



PANDEMIC ACCORD PHASE II Pandemic Influenza Wave I Full Scale Exercise – Exercise Plan

Securities Industry & Financial Markets Association
Federal Emergency Management Agency Region II Continuity Programs

26 Federal Plaza
New York, NY 10278

November 13, 2014

EXERCISE OVERVIEW

Exercise Name	PANDEMIC ACCORD – Pandemic Influenza Wave I Full-Scale Exercise
Exercise Dates	November 13, 2014
Scope	This a full scale exercise, planned for six hours.
Mission Area(s)	Response
Core Capabilities	<ul style="list-style-type: none"> • Planning • Public Health and Medical Services • Operational Coordination • Public & Private Resources
Objectives	<ul style="list-style-type: none"> • Evaluate the ability to identify, establish, and manage necessary public-private partnerships during a pandemic influenza outbreak. • Verify the receipt, notification, documentation, and implementation of continuity protocols to effectively maintain essential functions during a pandemic influenza outbreak. • Substantiate mechanisms to effectively manage social distancing and other pandemic influenza protective measures among employees, stakeholders, and/or customers. • Assess the effects of high-levels of absenteeism on operational readiness during a pandemic influenza outbreak.
Threat or Hazard	Pandemic Influenza
Scenario	<p>Late summer 2014, a new flu virus spread quickly across the world, including the United States. The first U.S. case of this virus was diagnosed on August 15, 2014. By August 21, the Centers for Disease Control and Prevention (CDC) was working to develop a vaccine for this new virus, now named the Malta Flu and a variant of H3N2. On August 26, the U.S. government declared H3N2 a public health emergency. By October, 18,000 cases of the virus had been reported in the United States. A total of 74 countries were affected by the pandemic. H3N2 vaccine supply was limited in the beginning. People at the <u>highest risk</u> of complications got the vaccine first. In early November, the Malta Flu affects passengers on a cruise ship making a two-week trip around the Gulf of Mexico before ending in New York City. The virus has an attack rate of 20 to 25 percent and a case fatality rate of approximately 2 percent.</p>

Sponsor	Securities Industry & Financial Markets Association (SIFMA) FEMA Region II Continuity Programs
Participating Organizations	<ul style="list-style-type: none">• Federal Executive Board, New York City• U.S. Department of Health and Human Services Region II• The New York City Department of Health and Mental Hygiene• National Stock Exchange• TD Ameritrade• See Appendix B for full listing
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PREFACE

The Pandemic Influenza Wave I Full Scale Exercise (FSE) is sponsored by the Security Industry Financial Markets Association (SIFMA) and the U.S. Department of Homeland Security (DHS) / Federal Emergency Management Agency (FEMA) Region II Continuity Programs Division. This Situation Manual (SitMan) was produced with input, advice, and assistance from the National Exercise Division (NED) Staff and Support Team, following guidance from the Homeland Security Exercise and Evaluation Program (HSEEP).

The Pandemic Influenza Wave I FSE Exercise Plan (ExPlan) provides exercise participants with all the necessary tools for their roles in the exercise. It also serves as tangible evidence of a commitment to collaborate with stakeholders to identify and consider pandemic influenza challenges when planning to enhance infrastructure security and resilience.

This is an unclassified exercise. The control of information is primarily in regard to public sensitivity due to the nature of the exercise rather than actual exercise content. Some exercise material is intended for the exclusive use of exercise planners, facilitators, and evaluators, but players may view other materials deemed necessary for their performance. The ExPlan may be viewed by all exercise participants.

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 the exercise planning team.

HANDLING INSTRUCTIONS

1. The title of this document is the *Pandemic Influenza Wave I Full Scale Exercise (FSE) Exercise Plan (ExPlan)*.
2. The information gathered in this ExPlan is for *Trusted Agents* 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 the exercise planning team, 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):

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GENERAL INFORMATION

Background

A pandemic occurs when a virulent disease emerges and quickly spreads throughout the world. Pandemics pose serious health risks because infected individuals have not contracted the disease previously, and therefore, have little natural immunity to it.



Viruses have the ability to evolve. A genetic shift in an influenza virus could change it into a form that people could easily contract from one another, and an influenza pandemic could follow. Public health experts know that this is possible because it has happened in the past with other influenza viruses, including three times in the last century alone.

Millions of people worldwide died in the influenza pandemics of the 20th century. With the speed and frequency with which individuals travel throughout the world today, possibly spreading a virus to

everyone with whom they come into contact, a modern pandemic has the potential to be far more destructive than the pandemics of the past.

Purpose

The purpose of this full scale exercise (FSE) is to provide officials and key personnel an opportunity to consider the impacts of pandemic influenza events, and to evaluate continuity policies, plans, and procedures, and mitigation efforts related to pandemics. This exercise is designed to bring together local, state, federal, and private sector stakeholders from the New York City area to provide a low-risk environment to test capabilities, familiarize personnel with roles and responsibilities, and foster meaningful interaction and communication across organizations.

Scope

This full scale exercise will focus on the roles and responsibilities of local, state, federal and private sector stakeholders in mitigation of and response to pandemic influenza. Events will be projected through an exercise scenario with event updates that drive activity at the operational level. The exercise will be conducted in a real-time, stressful environment that is intended to mirror a real pandemic event. Personnel and resources will be mobilized and deployed to alternate operating facilities, where actions are performed as if a real pandemic has occurred.

Exercise Scenario

Late summer 2014, a new flu virus spread quickly across the world, including the United States. The first U.S. case of this virus was diagnosed on August 15, 2014. By August 21, the Centers for Disease Control and Prevention (CDC) was working to develop a vaccine for this new virus, now named the Malta Flu and a variant of H3N2. On August 26, the U.S. government declared H3N2 a public health emergency.

By October, 18,000 cases of the virus had been reported in the United States. A total of 74 countries were affected by the pandemic. H3N2 vaccine supply was limited in the beginning. People at the highest risk of complications got the vaccine first.

In early November, the Malta Flu affects passengers on a cruise ship making a two-week trip around the Gulf of Mexico before ending in New York City. The virus has an attack rate of 20 to 25 percent and a case fatality rate of approximately 2 percent.

The incident is further complicated by a sanitation strike across all five boroughs of the city. Suddenly, efforts to contain the spread of disease begin to falter and the number of influenza cases across New York rise exponentially.

Exercise Objectives

Exercise design objectives focus on improving the understanding of roles and responsibilities in preparation for pandemic influenza. This exercise will focus on the following design objectives:

Pandemic Influenza Wave I Exercise Objectives

The following exercise objectives describe the expected outcomes for the exercise:

1. Evaluate the ability to identify, establish, and manage necessary public-private partnerships during a pandemic influenza outbreak.
2. Verify the receipt, notification, documentation, and implementation of continuity protocols to effectively maintain essential functions during a pandemic influenza outbreak.
3. Substantiate mechanisms to effectively manage social distancing and other pandemic influenza protective measures among employees, stakeholders, and/or customers.
4. Assess the effects of high-levels of absenteeism on operational readiness during a pandemic influenza outbreak.

Core Capabilities

Core Capabilities are distinct critical elements necessary to achieve specific national preparedness mission areas that better enable our Nation to prepare for, respond to, and recover from all-hazard events. The capabilities below have been selected based on the purpose of the FSE, and provide the foundation for the development of the exercise objectives and scenario.

- Planning – **Mission Area** – Response
- Public Health and Medical Services – **Mission Area** – Response
- Operational Coordination – **Mission Area** – Response
- Public and Private Resources & Services – **Mission Area** – Response

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 assess 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).
- **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 function. 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 frequently, they 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:

- 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 exercise organizations, venues, and the SimCell.

Using the Randomized Absentee Model

As part of this exercise, we are including absenteeism distribution information for those organizations that wish to simulate at an individual level who will or will not be working during each week of the exercise. While the scenario will set the absenteeism in society for each phase, the absenteeism distribution information enables each participant to explore the implementation of business continuity plans against a list of specific staff that are unable to work. **Being “absent” in the context of the exercise means that an individual is unavailable to work, even if he or she has telecommuting capability.**

During the exercise, a list of letters of the alphabet will be provided with the exercise materials. These letters represent the first letters of the last names of agency or organization staff. Employees whose last names begin with these letters should be considered as absent during the entire next scenario update. It is possible that some scenario injects will cover greater periods of time than others. If participating as a business unit, and not as an entire organization, apply the list of letters to the business unit alone to discover who will be absent.

In the exercise, absent individuals are simulated to be absent from their normal roles. Individuals who are part of the exercise team may continue to help the agency or organization participate in the exercise even if the absenteeism distribution information has indicated that they are absent from their normal roles.

The letters indicating the absent individuals will be provided to you in advance of when they will be used. This will allow an adequate amount of time in which to review Human Resources records, identify the absent individuals, and determine the distribution of the absent employees among various departments/units/etc. as appropriate. Do not begin to simulate the absenteeism until receipt of the scenario inject.

If the absenteeism distribution information cannot be used due to manpower, cost, or other issues, participants are encouraged to apply internal processes to simulate the target absenteeism percentage that will be contained in the scenario updates. The absenteeism distribution information was designed to challenge the common presumption that normally reliable employees and supervisors will always report to work, even in very adverse situations.

Consequently, even if firms choose to use the general absenteeism rates supplied in the exercise in lieu of the surname approach, they are encouraged to keep in mind that there is a real potential in a pandemic that normally reliable employees may be unavailable.

Once a company is provided with the letter combination from the control team, the firm should ask their Human Resources department run a report to determine who at the company has a last name that starts with the letter combination. The organization will want to cross reference the list against continuity plans to see what functions these employees support.

Absenteeism Distribution

- The target absenteeism rate for Scenario Inject 2 is 49%

- Presume that all individuals from your organization with last names that begin with the following letters are absent and not available to work: **A, C, E, F, G, I, J, K, N, O, Q, R, S, U, V, X, and Z** Given a normal distribution of last names across the alphabet, using these letters will achieve a 49% absenteeism rate. Reasons for absence may include, but are not limited to:
 - Taking care of dependents
 - Fear of infection
 - No access to transportation
 - Illness
 - Death

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EXERCISE LOGISTICS

Safety

Exercise participant safety takes priority over exercise events. The following general requirements apply to the exercise:

- 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 exercise play and when exercise play 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 exercise:
 - 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, will 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. The Senior Controller will notify the Control Cell as soon as possible if a real emergency occurs.

Fire Safety

Standard fire and safety regulations relevant to the venue 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 exercise venue(s), the sponsor organization is responsible for arranging appropriate security measures. To prevent interruption of the exercise, access to exercise sites and the Control Cell is limited to exercise participants. Players should advise their venue’s controller or evaluator of any unauthorized persons.

Observer Coordination

Organizations with media personnel and/or observers attending the event should coordinate with the sponsor organization for access to the exercise site. Observers are escorted to designated areas and accompanied by an exercise controller at all times. Sponsor organization representatives and/or the observer controller may be present to explain exercise conduct and answer questions. Exercise participants should be advised of observer presence.

POST-EXERCISE AND EVALUATION ACTIVITIES

The goal of exercise evaluation is to validate strengths and identify improvement opportunities for the participating organization(s). It provides constructive feedback (positive and negative) to improve the effectiveness of an organization's activities in preparing for, protecting against, responding to, recovering from, and mitigating the effects of emergencies. In Pandemic Accord, evaluation activities will focus on the core capabilities of planning, operational communications, operational coordination, and public and private resources and services and their role in helping organizations maintain continuity of operations during an influenza pandemic.

The evaluation results will highlight opportunities to build on strengths and address deficiencies or gaps in emergency plans in order to improve delivery of the capabilities noted above. The intent of the evaluation is not to assess individual player performance during the full-scale and discussion-based exercises. Rather, its purpose is to deliver knowledge to players to help them improve or create policies and procedures based on key lessons learned from the exercise.

Methodology

The Pandemic Accord Planning Team developed objectives that relate to the exercise's purpose, scope, and expected outcomes. These objectives will serve as the basis for the overall Pandemic Accord evaluation and have been linked to core capabilities. Because this exercise includes both full-scale and discussion-based components, we have tailored the evaluation methodology to capture relevant information and data for each component. Provided below is a brief description of how the evaluation team will collect information or data from the full-scale and discussion-based exercises in order to support the overall evaluation of Pandemic Accord.

Full-Scale Exercise

The evaluation team will collect information and data from participating organizations through two primary mechanisms:

- *Internal organizational evaluators:* Each organization will be asked to identify an employee to serve as an evaluator for the full-scale exercise. This is done for two reasons: 1) due to the number of participating organizations, it will not be possible for the overall evaluation to address every issue that arises for each organization; thus, each organization is encouraged to conduct its own after-action report/improvement planning process; 2) this arrangement will help participating organizations safeguard any proprietary systems, data, or information that are pertinent to this exercise. Each organization's evaluator will submit their notes (sanitized of any proprietary data) to the lead exercise evaluator, Mr. Eric Trabert (trabere@cna.org) for inclusion in the overall after-action report (AAR).
- *Online survey:* Each organization will complete an online survey that includes questions designed to identify the major issues, challenges, or concerns that organizations faced in responding to the scenario, as well as any good practices that were implemented to address those issues, challenges, or concerns.

Exercise Evaluation Guides

Exercise Evaluation Guides (EEGs) provide a consistent tool to guide exercise observation and data collection. EEGs are aligned to exercise objectives and core capabilities, and highlight the critical tasks that are required to demonstrate a capability. In this way, each EEG provides evaluators with information on what they should expect to see demonstrated in their functional area. However, it is important to note that EEGs are only one tool in the evaluation process and they should be used solely as a *guide* to evaluation. If evaluators observe something that is not specified in the EEG, but is deemed to be important to achieving the objectives of the exercise, then that observation must be documented and shared with the evaluation team.

Evaluator Responsibilities

Before the exercise

Evaluators are responsible for preparing for the exercise, which includes conducting the following activities:

- Attend required evaluator training (date, time, and location TBD).
- Review your organization's continuity plans.
- Review appropriate exercise materials, including the Situation Manual and the Exercise Plan.
- Review the EEGs.

During the exercise

An evaluator's primary duty is to document exercise discussion. The evaluation team will use this information to determine whether the exercised capabilities and plans were effectively demonstrated and to identify strengths and areas for improvement. Specific responsibilities during the exercise include the following:

- Do not prompt players with specific responses or interfere with player performance in any way.
- Observe the exercise and record observations in the EEG or in a notebook.
- Do not discuss specific issues or problems with exercise players or subject matter experts prior to the hotwash.

After the exercise

Evaluators are responsible for the following activities after the exercise:

- Participate in the hotwash and take notes on the findings that players identify.
- Submit your typed notes to the lead evaluator, Mr. Eric Trabert, at: trabere@cna.org within 3 business days of concluding the exercise.

Post-exercise Activities

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

Hot Wash

At the conclusion of exercise play, 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. 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 activities and exercise design. Participant Feedback Forms should be collected at the conclusion of the Hot Wash.

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 point of contact (POC). The evaluation team will produce one AAR/Summary Report that succinctly describes all of the relevant observations, strengths, and areas for improvement from both the full-scale and discussion-based exercises.

Improvement Planning

Improvement planning is the process by which the observations recorded in the AAR are resolved through the 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 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. Due to the nature of this exercise, it is anticipated that each participating organization will develop an improvement plan tailored for their organization. It is created by elected and appointed officials from the organizations participating in the exercise.

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 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.**”
- Exercise players 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 to ensure a safe and effective exercise.

Before the Exercise

- Review appropriate organizational plans, procedures, and exercise support documents.
- Be at the appropriate site at least 30 minutes before the exercise starts. Wear the appropriate identification item(s).
- Sign in when you arrive.
- 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.
- Read your Player Information Handout, which includes information on exercise safety.

During the Exercise

- Respond to exercise events and information as if the situation 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, or observers. If you are asked an exercise-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.
- 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.
- When you communicate with the SimCell, identify the organization or individual with whom you wish to speak.
- 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

- 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 exercise effectiveness. 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 exercise is of limited duration and scope, certain details will be simulated. The physical description of what would fully occur at the incident sites and surrounding areas will be relayed to players by simulators or controllers. A SimCell will simulate the roles and interactions of non-participating organizations or individuals.

APPENDIX A: EXERCISE SCHEDULE

Time	Personnel	Activity	Location
November 13, 2014			
[Time]	Controllers, evaluators, and exercise staff	Controller and Evaluator Briefing	[Location]
As needed	Controllers and exercise staff	Set up control cell and walkthrough	[Location]
[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]

APPENDIX B: EXERCISE PARTICIPANTS

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

APPENDIX C: ACRONYMS

Acronym	Term
CDC	Centers for Disease Control
DHS	U.S. Department of Homeland Security
FEMA	Federal Emergency Management Agency
FSE	Full Scale Exercise
HHS	Health and Human Services
HSEEP	Homeland Security Exercise and Evaluation Program
ILI	Influenza Like Illness
NIH	National Institutes of Health
Pan Flu	Pandemic Influenza
SIFMA	Securities Industry and Financial Markets Association
SitMan	Situation Manual
SME	Subject Matter Expert
WHO	World Health Organization