

ZOMBIE ATTACK

Disaster Preparedness Simulation Exercise #5 (DR5)

**E-Learning System Support Team:
AT-ICS, AT-LSS, CNS-OSG, UF Help Desk**

Purpose

The purpose of this exercise is to discern appropriate strategies for responding to a zombie attack and/or infection that might affect the University of Florida campus.

Participants

- All AT-LSS staff
- Appropriate AT-ICS staff
- Appropriate CNS-OSG staff
- Representatives from the UF Computing Help Desk
- CNS emergency planning representatives
- EHS emergency planning representative
- UF Zombie Response Team¹

Process

This exercise consists of a single event: a table-top exercise in which the science (e.g. neurobiology) of “zombieism,” or *zombie behavior spectrum disorder*² (ZBSD) will be discussed and the stages of an outbreak identified, with follow-on discussion of how an outbreak of zombie attacks might affect maintaining support for the campus course management system.

This disaster exercise may draw upon the Campus Closure Exercise (DR4) current in the preparations stage.

Discussion

It is clear that international media have begun paying increasing attention to the possibility of an outbreak of zombie behavior spectrum disorder.³ Likewise, major metropolitan police agencies are starting to pay attention to the possibility of zombie attacks and are addressing citizen notification concerns.⁴

¹ Such a team does not yet exist at the University of Florida; but we are confident UF administration will soon see the importance of such a group, probably situated within the University Police Department.

² This term is coined in the context of this exercise as a descriptive term for a variety of similar situations, the causes and taxonomical delineations of which have yet to be determined by the scientific community. Hence, the phrase *zombie behavior spectrum disorder* or ZBSD must not be understood as a scientific or medical diagnosis; but merely as a descriptive term covering a wide variety of behaviors having somewhat similar public “event profiles” and public impacts. Note further that as the science of these events evolves, further disaster planning exercises may be necessary to incorporate specific dynamics of divergent outbreak etiology and behavior patterns.

³ See the documentary studies, *Night of the Living Dead* (Romero, 1968), *Day of the Dead* (Romero, 1985), *Dawn of the Dead* (Romero, 1978), *28 Days Later* (Boyle, 2002), *Day of the Dead* (Miner, 2008), *Dead Snow* (Wirkola, 2009), *et al.* For an alternative interpretation on zombieism and survivor response patterns consult *Shawn of the Dead* (Wright, 2004) which addresses some of the issues related to dating during an outbreak of ZBS (see below). See http://en.wikipedia.org/wiki/List_of_zombie_films for a more complete bibliography of Zombie Studies documentaries.

At the same time, it is also clear that the science behind ZBSD is not fully understood and, as a result, attempts to portray and study zombie behavior are not always accurate, leading to some confusion about how to accurately identify a true zombie in the midst of an outbreak.⁵

For purposes of this exercise, no attempt is made to distinguish between true zombieism and other, yet to be identified, outbreaks having somewhat similar affects on the general population that may fill out the full scope of the zombie behavior spectrum. For obvious reasons, we will leave that discussion to experts in the field of Zombie Studies.⁶ In this exercise, we assume that the affects of widespread attacks by flesh-eating, apparently life impaired individuals,⁷ accompanied by rapid spread of ZBSD caused by bites and scratches that do not result in the immediate death (and presumed consumption) of the victim, are relatively similar despite differences in biological and/or neurological causes and the etiologies of the various specific syndromes.

Part 1 of this exercise will be to identify characteristics of a zombie outbreak that might precede official notification. These might include:

- a. Disappearance of isolated citizens, initially in relatively remote areas;
- b. Increasing numbers of gruesome unexplained deaths and disappearances, especially at night;
- c. Identification of difficult to kill, flesh-eating perpetrators;
- d. Recognition that the numbers of perpetrators is rapidly increasing and that those previously identified as victims have reappeared as perpetrators;
- e. Increasing isolation of survivors;
- f. Breakdown of peace-keeping and medical services;
- g. Documentation of lots of strange moaning.

⁴ <http://www.buzzfeed.com/expresident/boston-police-zombie-defense>

⁵ <http://io9.com/5286145/a-harvard-psychiatrist-explains-zombie-neurobiology>. In this analysis of zombie behavior patterns, Harvard Psychiatrist Dr. Steven C. Schlozman argues conclusively that the “infected” in the study *28 Days Later* could not be zombies because they possess, “some sort of higher cortical function going on that allows them to hunt humans.” Furthermore, “the fake zombies in *28 Days Later* exhibit fluidity of motion. They can run, jump, climb and quickly change direction – activities that the true ... zombies [portrayed in the studies by leading Zombie researcher Oscar Romero] are incapable of performing.”

⁶ cf. Syracuse University (<http://blogs.theelusivefish.com/madscience/2006/02/23/syracuse-university-and-the-underground-zombie-studies/>); Stanford University (see <http://www-formal.stanford.edu/jmc/zombie/zombie.html>)ong others.

⁷ While many people refer to “undead,” practitioners in the field of Zombie Studies and zombie advocates such as PETZ: People for the Ethical Treatment of Zombies, and supporters of Florida Zombie Preserve, Inc. insist that the term “undead” clearly connotes deficiency; specifically the absence of both life and death. Hence, we suggest here the term “life impaired” to recognize the difficulties imposed on a former person by zombie behavior spectrum disorder (ZBSD) but without suggesting the former person is somehow “deficient” as a result of the infection.

Part 2 of the exercise will be a discussion of how the overall impact of a zombie outbreak will affect use of and support for the course management system and will address such issues as:

- a. In general, zombified users will be inarticulate and unable to clearly describe technology problems and use cases;
- b. Some support staff may be infected and unable to effectively and efficiently carry out their support responsibilities;
- c. The rapid breakdown of civil society and declining numbers of uninfected users may have adverse budget impacts resulting in a reduction in staffing levels;
- d. The spread of ZBSD to institutional administration may complicate policy making;
- e. Conversely, the spread of ZBSD to institutional administration may simplify and streamline policy making resulting in dramatic improvements in administrative responsiveness and service delivery;
- f. Additional security measures will need to be implemented at service delivery points (i.e. the Hub and SSRB).

Phase 3 of the exercise will cover important operational topics such as:

- Proper hygiene during an outbreak;
- Most effective hiding places and refuges should you encounter zombies at home;
- How to properly process and route inarticulate zombie-calls to avoid being accused of failing to adequately support infected UF faculty, staff, and students;
- Situational work practices such as covering windows, barricading doors, and distinguishing between zombie moans and other moaning encountered in the workplace;
- Dispelling myths. For example, contrary to Lawrence (2007),⁸ garlic will not stop true zombies, only vampires; and zombies do come out during the day, though they are most active a night because they typically do not like sunlight;
- Policies and procedures for dispatching an infected co-worker.⁹

Anticipated Outcomes

1. Improved understanding and identification of *zombie behavior syndrome* and *zombie behavior spectrum disorder* to enable timely implementation of for more effective response zombie attack situation procedures and policies;

⁸ Lawrence, F. (2007). *I Am Legend*. In this documentary study of a ZBSD outbreak in New York City and surrounding areas, Lawrence asserts that the zombies were effectively deterred by garlic. However, it can be argued that the infected analyzed in Lawrence's study were not, in fact, zombies at all due to their conscious hunting behavior, inability to come out during the day, and volitional, fluid movement. Hence, Lawrence may not be portraying ZBSD at all but part of what may be considered *zombie behavior spectrum disorder*; in which some infected not at the "true zombie" part of the spectrum (cf. Schlozman, *op cit.* fn 4) may in fact be deterred by the smell or presence of garlic. Once again, however, it is not the purpose of this disaster preparedness exercise to enter into this scholarly discussion.

⁹ For example, employees should avoid dispatching infected employees in the absence of witnesses; this can cause problems with documentation.

2. Increased readiness on part of staff for zombie outbreak situations including appropriate security and personal protection practices and policies;
3. Enhanced ability to maintain ELS service in the event of an outbreak;
4. Decreased transition time to move from standard operations to ZBSD operations;
5. Increased ability for UF to rely on the E-Learning System to continue the core mission during a zombie outbreak;
6. Development of a formal ELS zombie outbreak plan
 - a. Other UF support units may need to develop their own ZBSD plans;
7. Improved efficiency and economies of scale in the process of identifying and dispatching ZBSD infected co-workers.

Tentative Action Items

- Equip all staff offices with “blackout curtains” to prevent identifying worker locations to zombies;
- Equip all offices with easily barricaded doors able to withstand prolonged zombie incursion attempts;
- Equip staff with laptops and ensure IPCC software is installed, tested, and working for staff who may find commuting to work to be difficult;¹⁰
- Equip all staff with long range (e.g. rifles) and short range (e.g. hand guns) firearms or other weaponry (e.g. chain saws, baseball bats, LPs¹¹) for defense against the infected and to dispatch possibly infected co-workers.¹²

¹⁰ For example, we would anticipate that commuting would be feasible during outbreaks of ZBSD such as those studied by Romero (1968),(1978), (1985), *et al*; while the Zombie Spectrum Disorder behaviors studied by Boyle (2002) would result in much greater difficulty with commuting and therefore greater need for work-from-home support. However, employees with small cars incapable of running over zombies may be forced to work from home even in a Romero-type outbreak.

¹¹ See Wright, 2004, *op cit*.

¹² Some employees may prefer weapons such as chain saws, baseball bats, and explosives that have been shown to be effective against zombies. Given the stress on staff to be anticipated during a zombie outbreak, employees should be given the flexibility to choose their own weaponry thereby diminishing anxiety. However, the University will need to consider the savings gained at economies of scale as well as enhanced ability to support a standard anti-zombie weapons “kit.”



INFECTED CO-WORKER DISPATCH FORM

Personal Information

Name: _____ UFID: _____

Work Phone: _____ Work Address: _____

Work Department/Unit: _____

Incident Information

Date of Incident: _____ Location: _____

This is to verify that at the time and place indicated above I was required to kill _____
(last name)

_____, UFID # _____ because he / she was displaying the following
(last name) (if known)

symptoms of ZBSD, or Zombie Behavior Spectrum Disorder (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> headache | <input type="checkbox"/> fever |
| <input type="checkbox"/> chills | <input type="checkbox"/> other flu-like symptoms |
| <input type="checkbox"/> unresponsive to most stimuli | <input type="checkbox"/> moaning |
| <input type="checkbox"/> references to wanting to eat brains | <input type="checkbox"/> recently dead but moving again |
| <input type="checkbox"/> large areas of decaying flesh or open wounds | |
| <input type="checkbox"/> lack of rational thought (this can cause problems confusing zombies with managers) | |
| <input type="checkbox"/> killed and ate another employee: _____
(name and unit of other employee) | |

Based on these symptoms I killed _____ using a:
(name of dispatched zombie)

- | | |
|--|---|
| <input type="checkbox"/> handgun | <input type="checkbox"/> rifle |
| <input type="checkbox"/> shotgun | <input type="checkbox"/> baseball bat |
| <input type="checkbox"/> chainsaw | <input type="checkbox"/> piece of furniture |
| <input type="checkbox"/> explosive device - _____
(describe device) | |
| <input type="checkbox"/> other - _____
(describe) | |

Dispatching Employee Signature: _____

