

KDHE Preparedness Program

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**EXERCISE PROGRAM PLAN &
MULTI-YEAR CALENDAR**



PLAN MAINTENANCE

The Exercise Program Plan and Multi-Year Calendar will be updated annually and submitted with the Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) grant application(s). The most recent version also will be made available publicly on the Preparedness Program's Exercise and Training web site and submitted to the Lessons Learned Information Sharing (LLIS) web site as required by federal grant guidance.

The Exercise and Training Coordinator will be responsible for the maintenance, distribution, and annual updates to this plan and its appendices. Annual revisions will take into consideration cooperative agreement funding requirements for the following:

- CDC Public Health Emergency Preparedness Program (PHEP)
- HHS Hospital Preparedness Program (HPP)
 - Section 2802(b) of the Public Health Service Act
- CDC Division of the Strategic National Stockpile (SNS)
 - Technical Assistance Review (TAR)
 - Cities Readiness Initiative (CRI)
 - Medical Countermeasure Dispensing and Distribution (MCMDD) guide
- Early System for Advance Registration of Volunteer Health Professionals (ESAR-VHP)

For information about this plan, contact the Exercise and Training Coordinator.

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SECTION 1: EXERCISE & TRAINING PLAN

Overview

The purpose of the Kansas Department of Health and Environment (KDHE) Exercise and Training Program is to provide exercise program policy and guidance that is consistent with the Homeland Security Exercise and Evaluation Program (HSEEP) and the National Incident Management System (NIMS). HSEEP is a capabilities-based and performance-based exercise program that provides standardized methodology and terminology for exercise design, development, conduct, evaluation, and improvement planning. All exercises funded all or in part by Public Health Emergency Preparedness (PHEP) and the Hospital Preparedness Program (HPP) grants will be conducted in accordance with HSEEP.

Capabilities

The U.S. Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) have identified 15 public health and 8 healthcare capabilities as the basis for State and local public health and healthcare preparedness. Achievement and evaluation of the capabilities may be demonstrated through exercises, routine activities, planned events, and/or real incidents when feasible. Additional information about the capabilities is provided in Appendix B.

Multi-Year Exercise Calendar

The Exercise Plan includes a Multi-Year Exercise Calendar that is updated annually following the State-level Training and Exercise Plan Workshop (TEPW) held each August. The calendar (see Appendix A) includes proposed exercise schedules, capabilities, and partner organizations. The Exercise Design Team will identify the scope and objectives for each exercise, taking into consideration improvements identified from previous exercises and real incidents. Inclusion of at-risk individuals also will be considered in the development of all exercises.

State-level exercises also will be posted in the National Exercise Schedule (NEXS) so that exercises may be coordinated across levels of government and healthcare entities. Local and regional partners also will be encouraged to use NEXS to post exercises.

Local and regional partners funded with HPP and PHEP grants will be encouraged to participate in annual local TEPW sessions with their Local Emergency Planning Committee (LEPC), ESF #8 partners, emergency manager, and other local and regional partners to support the concept of planning for a whole community response.

To the greatest extent possible, joint exercises will be conducted which will meet multiple federal funding requirements to minimize burden on exercise planners and participants and to leverage resources. Exercise planners will work to coordinate with relevant entities, such as local and sub-state regional healthcare organizations,

emergency management partners, emergency medical services, local health departments, and others. Coordination with local Medical Reserve Corps (MRC), National Disaster Medical System (NDMS), Metropolitan Medical Response System (MMRS) entities, and CRI initiatives is strongly encouraged in jurisdictions where those programs exist.

Training

Knowledge, skills, and abilities acquired through education and training, including NIMS training, will be incorporated into exercises identified in the Multi-Year Exercise Calendar. Gaps identified during exercises and real incidents will be taken into consideration when planning for these training and exercises. In addition, training will target the public health and healthcare preparedness capabilities identified on the multi-year calendar (see Appendix A) and will be scheduled as needed.

Joint training of public health and healthcare organizations will be promoted through the e-learning management system, KS-TRAIN. The use of KS-TRAIN maximizes the ability to promote, track, and deliver training efficiently and effectively to the greatest number of workers. KS-TRAIN includes the functionality for local system administrators to develop and track training plans for staff, and the system allows users to search for training opportunities by capability, discipline, geographic location, cost, and other characteristics. User transcripts in KS-TRAIN summarize the subject matter of training and number of workers trained by specialty.

TRAIN is utilized by state, regional, and local staff for live training sessions, conferences, and other meetings. The system also is used to post online training opportunities, which can be taken at any time through KS-TRAIN. These online opportunities reduce burden on state and local staff through cost-saving measures for travel and other expenditures.

In addition, the KDHE Emergency Readiness Initiative (KERI) requires all KDHE employees to complete a minimum of IS-700 training within the first six months of employment. Additional NIMS courses, including IS-100, IS-200, IS-800, ICS-300, and ICS-400, are required for staff based on potential response roles. Position descriptions for the KDHE Preparedness Program staff also identify job-specific training, such as the SNS Preparedness Course, HSEEP, and others. KDHE and the 10 local CRI jurisdictions also will schedule annual training requirements for the TAR.

SECTION 2: EXERCISE EXECUTION

The elements of exercise design, development, and conduct are important to support capabilities-based planning and to achieve exercise objectives. All exercises funded all or in part with PHEP and HPP funding will include a planning process that is consistent with guidance in HSEEP Volume II: Exercise Planning and Conduct.

State Exercises

KDHE will form an Exercise Design Team of subject matter experts for each exercise to determine exercise-specific objectives, scope, and participants. The Exercise and Training Coordinator will be responsible for ensuring the following exercises are completed:

- KDHE will participate in an annual tabletop (TTX), functional, or full-scale exercise (FSE) to test the public health and healthcare preparedness capabilities.
 - Once in the 5-year HPP-PHEP cycle, KDHE will participate in an FSE to satisfy the requirements of the MCMDD composite score guide.
- KDHE will conduct quarterly call-down drills of key Incident Command System (ICS) and Receive, Stage, and Store (RSS) warehouse staff and volunteers using the Kansas Health Alert Network (KS-HAN). Target time: 60 minutes or less
- KDHE will conduct an annual drill to assemble an incident management team in the Department Operations Center (DOC) unannounced and outside regular business hours. Target time: 60 minutes or less.
- KDHE will conduct an annual drill to produce an Incident Action Plan (IAP) before the start of the second operational period. This drill may be combined with another exercise or demonstrated through a real incident.
- KDHE will conduct an annual drill to log the time to issue a risk communication message for dissemination to the public. This drill may be combined with another exercise or demonstrated through a real incident.
- KDHE will participate in an annual drill to ensure the agency can electronically report available and staffed hospital beds according to HAVBED definitions within 4 hours or less of a request. This may be accomplished through a drill or real incident.
- KDHE will conduct an annual drill of the Kansas System for the Early Registration of Volunteers (K-SERV) to fulfill program requirements for ESAR-VHP. This drill may be combined with another exercise or demonstrated through a real incident.

Local & Regional Exercises

Local exercises may be conducted at a community-based (county) or regional (sub-state) level. Local and regional partners are encouraged to work with their emergency managers, ESF #8 partners, healthcare organizations, and others to design, develop, conduct, and evaluate exercises based on jurisdictional priorities identified in gap analyses, hazard vulnerability assessments, and lessons learned from exercises and

real incidents. A joint full-scale exercise (FSE) must be completed once in the five-year HPP-PHEP cycle to include local health departments, hospitals, and other ESF #8 partners.

KDHE will design tabletop exercises for local and regional partners that may be used to test the capabilities identified on the Multi-Year Exercise Calendar in Appendix A. Use of the KDHE-designed exercises is not required, but will assist local partners with meeting grant deliverables. The exercises are designed in collaboration with an Exercise Design Team made up of State, regional, and local hospital and public health representatives. Each TTX template package includes:

- Situation Manual that delineates the scope, purpose, objectives, and participants;
- Multi-media presentation (e.g., Power Point presentation);
- Applicable fact sheets;
- Exercise registration instructions;
- Exercise Evaluation Guides (EEG) based on the public health and hospital preparedness capabilities;
- Participant Feedback Forms; and
- After Action Report/Improvement Plan (AAR/IP).

Hospitals & Other Healthcare Organizations

- Hospitals and other healthcare organizations will participate in an annual TTX, functional, or FSE to test the healthcare preparedness capabilities. While these exercises meet grant preparedness requirements, the capabilities tested over the 5-year period are assisting hospitals in meeting regulatory and accreditation requirements.
 - Once in the 5-year cycle, hospitals will participate in a joint FSE with ESF #8 partners, as noted above. The FSE must incorporate Capability 6: Information Sharing and Capability 3: Emergency Operations Coordination.
- Hospitals and other healthcare organizations are required to equip, train, and exercise communication devices for both horizontal (with each other and other healthcare organizations) and vertical (with emergency medical services, fire, law enforcement, and State and local public health agencies) communications as outlined in Capability 6: Information Sharing; Function 2: Develop, refine, and sustain redundant communication systems.
- Hospitals and other healthcare organizations must participate in a minimum of one annual HAvBED drill. A HAvBED systems manager will notify participants of logistical details prior to the drill and send a report after the drill.

Local Health Departments

- Local health departments (LHDs) will participate in an annual TTX, functional, or FSE to test the public health preparedness capabilities.
 - Once in the 5-year cycle, LHDs will participate in a joint FSE with ESF #8 partners as noted above. This exercise may be a Point of Dispensing (POD) exercise.

- Joint exercises should meet multiple program requirements, including HPP, PHEP, and SNS/CRI/CHEMPACK requirements to help minimize the burden on exercise planners and participants.

Cities Readiness Initiative (CRI)

Kansas has two Cities Readiness Initiative (CRI) regions: Kansas City (Leavenworth, Wyandotte, Johnson, Franklin, Miami, and Linn counties) and Wichita (Harvey, Sedgwick, Butler, and Sumner counties). CRI jurisdictions and KDHE will conduct exercises as required by the MCMDD composite score guide. This includes:

- TAR score;
- Operational drills identified on the DSNS Extranet;
- Compliance with programmatic standards for dispensing and distribution; and
- FSE for medical countermeasure dispensing and medical materiel distribution once in the MCMDD 2011-2016 cycle. (Budget Period 1 is the second year of the MCMDD composite score framework, which was introduced in 2011-12.)

Additional guidance for the MCMDD and the TAR can be located on the Preparedness Program website and the Division of Strategic National Stockpile (DSNS) Extranet.

Real Incidents

HHS and CDC require that public health and healthcare organizations demonstrate achievement of the capabilities through different means. In addition to exercises, real incidents may be used to evaluate the public health and healthcare capabilities when feasible.

State

A request for KDHE to use a real incident as an exercise for grant credit must be submitted to federal project officers for consideration under the following conditions identified in HPP guidance:

- State declaration of an emergency, disaster, or public health emergency in the affected area;
- A request to support staff salary for no longer than 96 hours after the incident;
- Lack of other appropriate funds to offset the proposed cost; and
- Agreement by KDHE to submit an AAR and corrective action plan to federal project officers and LLIS within 60 days after the incident.

Local & Regional

Local and regional partners seeking to use a real incident for an exercise should submit the following to the KDHE Exercise and Training Coordinator for approval:

- Notification to the KDHE Preparedness Program that an emergency or disaster has occurred and emergency operating plans have been activated;
- Capabilities identified on the current budget period work plans are being/have been tested during response to the incident; and

- Organization agrees to submit an AAR and corrective action plan to KDHE within 60 days after the event.

Real incidents may not be used for the CRI jurisdictions seeking points in the MCMDD guide.

SECTION 3: EVALUATION

Evaluation of training and exercises is vital to continuous quality improvement by incorporating corrective actions into ongoing capabilities-based preparedness activities. All exercises funded all or in part with PHEP and HPP funding will include the after-action reporting and improvement planning process consistent with guidance in HSEEP Volume III: Exercise Evaluation and Improvement Planning.

Evaluation

Exercises will be evaluated in a manner consistent with the 8 Steps of Exercise Evaluation and Improvement Planning, as outlined in with HSEEP Volume III.

- Exercises funded in whole or part by HPP funds will participate in the evaluation process outlined in Capability 1: Healthcare System Preparedness; Function 6: Improve healthcare response capabilities through coordinated exercise and evaluation.
- Exercises funded in whole or part by PHEP funds will participate in the evaluation process outlined in Capability 3: Emergency Operations Coordination; Function 5: Demobilize and evaluate public health emergency operations.

Priorities, needs, and corrective actions identified through the evaluation of exercises and/or response to real incidents will be incorporated into the review, revision, and maintenance of capabilities-based plans.

After Action Reports & Improvement Plans

State AARs

An After Action Report and Improvement Plan (AAR/IP) will be written following all State-level exercises. Final versions of the AAR/IP and other applicable supporting documentation will be e-mailed to federal project officers and posted on the LLIS web site. SNS and CRI-related exercise documentation also will be posted on the DSNS Data Collection System web site. Release of the AAR to external partners beyond the scope identified in federal grant guidance will follow the KDHE Bureau of Community Health Systems (BCHS) AAR/IP Guidance document.

The Exercise and Training Coordinator will follow up on the completion of lessons learned and IPs quarterly with appropriate State-level staff. This will include coordinating training needs documented in the IPs or other gap analyses. In addition, the agency will modify its emergency operating plans to reflect lessons learned and corrective actions documented in the AAR/IP.

Local & Regional AARs

An AAR/IP is required to be submitted to KDHE following local and regional exercises funded in whole or part by HPP or PHEP. The participation of Local Health Departments (LHDs), hospitals, and other healthcare organizations, as well as the demonstration of

those organizations' capabilities, should be included in the AAR. Multi-agency, multi-jurisdictional AARs are acceptable, provided that each organization's participation and analyses of their capabilities are described in the AAR.

Each participating LHD, hospital, and other healthcare organization also must be included in the Improvement Plan. HPP-funded participants are required to identify three corrective actions and a timeline for addressing those deficiencies.

Local and regional data is aggregated by KDHE and reported to federal partners as applicable to funding requirements. Local and regional partners are also:

- Encouraged to post their AARs in the LLIS web site.
- Responsible for ensuring those lessons learned and corrective actions documented in the AAR/IP are completed in their respective jurisdictions.
- Responsible for modifying local emergency operating plans reflective of lessons learned and corrective actions documented in the AAR/IP.

Cities Readiness Initiative (CRI)

CRI jurisdictions will post the appropriate exercise documentation on the DSNS Data Collection System web site. Refer to the MCMDD and SNS Extranet for document submission requirements.

SECTION 4: ANNUAL REPORTING

Exercise data and applicable documentation will be entered as required by federal grant guidance to the following electronic reporting systems:

- Lessons Learned Information Sharing (LLIS);
- DSNS Data Collection System (CRI only);
- National Exercise Schedule (NEXS);
- HHS OLDC grant reporting system; and
- CDC PERFORMS grant reporting system.

Data will be reported based on the HPP and PHEP Budget Period of July 1 to June 30 each year.

Healthcare organizations funded by HPP are required to report to HHS Assistant Secretary for Preparedness and Response (ASPR) as part of the end-of-year report the following information for each hospital participating in the exercise:

- Hospital name;
- Hospital national provider identification (NPI); and
- Whether the hospital participated in:
 - Statewide functional exercise;
 - Regional (sub-state) functional exercise;
 - Statewide full-scale exercise; or
 - Regional (sub-state) full-scale exercise.

APPENDIX A: MULTI-YEAR CALENDAR

Table A.1: 5-Year Capabilities Focus

This table identifies the planning priorities by preparedness capability for the 5-year budget cycle. This is a locally-driven plan; the State will work one year ahead of local partners to ensure the resources, support, and technical assistance (TA) are available to local partners in their focus year. The State will align its exercise capabilities with local planning priorities to encourage statewide collaboration.

CAPABILITIES FOCUS							
Exercises hosted by KDHE include coordination with internal partners (preparedness staff, senior leadership, legal, laboratory, epidemiology, and RSS warehouse volunteers) and external partners (emergency management, military, law enforcement, and various associations representing local members).							
		BP 2011-12	BP1 2012-13	BP2 2013-14	BP3 2014-15	BP4 2015-16	BP5 2016-17
State-Level	Plan, Equip, & Train	8, 9, 13	State Prep for 4, 10, 15 TA to Local for 1, 2, 3	State Prep for 6, 11, 12 TA to Local for 4, 10, 15	State Prep for, 5, 7, 14 TA to Local for 6, 11, 12	State Prep for Gap Analysis TA to Local for 5, 7, 14	Gap analysis, program status & accomplishments, completion of AA- 154.
	Exercise	8, 9, 13	3	1, 2, 3	4, 10, 15	6, 11, 12	5, 7, 14
Local exercises may be conducted at a community-based (county) or regional (sub-state) level. Local exercises include coordination with entities, such as local and regional partners, hospitals, emergency management, emergency medical services, and local health departments. Local and regional exercises should incorporate local MRC, NDMS, MMRS, and the CRI in jurisdictions where those programs exist.							
		BP 2011-12	BP1 2012-13	BP2 2013-14	BP3 2014-15	BP4 2015-16	BP5 2016-17
Local or Regional (Sub- State)	Plan, Equip, & Train	8, 13	1, 2, 3	4, 10, 15	6, 11, 12	5, 7, 14	Gap analysis, program status & accomplishments, completion of AA- 154.
	Exercise	8, 13	Capabilities TBD by locals	1, 2, 3	4, 10, 15	6, 11, 12	5, 7, 14

Table A.2: Multi-Year Exercise Calendar

BP1 (2012-13) EXERCISES	QTR 1	QTR 2	QTR 3	QTR 4
State of Kansas TEPW <ul style="list-style-type: none"> Partner with other State agencies and key stakeholders to identify opportunities for collaboration. 	X			
Bi-State MCMDD FSE <ul style="list-style-type: none"> Capabilities: 3, 6, 8, 9, & 15 Partners: Multi-jurisdictional, multi-disciplinary FSE with State of KS, State of MO, & local CRI MSA partners in Wichita and Kansas City. Objectives: Refer to exercise documents for complete list of jurisdictional-specific objectives. 			X	
K-SERV Drill (ESAR-VHP) <ul style="list-style-type: none"> Capability: 15 Participants: KDHE & registered K-SERV volunteers Objective: Coordinate & solicit potential medical volunteers by discipline & credential level (within 2 hours) & willing volunteers (within 12 hours) in response to an event. 			X	
State Interoperable Communications Drill <ul style="list-style-type: none"> Capabilities: 3 & 6 Objective: KDHE will test interoperable communication systems to share information horizontally & vertically with response partners. 	X	X	X	X
State Call Down Drills <ul style="list-style-type: none"> Capability: 3 Objective: Measure the time of KDHE staff to initiate ICS & RSS call-down lists & identify a team available to respond to an incident. Target time: 60 minutes or less. 	X	X	X	X
State Unannounced Assembly Drill <ul style="list-style-type: none"> Capability: 3 Objective: Measure the time of KDHE staff to initiate the call-down list (unannounced & outside regular business hours) & assemble an incident management team in the Department Operations Center in 60 minutes or less. 	X			
State HAN Drills <ul style="list-style-type: none"> Capability: 3 Objectives: Utilize KS-HAN to perform time-response drills for various local preparedness partners. 	X	X	X	X
Hospital HAvBED Drills <ul style="list-style-type: none"> Hospitals only. 	X	X	X	X
Local TEPW <ul style="list-style-type: none"> Each LHD & healthcare organization will participate in their local TEPW, as scheduled by the LEPC and/or emergency manager. 				
DSNS Operational Drills <ul style="list-style-type: none"> CRI MSA only. Completion of the DSNS Operational Drills is completed at the discretion of the CRI MSA within the local TAR calendar. 				
Local or Regional (Sub-State) TTX, Functional, or FSE				

<ul style="list-style-type: none"> Capabilities, scheduling, objectives, exercise type, scope, & participants are identified at the discretion of each jurisdiction through local TEPWs & Exercise Design Teams. Exercises must be completed within the Budget Period from July 1, 2012 to June 30, 2013. 				
Local or Regional (Sub-State) FSE <ul style="list-style-type: none"> Capabilities: 3 & 6 Each LHD & healthcare organization will participate in an FSE within the 5-year project period. This may fulfill the annual Local or Regional (Sub-State) exercise requirement. Participants should include regional partners, emergency management, law enforcement, emergency medical services, & other partners. Scheduling, objectives, scope, & participants are identified by each jurisdiction through local TEPWs & Exercise Design Teams. Exercises must be completed within the Budget Period from July 1, 2012 to June 30, 2013. 				
BP2 (2013-14) EXERCISES				
	QTR 1	QTR 2	QTR 3	QTR 4
State of Kansas TEPW <ul style="list-style-type: none"> Partner with other State agencies and key stakeholders to identify opportunities for collaboration. 	X			
State TTX <ul style="list-style-type: none"> Capabilities: 1, 2, & 3 Exercise-specific objectives TBD by Exercise Design Team at the C&O Meeting. 			X	
K-SERV Drill (ESAR-VHP) <ul style="list-style-type: none"> Capability: 15 Participants: KDHE & registered K-SERV volunteers Objective: Coordinate & solicit potential medical volunteers by discipline & credential level (within 2 hours) & willing volunteers (within 12 hours) in response to an event. 			X	
State Interoperable Communications Drill <ul style="list-style-type: none"> Capabilities: 3 & 6 Objective: KDHE will test interoperable communication systems to share information horizontally and vertically with response partners. 	X	X	X	X
State Call Down Drills <ul style="list-style-type: none"> Capability: 3 Objective: Measure the time of KDHE staff to initiate ICS & RSS call-down lists & identify a team available to respond to an incident. Target time: 60 minutes or less. 	X	X	X	X
State Unannounced Assembly Drill <ul style="list-style-type: none"> Capability: 3 Objective: Measure the time of KDHE staff to initiate the call-down list (unannounced & outside regular business hours) & assemble an incident management team in the Department Operations Center in 60 minutes or less. 	X			
State HAN Drills <ul style="list-style-type: none"> Capability: 3 Objectives: Utilize KS-HAN to perform time-response drills for various local preparedness partners. 	X	X	X	X
Hospital HAvBED Drills <ul style="list-style-type: none"> Hospitals only. 	X	X	X	X

Local TEPW				
<ul style="list-style-type: none"> Each LHD & healthcare organization will participate in their local TEPW, as scheduled by the LEPC and/or emergency manager. 				
DSNS Operational Drills				
<ul style="list-style-type: none"> CRI MSA only. Completion of the DSNS Operational Drills is completed at the discretion of the CRI MSA within the local TAR calendar. 				
Local or Regional (Sub-State) TTX, FE, or FSE				
<ul style="list-style-type: none"> Capabilities: 1, 2, & 3 Scheduling, objectives, exercise type, scope, & participants are identified at the discretion of each jurisdiction through local TEPWs & Exercise Design Teams. Exercises must be completed within the Budget Period from July 1, 2013 to June 30, 2014. 				
Local or Regional (Sub-State) FSE				
<ul style="list-style-type: none"> Capabilities: 3 & 6 Each LHD & healthcare organization will participate in an FSE within the 5-year project period. This may fulfill the annual Local or Regional (Sub-State) exercise requirement. Participants should include regional partners, emergency management, law enforcement, emergency medical services, & other partners. Scheduling, objectives, scope, & participants are identified by each jurisdiction through local TEPWs & Exercise Design Teams. Exercises must be completed within the Budget Period from July 1, 2013 to June 30, 2014. 				
BP3 (2014-15) EXERCISES				
	QTR 1	QTR 2	QTR 3	QTR 4
State of Kansas TEPW	X			
<ul style="list-style-type: none"> Partner with other State agencies and key stakeholders to identify opportunities for collaboration. 				
State TTX		X		
<ul style="list-style-type: none"> Capabilities: 4, 10, & 15 Exercise-specific objectives TBD by Exercise Design Team at the C&O Meeting. 				
K-SERV Drill (ESAR-VHP)			X.	
<ul style="list-style-type: none"> Capability: 15 Participants: KDHE & registered K-SERV volunteers Objective: Coordinate & solicit potential medical volunteers by discipline & credential level (within 2 hours) & willing volunteers (within 12 hours) in response to an event. 				
State Interoperable Communications Drill	X	X	X	X
<ul style="list-style-type: none"> Capabilities: 3 & 6 Objective: KDHE will test interoperable communication systems to share information horizontally and vertically with response partners. 				
State Call Down Drill	X	X	X	X
<ul style="list-style-type: none"> Capability: 3 Objective: Measure the time of KDHE staff to initiate ICS & RSS call-down lists & identify a team available to respond to an incident. Target time: 60 minutes or less. 				
State Unannounced Assembly Drill	X			
<ul style="list-style-type: none"> Capability: 3 Objective: Measure the time of KDHE staff to initiate the call-down list (unannounced & outside 				

<i>regular business hours) & assemble an incident management team in the Department Operations Center in 60 minutes or less.</i>				
State HAN Drills <ul style="list-style-type: none"> • <i>Capability: 3</i> • <i>Objectives: Utilize KS-HAN to perform time-response drills for various local preparedness partners.</i> 	X	X	X	X
Hospital HAvBED Drills <ul style="list-style-type: none"> • <i>Hospitals only.</i> 	X	X	X	X
Local TEPW <ul style="list-style-type: none"> • <i>Each LHD & healthcare organization will participate in their local TEPW, as scheduled by the LEPC and/or emergency manager.</i> 				
DSNS Operational Drills <ul style="list-style-type: none"> • <i>CRI MSA only.</i> • <i>Completion of the DSNS Operational Drills is completed at the discretion of the CRI MSA within the local TAR calendar.</i> 				
Local or Regional (Sub-State) TTX, Functional, or FSE <ul style="list-style-type: none"> • <i>Capabilities: 4, 10, & 15</i> • <i>Scheduling, objectives, exercise type, scope, & participants are identified at the discretion of each jurisdiction through local TEPWs & Exercise Design Teams. Exercises must be completed within the Budget Period from July 1, 2014 to June 30, 2015.</i> 				
Local or Regional (Sub-State) FSE <ul style="list-style-type: none"> • <i>Capabilities: 3 & 6</i> • <i>Each LHD & healthcare organization will participate in an FSE within the 5-year project period. This may fulfill the annual Local or Regional (Sub-State) exercise requirement.</i> • <i>Participants should include regional partners, emergency management, law enforcement, emergency medical services, & other partners.</i> • <i>Scheduling, objectives, scope, & participants are identified by each jurisdiction through local TEPWs & Exercise Design Teams. Exercises must be completed within the Budget Period from July 1, 2014 to June 30, 2015.</i> 				
BP4 (2015-16) EXERCISES				
State of Kansas TEPW <ul style="list-style-type: none"> • <i>Partner with other State agencies and key stakeholders to identify opportunities for collaboration.</i> 	X			
State TTX <ul style="list-style-type: none"> • <i>Capabilities: 6, 12, & 11</i> • <i>Exercise-specific objectives TBD by Exercise Design Team at the C&O Meeting.</i> 		X		
K-SERV Drill (ESAR-VHP) <ul style="list-style-type: none"> • <i>Capability: 15</i> • <i>Participants: KDHE & registered K-SERV volunteers</i> • <i>Objective: Coordinate & solicit potential medical volunteers by discipline & credential level (within 2 hours) & willing volunteers (within 12 hours) in response to an event.</i> 			X	
State Interoperable Communications Drill <ul style="list-style-type: none"> • <i>Capabilities: 3 & 6</i> • <i>Objective: KDHE will test interoperable communication systems to share information horizontally and vertically with response partners.</i> 	X	X	X	X

State Call Down Drills <ul style="list-style-type: none"> • <i>Capability: 3</i> • <i>Objective: Measure the time of KDHE staff to initiate ICS & RSS call-down lists & identify a team available to respond to an incident. Target time: 60 minutes or less.</i> 	X	X	X	X
State Unannounced Assembly Drill <ul style="list-style-type: none"> • <i>Capability: 3</i> • <i>Objective: Measure the time of KDHE staff to initiate the call-down list (unannounced & outside regular business hours) & assemble an incident management team in the Department Operations Center in 60 minutes or less.</i> 	X			
State HAN Drills <ul style="list-style-type: none"> • <i>Capability: 3</i> • <i>Objectives: Utilize KS-HAN to perform time-response drills for various local preparedness partners.</i> 	X	X	X	X
Hospital HAvBED Drills <ul style="list-style-type: none"> • <i>Hospitals only.</i> 	X	X	X	X
Local TEPW <ul style="list-style-type: none"> • <i>Each LHD & healthcare organization will participate in their local TEPW, as scheduled by the LEPC and/or emergency manager.</i> 				
DSNS Operational Drills <ul style="list-style-type: none"> • <i>CRI MSA only.</i> • <i>Completion of the DSNS Operational Drills is completed at the discretion of the CRI MSA within the local TAR calendar.</i> 				
Local or Regional (Sub-State) TTX, Functional, or FSE <ul style="list-style-type: none"> • <i>Capabilities: 6, 12, & 11</i> • <i>Scheduling, objectives, exercise type, scope, and participants are identified at the discretion of each jurisdiction through local TEPWs and Exercise Design Teams. Exercises must be completed within the Budget Period from July 1, 2015 to June 30, 2016.</i> 				
Local or Regional (Sub-State) FSE <ul style="list-style-type: none"> • <i>Capabilities: 3 & 6</i> • <i>Each LHD & healthcare organization will participate in an FSE within the 5-year project period. This may fulfill the annual Local or Regional (Sub-State) exercise requirement.</i> • <i>Participants should include regional partners, emergency management, law enforcement, emergency medical services, & other partners.</i> • <i>Scheduling, objectives, scope, & participants are identified by each jurisdiction through local TEPWs & Exercise Design Teams. Exercises must be completed within the Budget Period from July 1, 2015 to June 30, 2016.</i> 				
BP5 (2016-17) EXERCISES				
State of Kansas TEPW <ul style="list-style-type: none"> • <i>Partner with other State agencies and key stakeholders to identify opportunities for collaboration.</i> 	X			
State TTX <ul style="list-style-type: none"> • <i>Capabilities: 14, 5, & 7</i> • <i>Exercise-specific objectives TBD by Exercise Design Team at the C&O Meeting.</i> 		X		
K-SERV Drill (ESAR-VHP) <ul style="list-style-type: none"> • <i>Capability: 15</i> 			X	

<ul style="list-style-type: none"> Participants: KDHE & registered K-SERV volunteers Objective: Coordinate & solicit potential medical volunteers by discipline & credential level (within 2 hours) & willing volunteers (within 12 hours) in response to an event. 				
State Interoperable Communications Drill <ul style="list-style-type: none"> Capabilities: 3 & 6 Objective: KDHE will test interoperable communication systems to share information horizontally and vertically with response partners. 	X	X	X	X
State Call Down Drills <ul style="list-style-type: none"> Capability: 3 Objective: Measure the time of KDHE staff to initiate ICS & RSS call-down lists & identify a team available to respond to an incident. Target time: 60 minutes or less. 	X	X	X	X
State Unannounced Assembly Drill <ul style="list-style-type: none"> Capability: 3 Objective: Measure the time of KDHE staff to initiate the call-down list (unannounced & outside regular business hours) & assemble an incident management team in the Department Operations Center in 60 minutes or less. 	X			
State HAN Drills <ul style="list-style-type: none"> Capability: 3 Objectives: Utilize KS-HAN to perform time-response drills for various local preparedness partners. 	X	X	X	X
Hospital HAvBED Drills <ul style="list-style-type: none"> Hospitals only. 	X	X	X	X
Local TEPW <ul style="list-style-type: none"> Each LHD & healthcare organization will participate in their local TEPW, as scheduled by the LEPC and/or emergency manager. 				
DSNS Operational Drills <ul style="list-style-type: none"> CRI MSA only. Completion of the DSNS Operational Drills is completed at the discretion of the CRI MSA within the local TAR calendar. 				
Local or Regional (Sub-State) TTX, Functional, or FSE <ul style="list-style-type: none"> Capabilities: 14, 5, & 7 Scheduling, objectives, exercise type, scope, and participants are identified at the discretion of each jurisdiction through local TEPWs and Exercise Design Teams. Exercises must be completed within the Budget Period from July 1, 2016 to June 30, 2017. 				
Local or Regional (Sub-State) FSE <ul style="list-style-type: none"> Capabilities: 3 & 6 Each LHD & healthcare organization will participate in an FSE within the 5-year project period. This may fulfill the annual Local or Regional (Sub-State) exercise requirement. Participants should include regional partners, emergency management, law enforcement, emergency medical services, & other partners. Scheduling, objectives, scope, & participants are identified by each jurisdiction through local TEPWs & Exercise Design Teams. Exercises must be completed within the Budget Period from July 1, 2016 to June 30, 2017. 				

APPENDIX B: CAPABILITIES

HHS and CDC have identified the following 15 public health and 8 healthcare capabilities as the basis for State and local public health and healthcare preparedness. Achievement of the capabilities can be demonstrated through different means (e.g., exercises, planned events, and real incidents).

- PHEP Capabilities
 - www.cdc.gov/phpr/capabilities/
- HPP Capabilities
 - www.phe.gov/Preparedness/planning/hpp/reports/Documents/capabilities.pdf

Table B.1: Public Health & Healthcare Capabilities

	PHEP CAPABILITY	HPP CAPABILITY
1	Community Preparedness	Healthcare System Preparedness
2	Community Recovery	Healthcare System Recovery
3	Emergency Operations Coordination	Emergency Operations Coordination
4	Emergency Public Information & Warning	
5	Fatality Management	Fatality Management
6	Information Sharing	Information Sharing
7	Mass Care	
8	Medical Countermeasure Dispensing	
9	Medical Materiel Management & Distribution	
10	Medical Surge	Medical Surge
11	Non-Pharmaceutical Interventions	
12	Public Health Laboratory Testing	
13	Public Health Surveillance & Epidemiological Investigation	
14	Responder Safety & Health	Responder Safety & Health
15	Volunteer Management	Volunteer Management

APPENDIX C: ACRONYMS

Acronym	Meaning
A	
AAR	After Action Report
ASPR	HHS Assistant Secretary for Preparedness and Response
B	
BCHS	Bureau of Community Health Systems
C	
CAPS	Corrective Action Program System
CDC	U.S. Centers for Disease Control and Prevention
C/E	Controller/Evaluator
C&O	Concept & Objectives Meeting
CRI	Cities Readiness Initiative
D	
DDS	Design and Development System
DOC	Department Operations Center
E	
EEG	Exercise Evaluation Guide
ESAR-VHP	Early System for Advance Registration of Volunteer Health Professionals
ESF	Emergency Support Function
F	
FE	Functional Exercise
FPC	Final Planning Conference
FSE	Full-Scale Exercise
H	
HHS	U.S. Department of Health and Human Services
HPP	Hospital Preparedness Program
HSEEP	Homeland Security Exercise and Evaluation Program
HVA	Hazard Vulnerability Assessment
I	
IAP	Incident Action Plan
ICS	Incident Command System
IP	Improvement Plan
IPC	Initial Planning Conference
K	
KDHE	Kansas Department of Health and Environment
KERI	KDHE Emergency Readiness Initiative
K-SERV	Kansas System for the Early Registration of Volunteers
KS-HAN	Kansas Health Alert Network
L	
LEPC	Local Emergency Planning Committee

Acronym	Meaning
LHD	Local Health Department
LLIS	Lessons Learned Information Sharing
M	
MCMDDD	Medical Countermeasure Dispensing and Distribution
MPC	Mid-Term Planning Conference
MMRS	Metropolitan Medical Response System
MRC	Medical Reserve Corps
MSA	Metropolitan Statistical Area
MSEL	Master Scenario Events List
N	
NDMS	National Disaster Medical System
NEXS	National Exercise Schedule
NIMS	National Incident Management System
NPI	Non-Pharmaceutical Intervention
NPI	National Provider Identification
P	
PHEP	Public Health Emergency Preparedness
POD	Point of Dispensing
R	
RSS	Receive, Stage, and Store (aka “the warehouse”)
S	
SitMan	Situation Manual
SME	Subject Matter Expert
SNS	Strategic National Stockpile
T	
TA	Technical Assistance
TAR	Technical Assistance Review
TBD	To Be Determined
TEPW	Training and Exercise Plan Workshop
TTX	Tabletop Exercise

APPENDIX D: REFERENCES

Federal Grant Guidance

- Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) Cooperative Agreements
 - Available through www.grants.gov.

Homeland Security Exercise & Evaluation Program (HSEEP)

- https://hseep.dhs.gov/pages/1001_HSEEP7.aspx
- Volume I: HSEEP Overview and Exercise Program Management. <https://hseep.dhs.gov/support/Volumel.pdf>
- Volume II: Exercise Planning and Conduct. <https://hseep.dhs.gov/support/Volumell.pdf>
- Volume III: Exercise Evaluation and Improvement Planning. <https://hseep.dhs.gov/support/Volumelll.pdf>
- HSEEP Toolkit. https://hseep.dhs.gov/pages/1001_Toolk.aspx. This includes access to NEXS, DDS, CAPS, MSEL Builder, and EEG Builder.

KDHE Exercise & Training Program

- KDHE Exercise & Training web site. <http://www.kdhe-exercises.org/>
- KS-TRAIN. <https://ks.train.org/DesktopShell.aspx>

Lessons Learned Information Sharing (LLIS)

- <https://www.llis.dhs.gov/index.do>

Preparedness Capabilities

- Public Health Preparedness Capabilities: National Standards for State & Local Planning. www.cdc.gov/phpr/capabilities/
- Healthcare Preparedness Capabilities: National Guidance for Healthcare System Preparedness. www.phe.gov/Preparedness/planning/hpp/reports/Documents/capabilities.pdf

Strategic National Stockpile (SNS)

Strategic National Stockpile Extranet Resources

- www.bt.cdc.gov/stockpile/extranet (password protected site)
- Medical Countermeasure Dispensing and Distribution (MCMDD) Composite Score Guide
- Technical Assistance Review (TAR)