Determined Sentry

Continuity Telework Exercise
Player Handbook Template

May 2013

TEMPLATE INSTRUCTIONS

Use of this template is not mandatory. Organizations are encouraged to tailor their exercise documents to meet their specific Continuity planning and operational needs.

This template is set up to provide an example of an exercise player handbook for use when conducting a telework exercise. Sample text and instructions have been provided throughout the template, in *blue italics* and **bold text** inside of brackets.   Once organization-specific information is entered in the brackets, please **delete** *italicized* instructions and replace bracketed instructions with applicable information (e.g., for FEMA, the instruction **[D/A Name]** would be replaced with FEMA).

This template is unclassified in its current form. When the template is completed each organization should classify the document to meet their internal program guidance. Organizations should consider their plan as For Official Use Only (FOUO), if it contains sensitive information. An electronic version of this document, in portable document format is available on the FEMA website (http://www.fema.gov/about/org/ncp/coop/templates.shtm). To request a Microsoft® Word version please contact the National Continuity Programs, Continuity of Operations Division via e-mail (FEMA-NCP-Federal-Continuity@dhs.gov).

Questions concerning this template can be directed to:

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1. Introduction

This Player Handbook provides each player with information for their participation in the Federal Emergency Management Agency (FEMA) Continuity of Operations (COOP) telework exercise referred to as **Determined Sentry [Year] (DS [Year])**.

DS [Year] is one-day exercise for the **[D/A Name]** personnel, to telework from their designated telework site. All **[D/A Name]** personnel with current telework agreements in place are encouraged to participate in this exercise. It is important that managers and supervisors ensure telework agreements are current and in place for employees that support **[D/A Name]** Mission Essential Functions (MEF), as employees in this category will ensure continuity readiness for any local, regional, or nation-wide event.

2. Determined Sentry Goals

The goal of **DS [Year]** is to test **[D/A Name]**'s Telework capability and Information Technology (IT) infrastructure.

3. Objectives

(Below lists suggested exercise objectives, determine best use of objectives to drive your agencies required objectives and goals):

This exercise will focus on the following objectives:

- To increase the awareness if **[D/A Name]** HQ's requirement to incorporate telework into COOP Planning and to operate from various locations
- Test the ENS alert and notification system
- Test **[D/A Name]**'s ability to remotely access essential/vital records, files, and databases in a no-notice telework environment
- Continue **[D/A Name]** Components MEFs in a telework environment
- Test communications capabilities (i.e., GETS, WPS, telephone, blackberry, large scale teleconferencing, etc)
- Stress test **[D/A Name]** remote network access capabilities
- Test social distancing telework sites of operational capabilities
- To identify solutions or alternative actions to COOP challenges presented during a telework or socially-distanced event (i.e., pandemic influenza, weapons of mass destruction)

4. Determined Sentry Structure

DS **[Year]** is internally evaluated focusing on **[D/A Name]** telework capability. See table below for schedule of telework exercise activities.

DS 2013 Timeline	
TIME (All times adjusted to player location)	**ACTIVITY**
7:30 – 7:45 a.m.	Log-on to **[D/A Name]** Network
7:45 – 8 a.m.	E-mail direct supervisor and COOP POC of participation in exercise
7:45 – 4:30 p.m.	Test GETS/WPS accessibility
8 – 9 a.m.	Component conference call with managers and staff
8 – 11:30 a.m.	Exercise play and complete the Telework Continuity Exercise Evaluation Questionnaire (Annex A of the Player Handbook)
11:30 a.m.- 12:30 p.m.	Lunch
12:30 – 4:30 p.m.	Resume exercise Play, Complete Hot Wash (Annex B of the Player Handbook), e-mail Annex A and B to Component COOP POC
1 – 3 p.m.	Component COOP POC email **[email address]** to report number of component participants and any issues
3:30 – 4:30 p.m.	Component Hot Wash conference call
Hot Wash (following week)	
10– 11 a.m.	*Add specifics for your agency's Hot Wash conduct*

5. Roles and Responsibilities

Players are encouraged to fully participate in the exercise activities and discussions in order to:

- Promote maximum group interaction
- Offer inputs based on their telework experiences
- Focus on solutions when addressing concerns

At the start of exercise play each player must provide an e-mail to their COOP POC and direct supervisor for participant accountability. All player e-mails shall have the following information in the subject line: **DS [Year] – FULL NAME - OFFICE**. Ensure your time sheet is properly coded for telework on day of exercise. This will ensure your participation in the exercise is properly documented.

The overall exercise objective is not to test players' ability to access their files, but their ability to continue **[D/A Name]**'s mission essential functions in a telework environment. A telework environment consists of employees performing their officially assigned duties remotely through the **[D/A Name]** VPN.

6. Hot Wash

[D/A Name] will conduct a hot wash. *(Add specifics for your agency's Hot Wash conduct.)*

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Annex A: Telework Continuity Exercise Evaluation Questionnaire

Name (Last, First):			
Component:		Staff/Section:	
Telephone #:		Email Address:	
Telework Agreement Up to Date	☐ YES	☐ NO	

Your observations during the Telework Exercise will assist **[D/A Name]** in developing the After Action Report and Improvement Plan. We ask that you respond to all questions that apply to your experience in this exercise and that you provide as much detail as possible. E-mail your completed questionnaire to your COOP POC at the conclusion of this exercise.

1. **Were you able to access and effectively use your e-mail (send and receive)?**
   ☐ YES ☐ NO

Problem Description:

Proposed/Actual Resolution:

2. **Were you able to open attachments in your e-mail?** ☐ YES ☐ NO

Problem Description:

Proposed/Actual Resolution:

3. **Were you able to access all of the records and files required to do your work?**
   ☐ YES ☐ NO

Problem Description:

Proposed/Actual Resolution:

4. Were you able to test your GETS and/or WPS? ☐ YES ☐ NO

Problem Description:

Proposed/Actual Resolution:

5. Did you bring work materials with you to your designated telework location?
☐ YES ☐ NO

Problem Description:

Proposed/Actual Resolution:

6. Were you able to communicate effectively with your management? ☐ YES ☐ NO

Problem Description:

Proposed/Actual Resolution:

7. Were you able to communicate effectively with your [D/A Name] co-workers? ☐ YES
☐ NO

Problem Description:

Proposed/Actual Resolution:

8. Were you able to communicate effectively with your external customers and stakeholders? ☐ YES ☐ NO

Problem Description:

Proposed/Actual Resolution:

9. Did you have access to contact lists for people and organizations you needed to reach?
☐ YES ☐ NO

Problem Description:

Proposed/Actual Resolution:

10. Did you participate in a conference call? Do you feel the conference call was an effective communication method?   ☐ YES ☐ NO

Problem Description:

Proposed/Actual Resolution:

11. Did you use collaborative software such as Adobe Connect, Web ER or Net Meeting?
☐ YES ☐ NO

Problem Description:

Proposed/Actual Resolution:

12. What hours did you work from your designated telework location (e.g. 0730-1630)?
List hours: _____

Problem Description:

Proposed/Actual Resolution:

13. Did you experience any technical, computer, or communications difficulties?
☐ YES ☐ NO

Problem Description:

Proposed/Actual Resolution:

14. Was your telework environment conducive to accomplishing critical tasks?
☐ YES ☐ NO

Problem Description:

Proposed/Actual Resolution:

15. Overall, were you effective in performing your job from your designated telework location? ☐ YES ☐ NO

Problem Description:

Proposed/Actual Resolution:

16. Did you accomplish the amount of work you would have accomplished if you had been in your regular office? ☐ YES ☐ NO

Problem Description:

Proposed/Actual Resolution:

17. What would you change to improve your telework capability; what would make you more effective or productive? ☐ YES ☐ NO

Problem Description:

Proposed/Actual Resolution:

18. Did you record the telework code in your T&A record for this exercise?
☐ YES ☐ NO

Problem Description:

Proposed/Actual Resolution:

DO YOU HAVE ANY ADDITIONAL CONCERNS/SUGGESTIONS?

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Annex B: Hot Wash Form

Exercise Determined Sentry			
Name:		**Evaluated Organization:**	
Email:		**Staff/Section:**	
Telephone:		**Role in Exercise:**	
List the top three (3) organizational strengths:			
1.)			
2.)			
3.)			

List the top three (3) items requiring improvement:

1.)

2.)

3.)