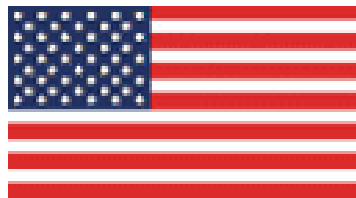
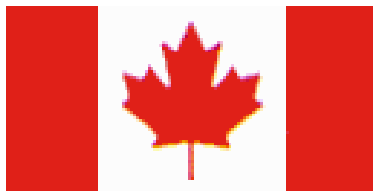


Exercise Instruction



***High Tide
2007***



New Brunswick Emergency Measures Organization

Fredericton, New Brunswick



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FOREWORD

The New Brunswick Emergency Measures Organization (NB EMO), in conjunction with the New Brunswick Lung Association, is sponsoring Exercise High Tide 2007, which will be conducted in Fredericton, New Brunswick from 13 – 16 March 2007. The 13th is reserved for pre-exercise administration, and actual exercise conduct and post-exercise analysis will occur 14-15 March.

The aim of Exercise High Tide 2007 is to provide an environment in which officials can use web-based information sharing and collaboration tools to develop their respective roles in response to a major threat to society.

The threat chosen for this exercise is a flu pandemic; the probability of a flu pandemic is real. History shows periodic occurrences of the spread of such influenzas or viruses, with high impact on society. Whether the next pandemic is Avian Flu (H5N1) or some other virus, it is essential that government and other agencies be prepared to respond, if only to mitigate the effects on population and to ensure effective continuity of good government and civil society. The World Health Organization (WHO) recommends that countries develop and implement a strategy for the identification and protection of critical infrastructure, including water and sanitation, public utilities (electricity, gas, etc), food supply, transportation, essential services (police, fire) and public communications technology.

The exercise will cover two distinct phases of a pandemic emergency, an Anticipatory and Initial Impact Phase, and a Recovery Phase. Participants will use a variety of web-based tools to permit participation from various external locations and to enable real-time information sharing and collaborative decision making.

The New Brunswick Emergency Measures Organization is focussed on examining problems beyond specific health response, with emphasis on the continuity of government, the sustainability of essential services and the impact on communities and society.

The New Brunswick Lung Association (NBLA) has developed a web-based mapping technology which may be used to assist decision-making for any crisis, and intends to test, confirm and validate that technology through Exercise High Tide 2007.

EXERCISE INSTRUCTION



1. PURPOSE

The purpose of this Instruction is to provide exercise players and observers with the information required for effective preparation and participation in this exercise.

2. SCOPE

This exercise is a table-top (discussion) exercise designed to provide opportunity for collaborative assessment and planning for an emergency with significant societal consequences. The exercise is employing a realistic pandemic scenario which will be used to develop problems and issues for discussion and resolution. A unique aspect is that the exercise will be conducted in a virtual environment, such that organizations can participate from a distance. This exercise is essentially a simulation of how the overall government response to a pandemic may have to be conducted.

The Province of New Brunswick is the primary participant. Three Canadian Federal Government Departments have indicated an interest in the exercise, and will monitor and participate as appropriate: the Public Health Agency of Canada (PHAC), the Department of National Defence (DND), and Public Safety and Emergency Preparedness Canada (PSEPC).

Two agencies from the State of Maine have also expressed interest: the Maine Emergency Management Agency (MEMA) and the Maine Health Agency.

Significantly, a major objective of the exercise is to validate and demonstrate the utility and effectiveness of a web-based mapping and collaboration tool. This capability, developed by the New Brunswick Lung Association in conjunction with the Maine Lung Association, is expected to permit visualization, information sharing and decision support to emergency management officials.

The exercise is expected to provide an opportunity for participating organizations to further develop their pandemic plans and procedures. It is emphasized, however, that the focus of the exercise is on the collaborative process, not on exercising the health field components of a pandemic situation.

The main value of the exercise will be twofold: lessons learned about the advantageous use of web-based technologies for emergency management, with particular emphasis on the challenges posed by a pandemic scenario, and, as an assist to New Brunswick Government Departments in the development of their pandemic response plans.

EXERCISE INSTRUCTION



Interested Parties

Several other agencies have expressed an interest in the NBLA/MLA technology, and will monitor the exercise from their home locations.

These interested parties include:

- Georgetown University—School of Nursing;
- Harvard Center for Public Health Preparedness;
- University of Southern Maine;
- University of New Brunswick;
- National Research Council, Internet Logic Group, Fredericton;
- New York State—Cross Border Health Initiatives; and
- New Brunswick Power.



3. EXERCISE OBJECTIVES

3.1 NB EMO Objectives

The NB EMO exercise objectives are to:

- Validate the protocols, authorities, notification procedures, and coordination mechanisms of the Provincial Emergency Action Committee;
- Provide emergency officials with an opportunity to develop or review their roles and responsibilities in the context of response to a health emergency requiring government action to ensure continuity of essential services and key resources;
- Develop competency in the use of web-based collaboration tools and information sharing procedures;
- Confirm the framework for public communications management; and
- Identify lessons learned and promote best practices.

3.2 NBLA Objectives

The NBLA/MLA objectives are to:

- Demonstrate the effective utility of web-based mapping technology as a tool to assist anticipatory and response planning in any emergency;
- Assist and facilitate the handling and flow of operational and time-critical intelligence; and
- Identify lessons learned and promote best practices.
- Test technology in decision-making environment and obtain feedback.

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4. EXERCISE ASSUMPTIONS

Exercise participants are well versed in their own departmental/agency/ministry response plans and procedures.

Participants will respond in accordance with existing plans, policies, and procedures. In the absence of appropriate written instructions, participants will be expected to apply **individual initiative** to satisfy response and recovery requirements.

Presentation of response plans, policies, and procedures during the exercise will depict actions that would be expected to occur under actual response conditions and, therefore, will provide a sound basis for evaluation.

Real-world response actions will take priority over exercise actions.

5. EXERCISE PHASES

The exercise will be conducted in two distinct phases over two days (14 – 15 March 2007):

Wednesday 14 March 2007

- Phase 1 – Pandemic Anticipation and Development; and

Thursday 15 March 2007

- Phase 2 – Recovery.

6. Mapping Technology

The capability of the Mapping Technique will be demonstrated by providing maps showing the growth of the problem in Maine/New Brunswick, similar to the scenario maps attached at Annex D.



7. EXERCISE STRUCTURE

Participants will be allocated to functional groups, made up of players, observers and facilitators, organized along the lines of the incident management system. Details are at Annex A.

Functional Groups and their roles are:

Executive: Provide policy guidance and focus of direction of response; provide authority for implementation of extraordinary actions; brief, respond to, and implement direction from Government (this will be simulated).

Command: Provide direction and effect control / coordination of the whole of government response. Synchronize actions, where possible, with other levels of government and jurisdictions.

Operations: Coordinate response actions; ensure passage of essential information; prepare essential reports and returns; prepare and present coordination briefings.

Public Communications: Respond to and provide advice to the Command Group; prepare and issue appropriate communications to the public, using all relevant media; coordinate all communications with the Command Group.

Discussion/Assessment Groups: Remaining participants and other interested parties will be assigned to one of three Discussion/Assessment Groups:

- Discussion Group A. This group will examine continuity and sustainment of government services.
- Discussion Group B. This group will examine potential issues related to critical infrastructure such as transportation, food, and energy.
- Discussion Group C. This group will examine potential issues related to significant societal concerns and their impact on communities and the public.

Planning: Develop contingency plans for most probable and most serious societal impacts

EXERCISE INSTRUCTION



EXERCISE TIMETABLE AND PRE-EXERCISE TRAINING

All times Atlantic Standard Time.

Serial	Time/Date	Content	Remarks
1.	12 Mar 07 1300-1600	EMO Staff demonstration and practice of mapping techniques.	To be held at CARIS. (Eddie Oldfield)
2.	13 Mar 07 1300 - 1600	A. <u>EMO Staff</u> Practice mapping techniques in JEOC; B. Exercise EXTERNAL participants training in exercise connectivity.	(Andy Morton) (Eddie Oldfield) Timings TBC
3.	14 Mar 07 0900 - 1600	Exercise Administration and address Phase 1 issues.	
4.	15 March 0900 – 1430	Address Phase 2 Issues	
5.	1500 - 1600	Open Forum: Need for further planning and preparation.(Hot Wash)	
6.	Timings TBC	Online Demonstration for Canadian and American Participants	

7.1 Exercise Information and Response

Certain assumptions will be provided to Discussion/Assessment groups to facilitate discussion and focus direction for needed solutions and recommendations. General assumptions may include:

- Weather conditions;

EXERCISE INSTRUCTION



- Communications and interaction with non-participating organizations;
- Media involvement; and
- Field unit activities.

Each phase will include general and specific briefings, and presentation time for the discussion groups. A Chairperson will be designated for each Group

8. SCENARIO

The scenario developed for Exercise High Tide 2007 is consistent with, and expands on, the scenario developed for WHO and accepted as realistic by PHAC and New Brunswick Department of Health. The scenario is intended to provide a basis for further pandemic impact analysis and contingency planning. Estimates for the potential impact for future pandemics affecting New Brunswick and Maine were derived from the Flu Aid software of the Center for Disease Control.



9. SAFETY AND SECURITY

The general safety measures to be followed by all participants will include:

- Following the specific safety guidelines and specific regulations in effect at the exercise locations, including fire exits.
- Response to any actual safety or medical emergency during the exercise will take precedence over exercise activities. “NO DUFF” will be the term used to stop the exercise for a safety or medical emergency and anyone can immediately halt exercise play by so saying.

There are no security restrictions being placed on exercise deliberations beyond limitations on attendance and participation.



10. POST-EXERCISE REVIEW

The final aspect of the exercise will be the post-exercise review, in two phases:

Phase One – Hot Wash

The Hot Wash is a post-exercise verbal debriefing session. The Hot Wash will be conducted on Thursday afternoon at 1500 hrs (AST) for all available participants and will concentrate on lessons learned and need for future planning.

Phase Two – After Action Report

The Exercise Controller will coordinate a formal process to solicit input for the exercise report. All participants and observers are invited to provide comments regarding:

- Value of the exercise;
- Major concerns identified, and
- Other recommendations.

11. ACCESS CONTROL

The Fredericton facilities will utilize access control procedures during this exercise. Participants and other accredited interested parties will be required to register daily, and wear appropriate identification.

Participants/Interested parties at locations remote from Fredericton will use their own procedures and controls.

Participants/Interested parties will have access online to the CARIS Map Portal and Collaboration Forum, and a Quick Map Viewer. Details will be provided in March.

EXERCISE INSTRUCTION



12. REMOTE PARTICIPATION

Arrangements for participation at off-site locations will be advised by end February, as the requirement is clarified.

13. EXERCISE ADMINISTRATION

Meals and Coffee Breaks Meals and coffee breaks will be provided for those at the Fredericton location.

Exercise Location

New Brunswick Emergency Measures Organization

Victoria Health Centre

65 Brunswick Street, PO Box 6000

Fredericton, NB E3B 1G5

The exercise location is the Victoria Health Centre, Fredericton. All participants will use the common parking area located at the rear of the Complex and enter through the main public entrance. Sign-in is required with the commissionaire and a photo ID is necessary to gain access to the New Brunswick Emergency Measures Organization facilities.

Cellular and wireless data services Available throughout the operations centre.

High Speed internet services Users are permitted to connect a laptop to a standard network connection, which provides a direct (non-secure) path to the internet.

Government Network Services Visitors are not normally permitted to connect directly to the provincial government network. Visitors may use VPN protocols to connect to their home network over the Internet, or they may use one of a number of stand-alone machines with commercial Internet to access their mail remotely.

Real Media There is a possibility this exercise may be of interest to local "REAL" news media; New Brunswick officials must therefore anticipate media requests for information. All such requests should be forwarded to Patricia Hyland, Director Communications, Department of Public Safety, at 506-453- 2133.

Shared media lines will be available.



LIST OF ANNEXES

Annex A: Participants Groupings

Annex B: Objectives by Exercise component

Annex C: Exercise High Tide Fact Sheet

Annex D: Mapping Technology and Exercise Scenario

Annex E: Glossary of Terms

ANNEX A – PROPOSED PARTICIPATION IN GROUPS

Comd Gp	Comms Gp	Ops Gp	Discussion Group A	Discussion Group B	Discussion Group C	Mapping
Dir EMO	DPS	DPS EMO	PHAC	PHAC	DND 05	NB Lung
Dir SED	NB Gov	SP Staff	NB DOH 01	NB DOH 02		Maine Lung
Dir PFES	PSEPC	Plans	Epidemiology	Epidemiology	NB Power	NRC
Mapping Facilitator	Mapping Facilitator	Mapping Interface	Mapping Facilitator	Mapping Facilitator	Mapping Facilitator	NR Can (Poliquin)
PSEPC RD	PHAC	DND 01	UNB Student Health Centre	UNB Student Health Center	UNB Stu- dent Health Center	* PHAC (Boily & Ervine)
	NB DOH	* Georgetown U (Stoto/Heiberger / Legnini)	* NEBHI (Buck)	Harvard School of Public Health/ Public Health Preparedness	DOT	Photographer (Oldfield)
		DSS	Me DOH (Red- mond-Sites)	D Pet	D of Env	
		D Fin	UNB (Majerovich)	D FCS	Red Cross	
		*MEMO	DPS	DAA	D of En- ergy	
			DNR	D Jus		
			RCMP		D Ed	

EXERCISE INSTRUCTION



ANNEX B -

ANNEX B – DRAFT OBJECTIVES BY PHASE

	Phase 1	Phase 2
	Anticipation and Warning	Recovery
Objectives	Identification of preparations to address and to mitigate the effects of a Pandemic	Identification of sequential activities for return to pre-Pandemic conditions
Command Group	Determine composition of the Command Group. Ensure appropriate preparations and resources are available. Provide focus and direction to groups, including an outline plan. Identify Indicators for plan implementation.	Identify Indicators signalling the decline of Pandemic effects.
Product	General Guidance	Develop plan to return to normalcy
Communications Group	Develop a plan for public information dissemination Identify information for passage to the public to mitigate Pandemic effect. Identify Indicators for release of information	Development of Information Plan for return to normalcy.

EXERCISE INSTRUCTION



Product	Draft Information Plan	Information Plan
Operations Group	Generation of mapping technology and coordination of information passage	Provision of Pandemic information for Assessment Groups
Product	Coordination of all effort and response to group requests/demands for information	Coordination of all effort and response to group requests/demands for information
Assessment Groups:		
Discussion Group A	Project potential impacts, identification of Indicators for those impacts, and propose options for mitigating the effect on the provision of essential services.	Develop options for return to normalcy
Product	Impact, Indicators and possible response	Provide options to the command Group for direction
Discussion Group B	Project potential impacts, identify Indicators and propose options for mitigating the effect on the transportation, food and energy sectors.	Develop options for return to normalcy
Product	Impacts, Indicators and possible response	Provide options to the Command Group for direction
Discussion Group C	Project potential societal impacts identify Indicators and propose options for mitigating the effect on municipalities and the general public, including schools and public gatherings	Develop options for return to normalcy
Product	Identify impacts, "trigger" and possible response	Provide options to the Command Group for consideration

EXERCISE INSTRUCTION



ANNEX C

February 2007

Fact Sheet Exercise High Tide 2007

Introduction

This fact sheet outlines the purpose and objectives of Exercise High Tide 2007, to be held 13-15 March 2007 in New Brunswick and Maine.

Background

Why? H5N1 or Bird Flu is a highly pathogenic mutation of the Influenza A virus, currently in the poultry and wild bird reservoir in Asia, Europe, and now Africa. It is anticipated the virus could reach wild bird populations and poultry farms in North America. While the virus has not yet mutated into a human transmissible form, officials around the world consider it to be a real threat – one which could lead to millions of people being infected worldwide. The clock is ticking; we just don't know what time it is.

What are the benefits? This project will result in a demonstration of mapping technologies in support of decision making on emergency response. The exercise will enable authorities to examine components of their emergency preparedness plans. Federal, Provincial, and State agencies concerned with pandemic preparedness will be able to assess the capability of this technology to assist in their efforts.

Origins of Project. The mapping project received support from the Government of Canada's GeoConnections Initiative and the United States Geological Survey (USGS). The mapping project is led by the New Brunswick Lung Association and the American Lung Association of Maine.

Why only Maine and New Brunswick? The goal of the mapping project is to seamlessly integrate thematic (health) and framework (basemap) data into a mapping portal. The challenge of seamless integration is significant, due to differences in data collection, organization, scale/resolution, and custodianship. The area was selected because the lead project partners are provincial and state entities respectively, and because the Province of New Brunswick adjoins the State of Maine (i.e. allowing for a seamless map across borders).

EXERCISE INSTRUCTION



Lead Agencies

The Department of Public Safety (DPS) is the lead provincial department for public safety and security. The Minister of Public Safety, who is also the Solicitor General, is the provincial lead Minister for emergency management.

The New Brunswick Emergency Measures Organization (NB EMO), a component of DPS is the provincial agency responsible for emergency management. NB EMO coordinates the whole of government response to emergencies, including support to other government departments and agencies, advice to government and public information. For a pandemic scenario, NB EMO would work with partners to support the provincial and local health response, manage the societal consequences of pandemic and ensure the continuity of constitutional government.

The New Brunswick Lung Association and American Lung Association of Maine are health NGOs who specialize in respiratory health (including diseases such as influenza).

Exercise Tool

As part of this exercise, the Lung Association will provide access to a web-enabled mapping software. The software is capable of illustrating the progression of a simulated influenza pandemic in Maine and New Brunswick. The software will allow users to identify the location of emergency resources and important / critical infrastructure in relation to populations at risk, and allow Public Safety authorities to enter data on events, decisions, and interventions. Finally, and most significantly the software can enable communication and collaboration among distributed local, provincial/state, and federal authorities, and help decision-makers to identify risks and plan interventions in a coordinated fashion. The Lung Association staff are working steadfastly on pandemic simulation, software, and training components for this exercise. The pandemic influenza data is a 'simulated' or 'dummy' data set, created using the Public Health Agency of Canada and the Center for Disease Surveillance and Control's estimates for infection, hospital visits, and mortalities.

Exercise Purpose

One objective of Exercise High Tide 2007 is to provide a secure collaboration environment in which officials can practice their respective roles in response to a major health emergency, through the use of web-based information sharing and collaboration tools.

Exercise High Tide 2007 will be a joint provincial / state / NGO exercise to explore how technology can aid the process of disease surveillance and modeling, across jurisdictional boundaries. The exercise will simulate an influenza pandemic outbreak in Maine and New Brunswick and provide opportunity for players to work collaboratively to assess the progress, to model consequences and to develop compatible and mutually beneficial strategies for mitigation. Participants will consider the immediate and longer-term societal consequences of a pandemic and develop strategies to mitigate them.

EXERCISE INSTRUCTION



Assumptions

The Pandemic outbreak simulation is based on estimates developed from the **FluAid** and **FluSurge** computer software programs designed by the U.S. Department of Health and Human Services (<http://www.dhhs.gov/nvpo/pandemics/>). Both Moderate (1968-type) and Severe (1918-type) scenario simulations were constructed utilizing a viral reproductive algorithm equivalent to $R_0 > 2.0$, circulating at a gross infection rate of 25%.

While total infection levels would be the same for both scenarios ($n= 500,640$, for a 25% infection rate), severity of infectious outcomes account for the exponential disparity between the two scenarios. Table 1 presents the most likely estimates from the Moderate scenario for New Brunswick & Maine.

It must be emphasized that this model is intended to facilitate an exercise only, and is not intended to be predictive. The Moderate Scenario was modeled during a regular influenza period with multiple strains circulating and anti-viral resistance factored in.

Table 1: Most likely estimates, per health outcome, of potential impact of the next influenza pandemic in New Brunswick & Maine.

Health Outcome	Gross Attack Rate 25%*
	Moderate Scenario (1968 - type)†
Deaths	4,435
Hospitalizations§	7,654
Hospital beds required§	10,786
Outpatients	300,466
Ill, but medical care not sought or required	273,227
Total infected§§	585,782

Notes:

*Gross attack rates = % of entire Maine-New Brunswick population which are assumed to become clinically ill with influenza during the next pandemic.

†Source: Calculated using **FluAid 2.0** available at: <http://www.dhhs.gov/nvpo/pandemics/>. See Appendix I for further details.

§As a health outcome, the term “hospitalization” refers to those who are hospitalized due to influenza-related illness but survive (i.e., their end health outcome is hospitalization). However, a percentage of those who will die from influenza-related illnesses are likely to die in hospital. Thus, total hospital beds required will be the sum of hospitalizations + deaths in hospital. We have assumed, for the sake of illustration that 70% of influenza-related deaths will occur in hospital.

§§ Summation of “total infected” does not include frequency data from the “Hospital beds required” section, as these numbers are a calculation of the “Deaths (70%) + “Hospitalizations” sections.

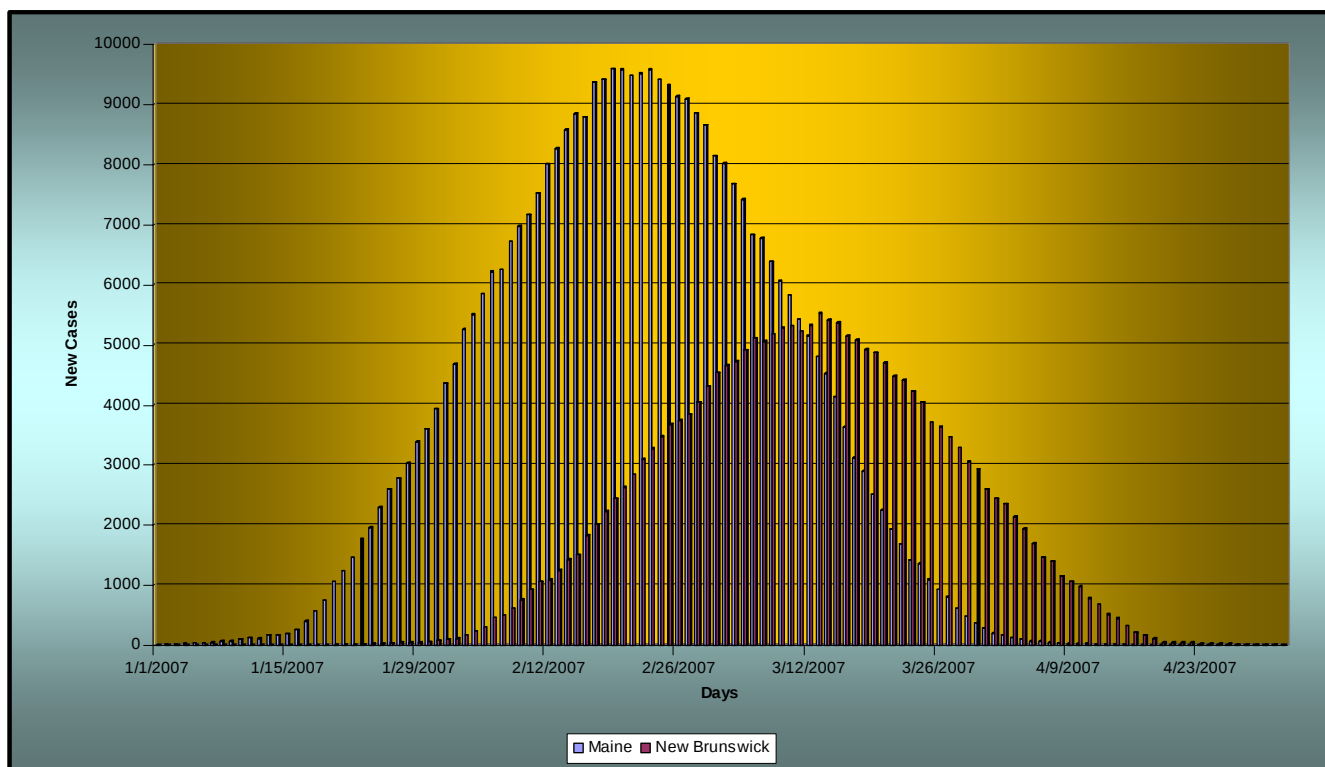


ANNEX D

ANNEX D – Mapping Technology & Exercise Scenario

General

This scenario mapping sequence demonstration has 17 weeks – with 2.5 weeks before any H5N1 is reflected in Maine or New Brunswick, and 2.5 weeks after the pandemic begins to recede. As would be the case in real-world scenario, the first influenza cases to appear in Maine are of normal circulating strains. On **Day 9**, the first human case of H5N1 is identified in BOSTON. On **day 16**, the first human cases of H5N1 appear in Portland, Maine. On **day 42**, the first human cases of H5N1 appear in New Brunswick. On **day 63**, the Province records a considerable level on infection and on **day 84** the infection rate begins to recede.



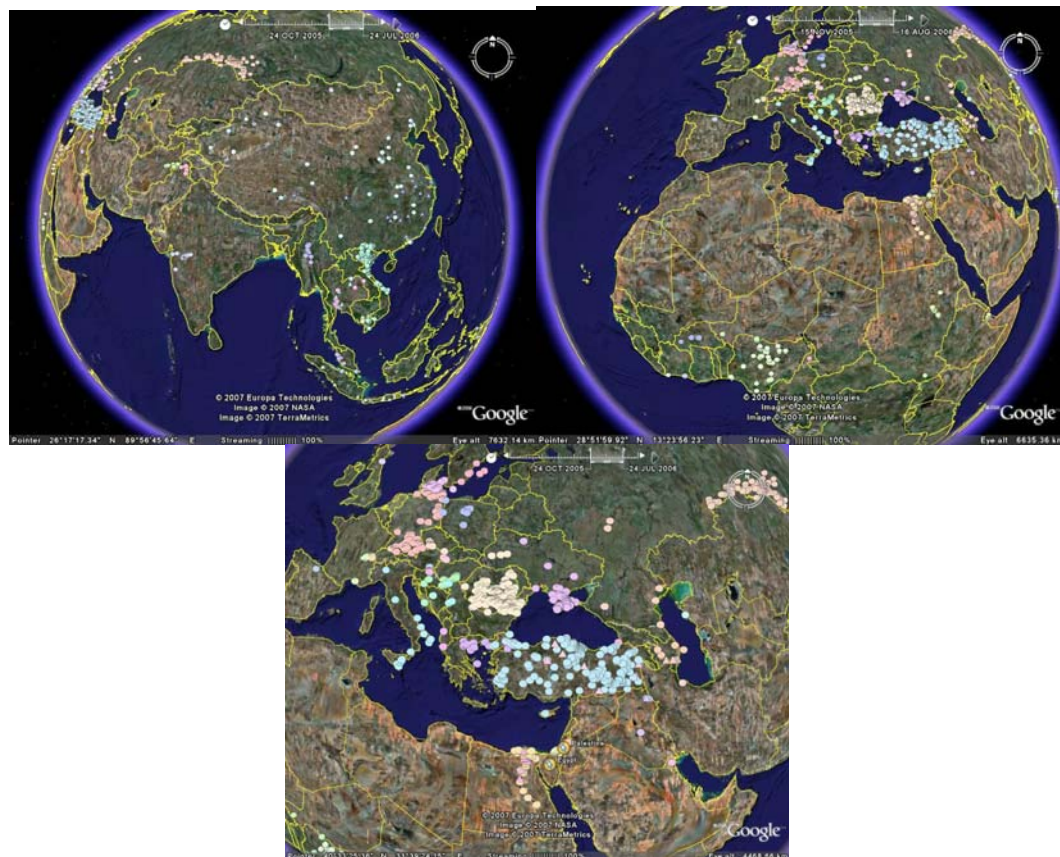
EXERCISE INSTRUCTION



PHASE 1

Day 0

H5N1 has mutated into a human transmissible form in South East Asia. Over the last few weeks, several cases have appeared in Asia, Europe, and Africa. While still minimal, efforts to contain the cluster outbreaks have so far been futile.



The WHO has raised the pandemic threat level to FOUR (increased transmission) and 5 (significant transmission between humans). The initial reports suggest that the virus is hard to detect among other circulating strains of influenza A (i.e., symptoms can be misdiagnosed). Reportedly, human H5N1 cases have a high rate of morbidity (especially among elderly) – resulting in multiple-organ failure for many patients admitted to Intensive Care. Children are affected first – but have a higher rate of survival.

EXERCISE INSTRUCTION



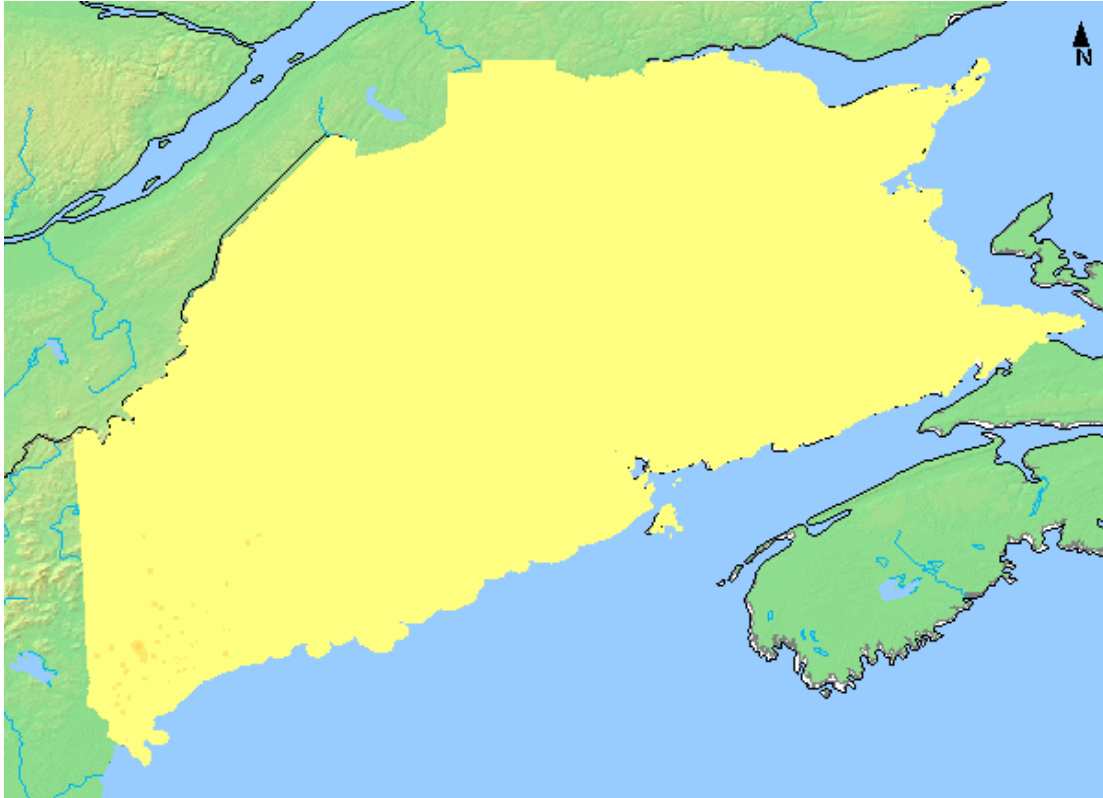
The disease is spreading fast – given our increasingly mobile world – and some experts suggest that the human form of H5N1 is a 1968-like pandemic virus (or moderate, not severe).

Experts warn that H5N1 is expected to arrive quickly in North America – the most likely route of H5N1 coming to North America is via human air travel. The media are reporting the pandemic situation with considerable emphasis. Politicians are being called upon to activate pandemic preparedness plans and alleviate the concerns expressed by the public, while coordinating with health officials on the Anticipatory Phase – to determine the health threat, population vulnerabilities, and prepare appropriate level of response in coordination with national, provincial and municipal response plans.

EXERCISE INSTRUCTION



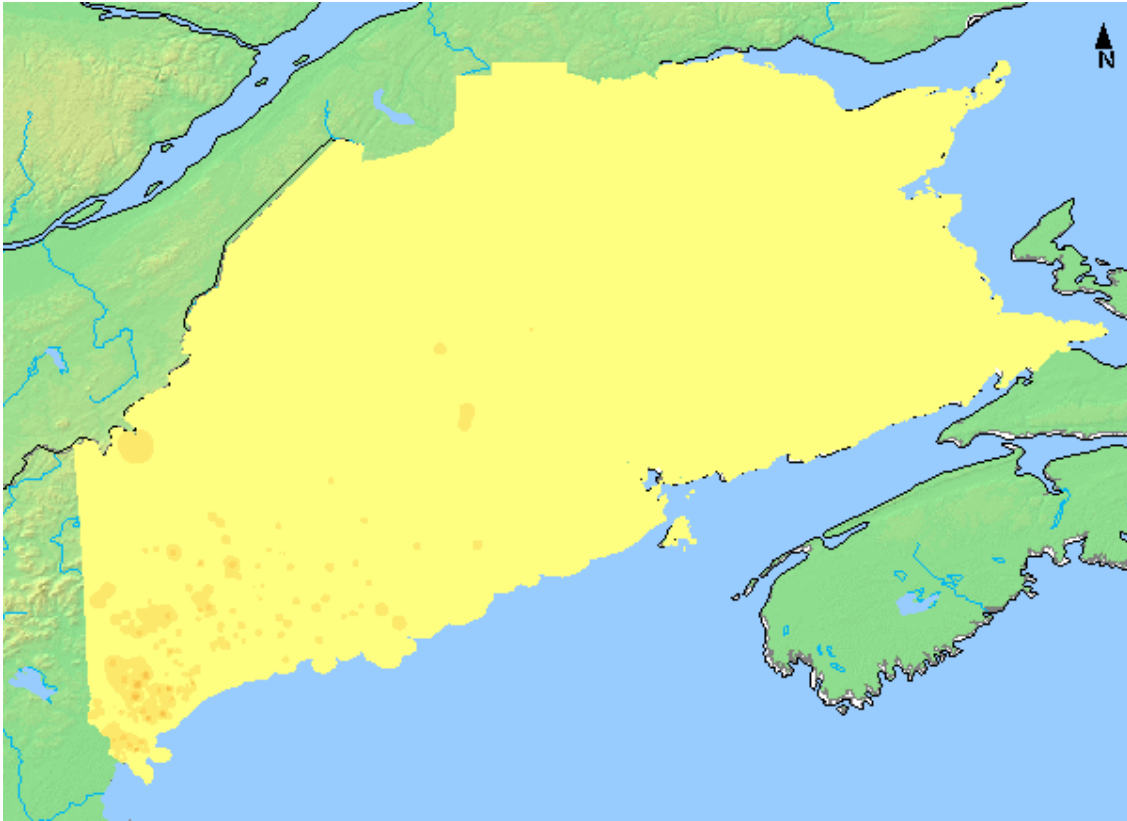
DAY 9 – first H5N1 case appears in Boston



EXERCISE INSTRUCTION



DAY 16 – First H5N1 case appears in Portland, Maine



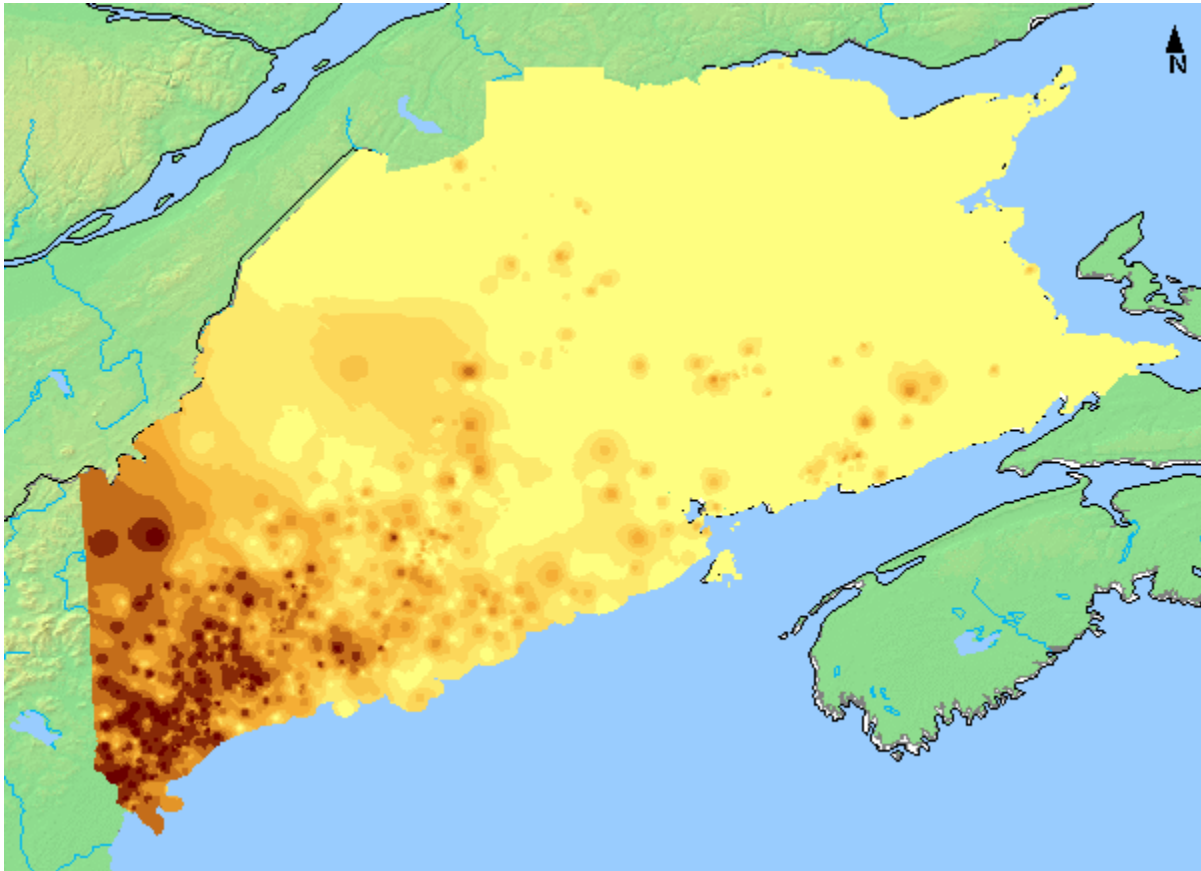
EXERCISE INSTRUCTION



Day 32

The H5N1 outbreak in North America (first appearing in Boston) has spread into Maine and New Brunswick at a predictable speed. School absenteeism is growing, which could potentially affect the continued provision of essential services. Hospital Resources are approaching critical condition especially for Portland, Augusta, Bangor, Calais/St. Stephen, Saint John, Fredericton and Houlton/Woodstock.

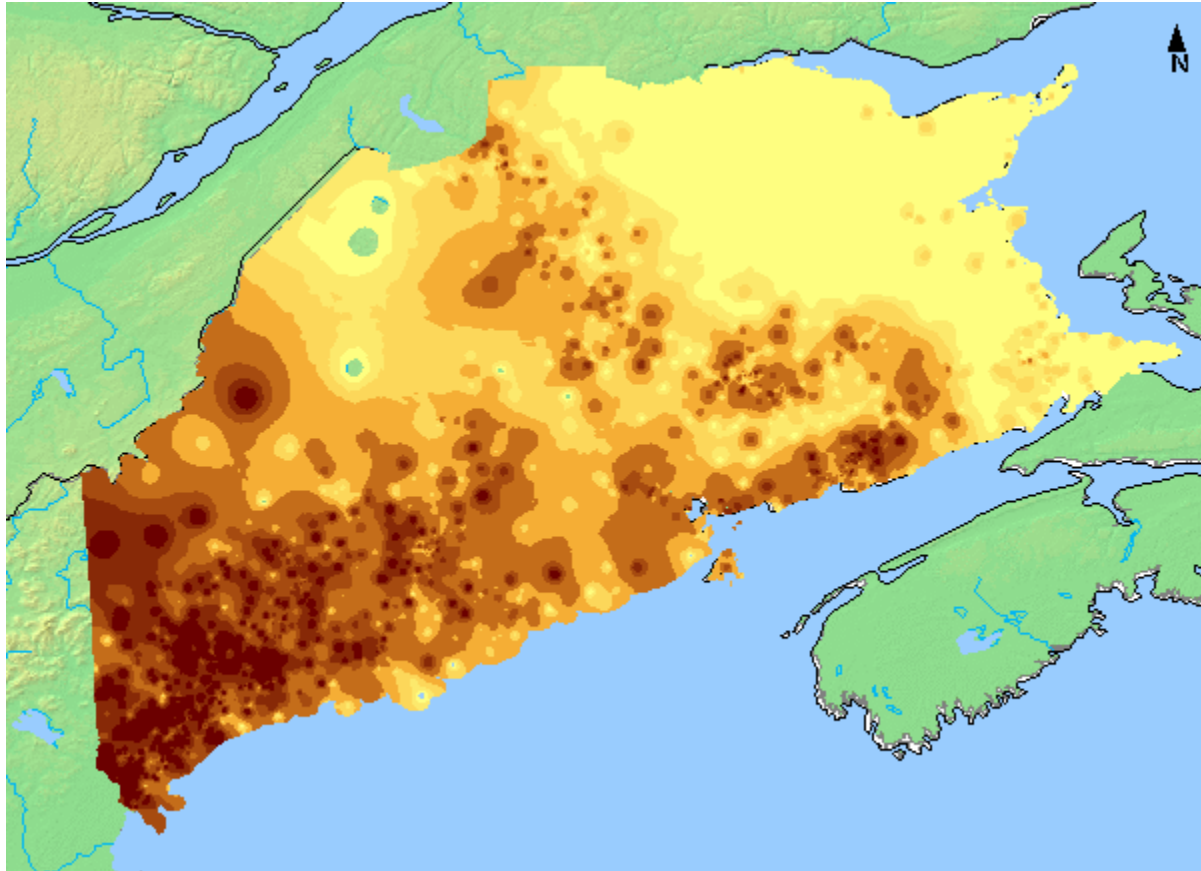
DAY 32 – First H5N1 case appears in St-Andrews, NB



EXERCISE INSTRUCTION



DAY 42 – H5N1 spreads in Saint John Area, Fredericton, Woodstock
(along border with Maine)



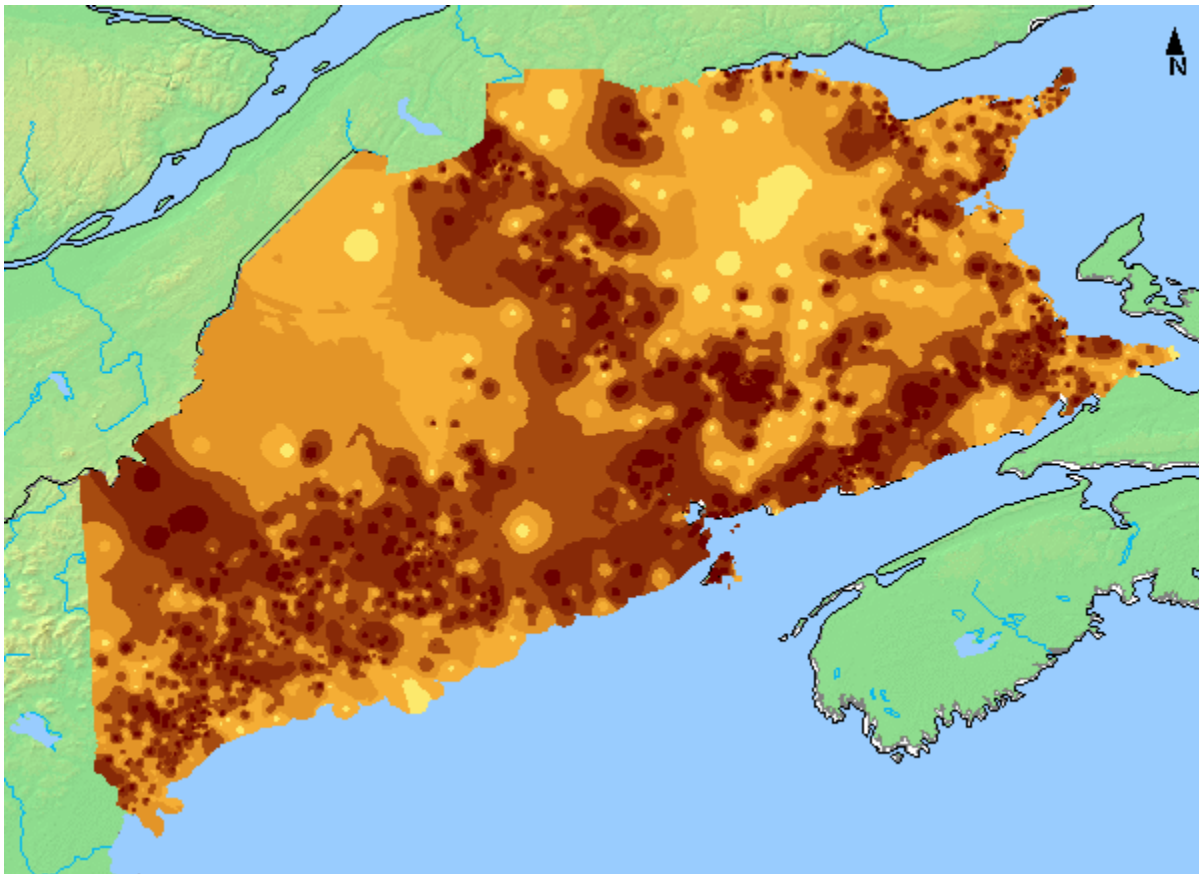
EXERCISE INSTRUCTION



Day 63

The H5N1 outbreak in New Brunswick is now threatening to overwhelm the healthcare system. School and job absenteeism is high and growing; continued provision of essential services is threatened. Hospital resources are in critical condition, especially in the southern portion of the Province. Critical infrastructure, including distribution of food and fuel, is being affected.

DAY 63 – Week 10, Peak of Pandemic in Maine and New Brunswick –
no area untouched.



EXERCISE INSTRUCTION



PHASE 2

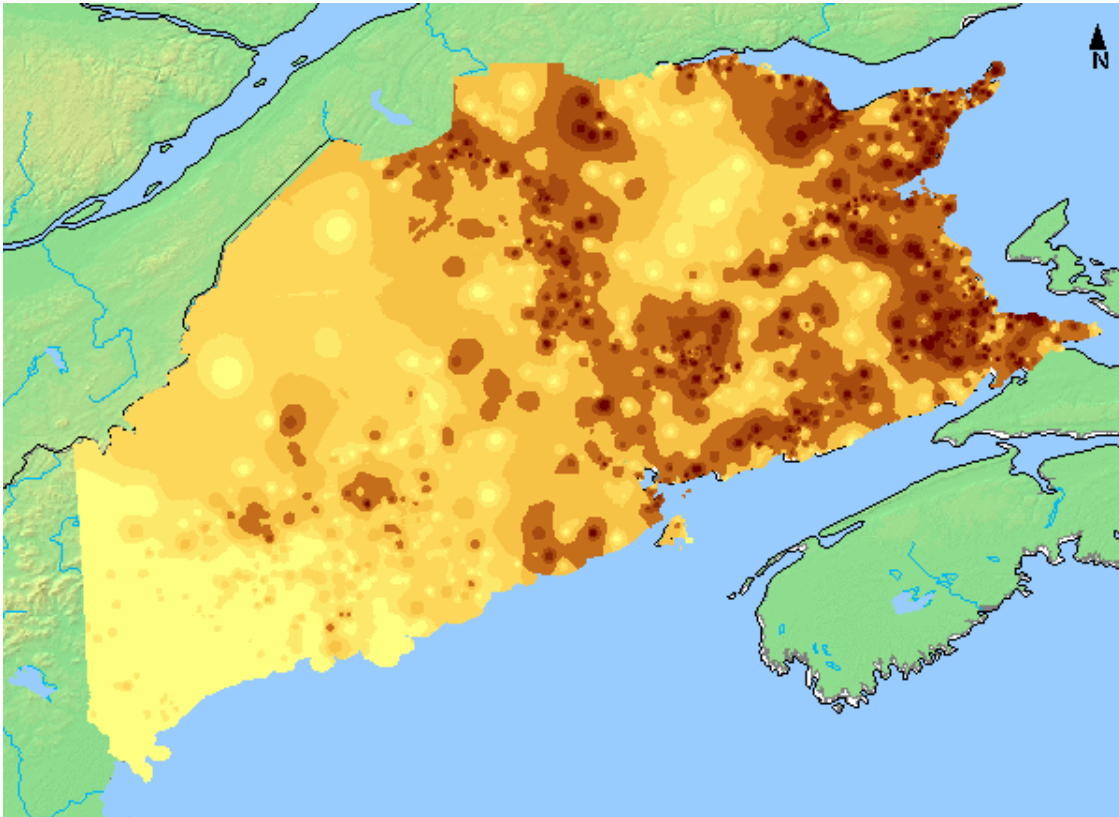
Day 84

Infection rate in Maine is decreasing significantly day by day. The incidence of the disease in New Brunswick remains high but the growth rate is definitely declining. The attention of government and critical infrastructure authorities is now turning to planning for a return to normal operations.



PHASE 2 MAPS

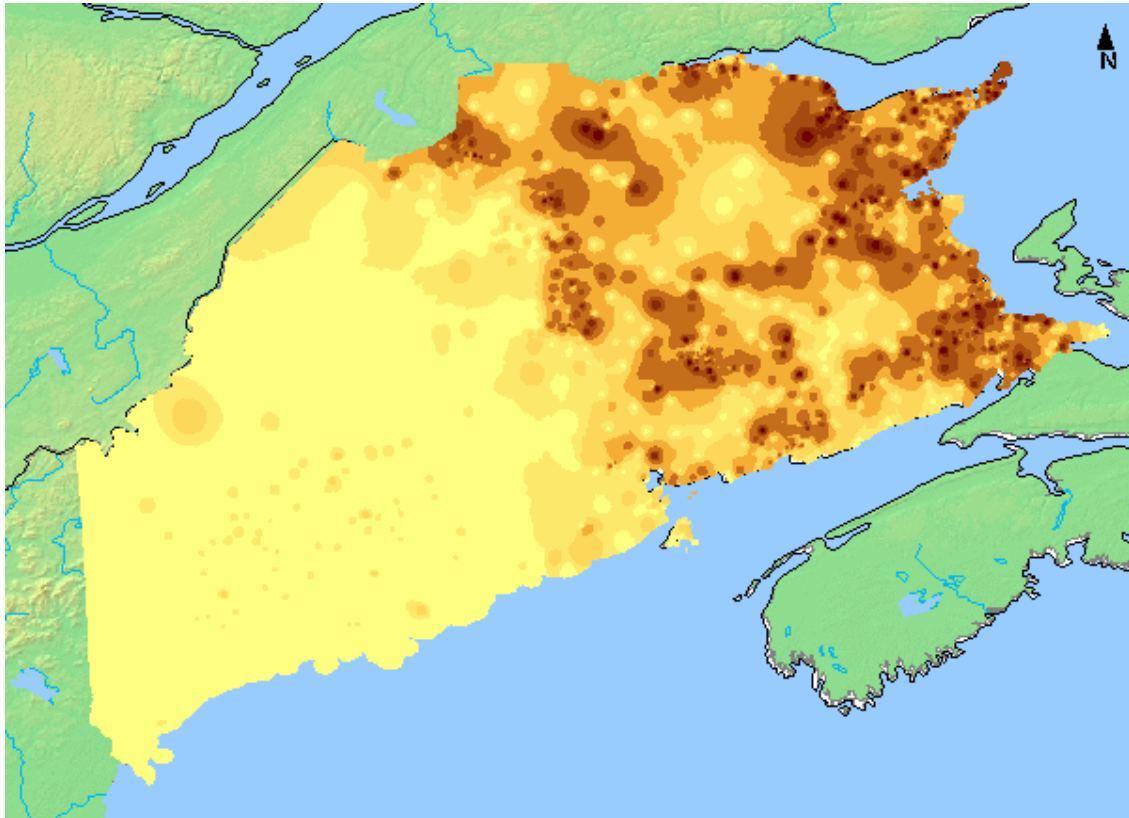
DAY 84 – week 13 – still many cases in New Brunswick (especially along Eastern Sea-Board), Maine pandemic subsiding



EXERCISE INSTRUCTION

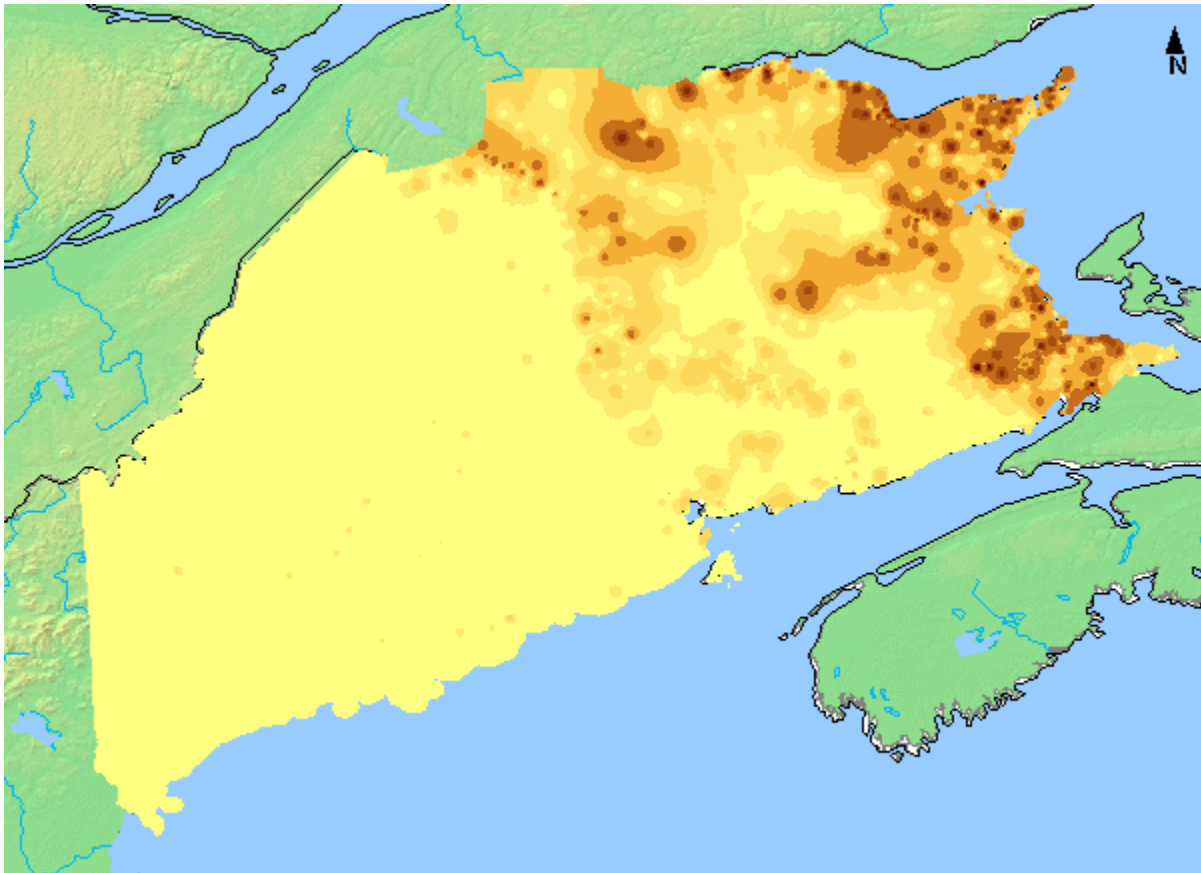


DAY 91 – Maine is past the pandemic, New Brunswick is subsiding





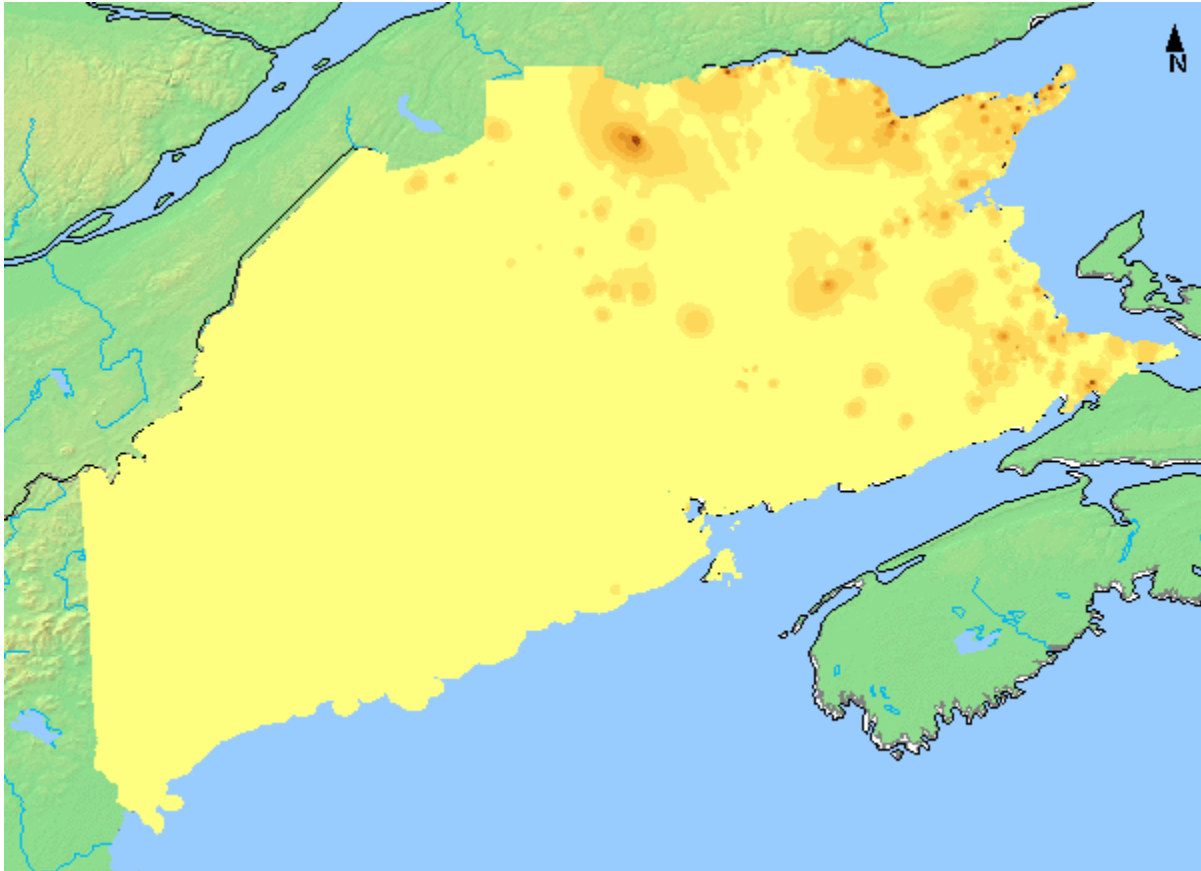
DAY 98 – NB still subsiding



EXERCISE INSTRUCTION



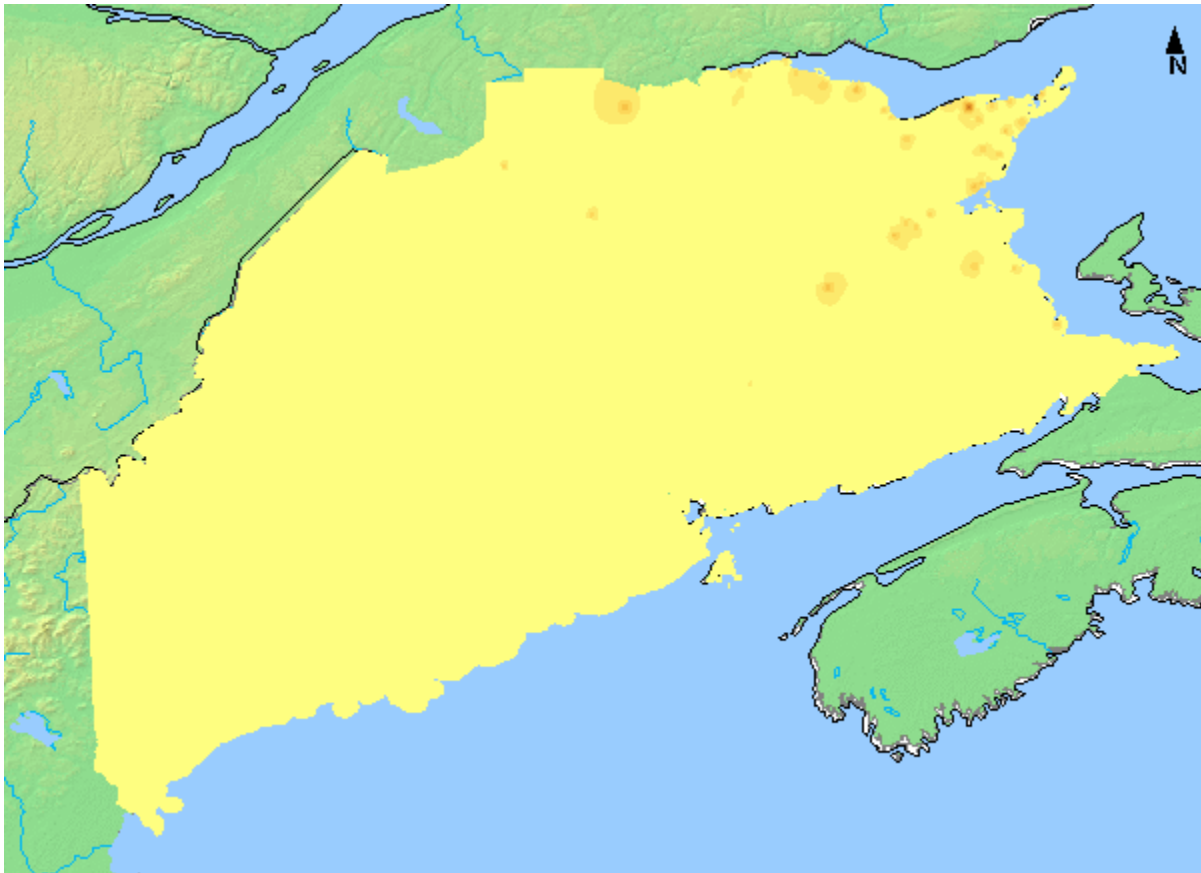
DAY 105 – NB still subsiding (almost no H5N1 activity)



EXERCISE INSTRUCTION



DAY 112 – normal influenza activity (no more H5N1 cases)





ANNEX E: Glossary of Terms

CA	Canada
CBRNE	Chemical Biological Radiological Nuclear and Explosives (Response Capability NB Govt)
CBSA	Canada Border Services Agency
CDC	Center for Disease Control
CROPS	(RCMP) Criminal Operations
CSIS.....	Canadian Security Investigation Service
DEMO	Director Emergency Measures Organization
DEOC.....	District Emergency Operations Centre
DOH	New Brunswick Department of Health
DPFES	Director Police Fire Emergency Services Directorate
DPS.....	Department of Public Safety (NB)
DSED	Director Security and Emergencies Directorate
Emerg	Emergency
ERT	Emergency Response Team (RCMP and/or Municipal)
GOC.....	Government of Canada Operations Centre
JEOC	Joint Emergency Operations Centre (NB)
LFAA	Land Forces Atlantic Area (The Army in Atlantic Canada)
NB	New Brunswick
OGD	Other Government Departments
PEAC	Provincial Emergency Action Committee
PHAC	Public Health Agency of Canada
PLGA	Point Lepreau Generating Station
PSEPC.....	Public Safety Emergency Preparedness Canada
RCMP	Royal Canadian Mounted Police
RHA	Regional Health Authority
TAG	Threat Assessment Group

EXERCISE INSTRUCTION



Participating Organizations

Provincial Organizations: The following provincial / state organizations will participate:

- New Brunswick Emergency Measures Organization
- Provincial Emergency Action Committee;
- Communications New Brunswick;
- Off-site Emergency Operations Centre (NRC-Fredericton, Ottawa, Maine/Augusta)

Federal Organizations: The following federal organizations will participate:

- Department of National Defence, Joint Task Force Atlantic / 37 Canadian Brigade Group
- Public Health Agency of Canada
- Public Safety and Emergency Preparedness Canada, Government Operations Centre

Project Management (New Brunswick)

Project Owners

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