

#### **Beginning the Drill**

Once the patient actor enters the drill, the Drill Manager should inform players that this is a drill and that they are to perform their response actions per the hospital's procedures and protocols. They should also be advised to **begin and end all drill communication (spoken and written) with the phrase “*This is a drill*”** as a precaution so anyone overhearing the conversation or seeing a related document will not mistake the drill play for a real-world emergency.

#### **Interactions**

Evaluator-Player interaction should be very limited. Players are expected to respond to the drill events and information as if the emergency were real, unless otherwise directed by a Drill Manager.

#### **Drill Duration**

The EVD Preparedness Drill will be a “no-notice” drill conducted on a defined date and time. Drill play will run for up to four hours or until the Drill Manager determines that the drill objectives have been met. Play will proceed according to the events outlined in the MSEL, in accordance with established plans, policies, and procedures. The drill will conclude upon the completion of operations and attainment of the drill objectives, as determined by the Drill Manager.

#### **Accident Reporting and Real Emergencies**

For an emergency that requires assistance, the phrase “Real-World Emergency” will be used to notify all drill participants of an actual incident. Real-world emergency actions take priority over drill actions.

The following procedures will be used in case of a real emergency during the drill:

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- Anyone observing a drill participant who is seriously ill or injured will first advise the nearest Evaluator, then if possible render aid, provided the aid does not exceed his or her training.
- The Evaluator who is made aware of a real emergency will notify the Drill Manager of a “*Real-World Emergency*” and provide the location within the hospital, condition/situation, and response requirements

If the nature of the emergency requires a suspension, all drill activities will immediately cease. Drill play may resume once the “*Real-World Emergency*” situation has been addressed.

### **Safety and Security**

Drill participant safety takes priority over drill events. Professional health and safety ethics should guide all participants to operate in their assigned roles in the safest manner possible. The following general requirements apply to the drill:

- All Evaluators and staff will serve as Safety Observers while the drill activities are underway. Any safety concerns must be immediately reported to the Drill Manager.
- Participants will be responsible for their own and other participants’ safety during the drill. It is the responsibility of all persons associated with the drill to stop play if, in their opinion, a safety concern exists. Once the problem is corrected, drill play can be resume.
- All staff will comply with respective environmental, health, and safety plans and procedures as followed by that hospital.
- The hospital should follow its internal security procedures, augmented as necessary to comply with drill requirements. Players should advise their Evaluator if an unauthorized person is present. All Players will use hospital-issued IDs and/or uniforms.

### **Observer Coordination**

The drill is intended to be a “no-notice” drill. Generally, Observers will be extremely limited in number and their attendance must pre-approved by the Drill Manager. All Observers should be asked to remain within a designated observation area.

### **Drill Documentation**

The following documents should be used for the drill and have been provided as separate files to this drill package:

- Drill Sign-in Sheet
- Drill Scenario
- Master Scenario Events List (MSEL)
- Participant Evaluation Form
- Exercise Evaluation Guide (EEG)
- After-Action Report/Improvement Plan (AAR/IP) template

## ***No-Notice Drill Plan Part 2: Conduct and Evaluation***

### **Participant Hot Wash**

Immediately following the drill, participants will convene for a hot wash conducted by the Drill Manager. This meeting is an opportunity for players to voice their opinions on the drill and their own performance while the events are still foremost in their minds. At this time, Evaluators can seek clarification on certain actions and what prompted players to take them. The hotwash should not last more than 30-45 minutes and be followed by:

- Players completing the Participant Feedback Form to comment candidly on emergency response activities and the effectiveness of the drill. These forms should be collected at this time.
- Players providing any notes or materials generated from the drill to their Evaluator for review and inclusion in the After-Action Report (AAR).

Following the hotwash, the Drill Manager may elect to hold a supplemental debriefing session with just the Evaluators to gather their input and summarize drill activities.

## **DRILL PLAN PART 2: EVALUATION**

The value of evaluation is its ability to provide constructive feedback (positive and negative) to improve the effectiveness of response to emergencies. Accurate and detailed documentation is critical to facilitate a full record of all the events in a drill and to understand player actions. Each Evaluator should be informed on what data to collect during the drill, how to record it, and how to analyze it prior to submission. During the drill, Evaluators will keep accurate records and notes to form the basis for evaluation of the hospital's performance.

Immediately following the drill, Evaluators should collect all relevant response documentation and review their evaluation notes to ensure an accurate reconstruction of events and activities for debrief with the Drill Manager. Documentation materials, including notes and forms, generated by the participants become part of the drill documentation and should be given to the Drill Manager.

Evaluators should complete the comprehensive Exercise Evaluation Guide (EEG) that has been provided to measure and validate performance of each response activity (drill objective) and related critical tasks. **Evaluators should submit their completed EEG to the Drill Manager within a week following the drill.**

An optional After-Action Meeting may be held within 2 weeks following the drill for the Drill Manager and evaluators to discuss the drill actions, compile documentation, and review the evaluation forms.

### **After Action Report/Improvement Plan**

The AAR and Improvement Plan (AAR/IP) is the culmination of the No-Notice Ebola Readiness Drill. It is a report written by the Drill Manager that outlines the strengths and areas for improvement identified by Evaluators. It makes recommendations for performance improvements, based on response actions and issues observed and documented. An AAR/IP template has been provided in this package.

The AAR should include a drill overview and summary of findings, the Evaluators' documented response issues and recommendations for improvement, and a summary of participant evaluation data.

The Improvement Plan (IP) is a matrix that serves as a tool for the hospital to identify and track drill issues and recommendations. To finalize the AAR, the Drill Manager will address each recommended improvement and designate what actions will be taken, the responsible party, and the timeline for completion. This IP then serves as a tool for the hospital to track progress and document improvements.

A copy of the completed AAR/IP should be submitted to WVHA.

## **No-Notice Drill Plan Part 2: Conduct and Evaluation**

### **Description of Post-Drill Activities**

<b>Activity</b>	<b>Timeline</b>	<b>Personnel</b>	<b>Description</b>
Exercise Evaluation Guide	Within a week following the drill	Evaluators	Complete the EEG form provided and submit it to the Drill Manager
After-Action Meeting <i>(optional)</i>	Recommended to be held within 2 weeks following the drill	Drill Manager and Evaluators	Meet to summarize response actions and complete/submit evaluation documentation for the AAR
After-action Report (AAR) and Improvement Plan (IP)	To be completed within 30 days following the drill	Drill Manager	Compile the drill information/evaluations, complete the AAR/IP template, submit a copy to the WVHA Project Manager