

Florida Department of Health Response to the 2012 Republican National Convention

Planning Phase: November 14, 2011-August 24, 2012

Event Operations: August 24-September 6, 2012

AFTER ACTION REPORT/ IMPROVEMENT PLAN January 16, 2013

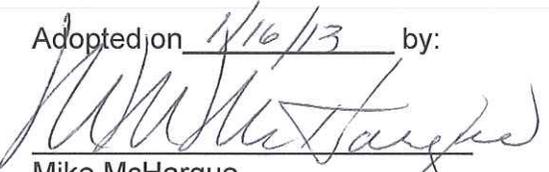


Homeland Security Exercise and Evaluation Program (HSEEP)
After Action Report/Improvement Plan
(AAR/IP)

Florida Department of Health Response to the
2012 Republican National Convention (RNC)

The 2012 Republican National Convention After Action Report and Improvement Plan is in compliance with the Homeland Security's Exercise and Evaluation Program (HSEEP) and will be used to enhance future Department of Health response plans, trainings, exercises and event responses.

Adopted on 1/16/13 by:



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ADMINISTRATIVE HANDLING INSTRUCTIONS

1. The title of this document is Florida Department of Health Response to the 2012 Republican National Convention After Action Report and Improvement Plan
2. This is a public document – no special handling instructions are required.
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CONTENTS

CONTENTS	2
EXECUTIVE SUMMARY	4
SECTION 1: EVENT OVERVIEW	9
FIGURE 1 – FDOH RNC IMT STRUCTURE, PLANNING PHASE.....	12
FIGURE 2 – FDOH RNC IMT STRUCTURE, OPERATIONS PHASE	13
SECTION 2: EVENT SUMMARY	14
SECTION 3: ANALYSIS OF CAPABILITIES	17
SECTION 4: CONCLUSION.....	58
APPENDIX A: IMPROVEMENT PLAN.....	59
APPENDIX B: ACRONYMS	75
APPENDIX C: DEFINITIONS.....	77

The following references are listed as attachments throughout Section 3. These attachments can be accessed on the FDOH network at:

Z:\ESF8 EVENTS\2012 Events\RNC\AR\Attachments

Attachment 1	Republican National Convention (RNC) Incident Management Team Guidelines
Attachment 2:	RNC Incident Action Plans
Attachment 3:	RNC Incident Action Plan Status Matrices
Attachment 4:	RNC Hurricane Contingency Plan
Attachment 5:	RNC Hurricane Contingency Staffing
Attachment 6:	RNC Patient Movement Plan and Related Appendices
Attachment 7:	ESF8 Training for RNC Staff
Attachment 8:	RNC Reporting and Briefing Schedule
Attachment 9:	RNC ESF8 Communications Plan
Attachment 10:	RNC Situation Report Template
Attachment 11:	RNC Consequence Management Plan (FEMA)
Attachment 12:	RNC Consequence Management Emergency Operations Center Concept of Operations Plan (City of Tampa)
Attachment 13:	Florida Regional Domestic Security Task Force Region IV RNC Health and Medical Inventory
Attachment 14:	RNC Ventilator Deployment Plan
Attachment 15:	RNC Chempack Container Movement Plan
Attachment 16:	Bureau of Public Health Laboratories (Tampa) RNC Operations Plan
Attachment 17:	RNC Disease Surveillance Plan (Hillsborough and Pinellas County Health Departments)
Attachment 18:	ESSENCE Run during the RNC (Hillsborough and Pinellas County Health Departments)
Attachment 19:	RNC EMTrack Plan
Attachment 20:	RNC EMTrack Support Plan
Attachment 21a:	RNC Beat the Heat flyers
Attachment 21b:	“Thirsty?” bus stop ad template
Attachment 22:	RNC Media Monitoring Reports
Attachment 23:	RNC Situation Overview Documents
Attachment 24:	RNC Situation Summaries (IMT Meeting Notes)
Attachment 25:	RNC Leadership Briefing Reports
Attachment 26:	RNC Food Safety Assignments (Federal Food and Drug Administration)
Attachment 27:	RNC Food Safety Task Force Standard Operating Guidelines

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EXECUTIVE SUMMARY

The 2012 Republican National Convention (RNC) was designated a National Security Special Event (NSSE). The convention was held at the Tampa Bay Times Forum in downtown Tampa with welcoming festivities taking place at Tropicana Field in St. Petersburg. Although Tampa was identified as the host city, Hillsborough and Pinellas County Health Departments (CHDs) planned as a single jurisdiction for this event. The Florida Department of Health (FDOH) supported the counties with contingency planning and resources. The official dates of the convention were August 27-30, 2012, with the welcome party taking place on August 26, 2012. Operational dates for the FDOH were August 24-September 6, 2012.

The purpose of this report is to analyze the planning and response to the event, identify strengths to be maintained and built upon, identify potential areas for improvement, and support development of corrective actions. The experience gained through planning for and the response to the RNC served as the basis for the development of a Public Health and Medical Special Events Planning Guide and Tool Kit to be used to enhance health and medical planning and response for future large-scale events.

Local, state and federal agencies and volunteer and private organizations and corporations worked together to support the public health and medical needs of the residents and visitors during the 2012 Republican National Convention. This report will detail the activities and experiences of the FDOH.

Hillsborough and Pinellas County Health Departments (CHDs) began preparations for the RNC in 2010. In November 2011, the FDOH RNC Incident Management Team (IMT) was activated to support the CHDs with contingency planning and resources. The IMT was initially comprised of a Planning Section (Situation Unit, Information Management Unit, Advanced Planning and Patient Movement Planning), Logistics Section, and Technical Specialists (Environmental Health, Food Safety, Epidemiology, BioWatch, Laboratories, and Fusion Center). In August 2012, the IMT was expanded to incorporate a Deputy Emergency Coordinating Officer (ECO) and the deployment personnel, described below.

The RNC was scheduled during the peak of both hurricane season and the potential for arboviral (mosquito-borne) disease transmission. In fact, Tropical Storm Isaac produced severe weather impacts for the Tampa Bay area, resulting in the cancellation of activities on what was to be the opening day of the convention. Hospitals in the state made plans to implement medical and patient surge plans. Enhanced syndromic (hospital), environmental (food safety) and biological (BioWatch) surveillance was conducted. Medical Reserve Corps (MRC) teams from four counties were mobilized to support both responders and the general public. A Food Safety Task Force was created to monitor food prepared for both attendees and responders. Projections called for 10,000-15,000 protestors; however, the actual numbers were estimated at less than 1,000. One reason numbers were reduced was the potential landfall of Tropical Storm Isaac. The public health and medical system stood ready, and system impacts were far less than expected.

The FDOH utilized funding provided by the Centers for Disease Control and Prevention and the Assistant Secretary for Preparedness and Response to support health and safety efforts at the

Republican National Convention. Funding was provided to CHDs and local hospitals and was also used to support logistics and travel expenses.

Eight FDOH personnel were deployed to the RNC as a field operations team. Six liaisons (including a Field Operations Chief) supported the City of Tampa Consequence Management Emergency Operations Center (CMEOC), the Federal Emergency Management Agency (FEMA) Multi-Agency Coordination and Communications Center (MACC), the Health and Human Services (HHS) Incident Response and Coordination Team (IRCT) and the City of Tampa Joint Information Center (JIC). One staff member served as the Situation Unit Leader for the multi-disciplinary Food Safety Task Force, comprised of the federal Food and Drug Administration (FDA), Florida Department of Agriculture and Consumer Services (DoACS), Department of Business and Professional Regulation (DBPR), and other FDOH representatives. One additional FDOH staff member and 65 EMTrack scanners were deployed to support responder and patient tracking training and operations. EMTrack is a web-based system used to track patients from incident scene through final disposition, and responders through the rehabilitation process. EMTrack scanners connect to the EMTrack server and provide a mobile solution to patient/responder tracking.

The following Public Health and Medical teams served on standby for response. Team Leaders from these teams participated in pre-planning and event briefings for situational awareness.

- Regional Domestic Security Task Force (RDSTF) Regions 5 and 6 Epidemiology and Environmental Strike Teams
- Florida Emergency Mortuary Operations Response System (FEMORS) Team (100 rostered team members)
- RDSTF Region 4 State Medical Response Team (SMRT) - In addition to having the team on standby, one tractor and three moving vans were staged at the SMRT 4 warehouse in Clearwater to deploy the Western Shelter Gatekeeper System (field medical units) and related supplies, if the team was activated for response. Members of the team also provided event support at the CMEOC.

Five hundred portable **ventilators** were deployed to 11 pre-designated response hospitals. A ventilator deployment plan was developed which involved delivery by vendor shipment and coordination by FDOH Bureau of Preparedness and Response (BPR) Logistics staff.

Medical countermeasures (radiation packs and antibiotics) stored at the FDOH Bureau of Public Health Pharmacy were shipped to and stored at the Hillsborough CHD. Moving vans were staged at the Logistics Response Center, ready to transport the remainder of the state antibiotic stockpile to the event area if necessary. Two **Chempack** (chemical antidotes) containers were relocated from Orange County to Pinellas County and then to Hillsborough County. The containers remained mobile on a FedEx truck with drivers present around the clock for rapid deployment.

Due to Florida's high temperatures in August and the anticipated volume of visitors during the convention, heat-related illness was of significant concern. The FDOH Office of Communications and Information Management Unit, in coordination with Hillsborough and Pinellas County Health Departments, developed and disseminated various public health messaging materials, including heat-related illness and mosquito prevention-centered wallet cards and flyers to be placed in convention delegates welcome packets, bus and print ads, and tools for use via FDOH's social media accounts, Twitter and Facebook. In addition, 10 **misting**

stations were purchased and deployed to Hillsborough County to support cooling efforts for responders and the general public.

Additionally, 200 canines and 60 horses were working in various support capabilities during the RNC. Staff from the United States Department of Defense (DoD) and Health and Human Services (HHS) worked together to care for the animals. One 10' by 15' inflatable tent was deployed to Hillsborough County for use by the National Veterinary Response Team (NVRT) command staff.

All FDOH resources were monitored and tracked using EM Constellation, the state's mission management software. Deployment and recovery of all resources were an overall success. The FDOH Response to the 2012 Republican National Convention tested the following capabilities:

- Planning, Operational Coordination
- Public and Private Services and Resources
- Public Health and Medical Services
- Public Information and Warning
- Operational Communications
- Threats and Hazard Identification
- Situational Assessment
- Intelligence and Information Sharing
- Supply Chain Integrity and Security
- Environmental Response/Health and Safety

Based on the IMT's deliberations, the following objectives were developed for the FDOH Response to the 2012 Republican National Convention. This list is inclusive of objectives for both the planning and event phases of the RNC.

- Objective 1: *Establishment and operations of the FDOH RNC Incident Management Team (IMT) for planning and event operations.*
- Objective 2: *Coordination with local, state and federal partners.*
- Objective 3: *Development of an RNC Patient Movement Plan and monitoring and preparing to support local mass casualty and evacuation missions during the event.*
- Objective 4: *Development of an RNC Hurricane Contingency Plan.*
- Objective 5: *Deployment and monitoring of state resources (equipment and personnel) to support local requests.*
- Objective 6: *Establish and implement plans for anticipated laboratory surge related to an increase in both biological and suspicious substance testing.*
- Objective 7: *Support local planning for and implementation of increased epidemiological surveillance and investigation during the RNC.*
- Objective 8: *Support the RNC Food Safety Task Force.*
- Objective 9: *Review situation/threats and implement appropriate actions on the intelligence.*

- Objective 10: *Monitor weather (Tropical Storm Isaac) and provide current information to deployed staff to maintain responder safety and health.*
- Objective 11: *Establish and implement radiological monitoring plans during the Republican National Convention.*

Major Strengths

Major strengths identified during this event are as follows:

- The multidisciplinary Incident Management Team, which contained representation from several FDOH divisions, conducted thorough and extremely well organized planning.
- Communication and coordination between state and local FDOH planners were excellent.
- Thorough advanced planning was conducted to address the needs of the delegates and visitors and the concurrent potential for dual impact to the State in response to both the RNC and a hurricane. ESF8 was able to put this planning to use when threatened by Tropical Storm Isaac. An Incident Command System (ICS) complex structure was used to manage the RNC and Tropical Storm Isaac simultaneously.
- The RNC Patient Movement plan was designed to bridge the gap between local patient transportation and National Disaster Medical System (NDMS) Patient Movement Operations. The patient movement planning that was conducted for the RNC is being incorporated into the Community Stabilization and Patient Movement Plan.
- The FDOH Public Health Laboratory, Tampa, successfully implemented its Operations Plan for the RNC and was able to support the increased testing of biological filters.
- A pilot program was developed and successfully implemented to transmit Disaster Medical Assistance Team (DMAT) electronic medical record (EMR) data to the Bureau of Epidemiology's statewide Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE-FL).
- A Medical Monitoring Unit was developed and provided continuous data analysis from all reporting nodes, with daily assessment of emergency room throughput and potential capacities that would affect the surge plans.

Primary Areas for Improvement

Throughout the planning process and event operations, several opportunities for improvement in the FDOH's ability to respond to the incident were identified. The primary areas for improvement are as follows:

- Intelligence and information sharing was a challenge. NSSE security requirements create an environment in which information may not be accessible.
- In many instances, hospital bed availability data was not reported accurately or timely during the RNC.
- Some FDOH personnel worked around or independent of the established Incident Management Team.

Planning for and responding to a National Security Special Event creates an array of agency and multi-layer responses from the local, state, and federal level. Communication between these levels has been identified as a challenge. However, the actual deployment for the 2012 Republican National Convention presented a unique opportunity to visualize these communication challenges and build infrastructure systems to serve in the future.

SECTION 1: EVENT OVERVIEW

Event Details

Event Name

Florida Department of Health Response to the 2012 Republican National Convention

Type of Event

National Security Special Event (NSSE), Political Convention

Event Start Date

November 14, 2011

Event End Date

September 6, 2012

Duration

The planning process was conducted from November 2011-August 2012. Event operations occurred from August 24-31, 2012. Demobilization and resource retrieval was completed by September 6, 2012.

Location

The 2012 Republican National Convention was held at the Tampa Bay Times Forum in downtown Tampa. A welcome party was held at Tropicana Field in St. Petersburg the evening prior to the scheduled start of the convention. The Tampa Convention Center served as the hub for the media. Although delegate hotels and secondary venue sites were located primarily throughout Hillsborough and Pinellas counties, surrounding counties were also utilized.

Sponsor

The City of Tampa hosted the 2012 Republican National Convention. Because of its designation as a National Security Special Event, the United States Secret Service was the lead agency for planning and security. The Federal Emergency Management Agency (FEMA) was the lead for consequence management.

Mission Areas

Prevent, protect, and respond.

Capabilities

The following core capabilities, identified in the September 2011 release of the National Preparedness Goal, will be discussed in this report as they related to the planning for and operations during the 2012 Republican National Convention:

- Planning
- Operational Coordination
- Public and Private Service and Resources
- Public Health and Medical Services
- Public Information and Warning
- Operational Communications
- Threats and Hazard Identification
- Situational Assessment
- Intelligence and Information Sharing
- Supply Chain Integrity and Security
- Environmental Response/Health and Safety

Scenario Type

Potential hazards included:

- Heat-related illnesses/injuries
- Crowd-related injuries
- Food-borne illness outbreaks
- Infectious disease outbreaks
- Medical system stress
- Criminal/anarchist activities
- Severe weather
- Terrorist attacks
- Chemical, Biological, Radiological, Nuclear, Explosive (CBRNE) incidents

Event Planning Team Leadership

The United States Secret Service (USSS) was the lead agency for planning and security, the Federal Bureau of Investigation (FBI) for counterterrorism and criminal activities and the Federal Emergency Management Agency (FEMA) for Consequence Management. An Executive Steering Committee chaired by the USSS and co-chaired by multiple law enforcement and emergency management agencies was established. An additional 24 subcommittees were established to coordinate planning and develop operational plans. Hillsborough and Pinellas County Health Departments worked in support of the Republican National Convention through the Health and Medical Subcommittee to provide for the public health and medical needs of the people in their counties during the convention.

The FDOH Republican National Convention Incident Management Team supported the Hillsborough and Pinellas County Health Departments with contingency planning and resources. See Figure 1 for the Incident Management Team that supported planning and Figure 2 for the team that supported Event Operations.

Participating Organizations

Many local, state and federal agencies participated in the 2012 Republican National Convention. The following is a list of those agencies with which the FDOH coordinated while planning for and supporting operations during the RNC.

- Hillsborough County Health Department
- Pinellas County Health Department
- Tampa Fire Rescue
- Tampa General Hospital
- Florida Division of Emergency Management
- Florida Division of Forestry
- Florida Department of Business and Professional Regulation
- Florida Department of Agriculture and Consumer Services
- Florida Hospital Association
- Florida National Guard
- Florida Fire Chief's Association
- Florida Aero-Medical Association
- Florida Fusion Center
- U.S. Department of Health and Human Services
 - Centers for Disease Control and Prevention
- U.S. Department of Veteran's Affairs, Tampa Area
- U.S. Northern Command, Joint Regional Medical Plans and Operations, FEMA Region 4
- Federal Food and Drug Administration
- United States Department of Agriculture
- United States Coast Guard
- Federal Express

FIGURE 1 – FDOH RNC IMT STRUCTURE, PLANNING PHASE

FIGURE 2 – FDOH RNC IMT STRUCTURE, OPERATIONS PHASE

SECTION 2: EVENT SUMMARY

Event Objectives, Capabilities, and Activities

The capabilities listed below form the foundation for the organization of all objectives and observations in this event. Each capability is linked to several corresponding activities and tasks to provide additional detail.

- **Objective 1:** *Establishment and operations of the FDOH RNC Incident Management Team (IMT) for planning and event operations.*
 - **Planning Capability**
 - **Activity 1.2:** Establish an Incident Management Team (IMT) to coordinate all public health and medical support for the Republican National Convention.
 - **Activity 1.3:** Coordinate with the Incident Management Team and subject matter experts, to document state-level plans for Republican National Convention support and contingency plans for hurricane impacts.
 - **Operational Coordination Capability**
 - **Activity 2.1:** Establish an Incident Management Team to coordinate activities during the Republican National Convention.
 - **Situational Assessment Capability**
 - **Activity 8.1:** Conduct situation updates with the RNC Incident Management Team and provide documentation of the current situation.
 - **Activity 8.2:** Provide executive level briefings to the State Surgeon General and FDOH senior leaders.
 - **Intelligence and Information Sharing Capability**
 - **Activity 9.2:** Ensure the security of all Republican National Convention documents and communications.

- **Objective 2:** *Coordination with local, state and federal partners.*
 - **Planning Capability**
 - **Activity 1.1:** Assign a project manager to serve as a single point of contact/liaison to local and federal planners to collaborate planning activities related to the Republican National Convention.
 - **Public Information and Warning Capability**
 - **Activity 5.1:** Support local public information needs by developing and disseminating various public health messaging materials for the Republican National Convention.
 - **Operational Communication Capability**
 - **Activity 6.1:** Ensure the capacity to communicate with local, state and federal response partners.

- **Objective 3:** *Development of a Republican National Convention Patient Movement Plan and monitoring and preparing to support local mass casualty and evacuation missions during the event.*
 - **Planning Capability**
 - **Activity 1.3:** Coordinate with the Incident Management Team and subject matter experts, to document state-level plans for Republican National Convention Support and contingency plans for hurricane impacts.
 - **Public Health and Medical Services Capability**
 - **Activity 4.3:** Establish and implement a Medical Monitoring Unit to conduct an analysis of emergency room capabilities and capacities and support potential mass casualty and patient evacuation missions.
 - **Activity 4.4:** Develop and implement a support plan for patient and responder tracking during the Republican National Convention.

- **Objective 4:** *Development of a Republican National Convention Hurricane Contingency Plan.*
 - **Planning Capability**

- **Objective 5:** *Deployment and monitoring of state resources (equipment and personnel) to support local requests*
 - **Public and Private Services and Resources Capability**
 - **Activity 3.1:** Identify and secure funding for local requests.
 - **Activity 3.2:** Develop and implement a portable ventilator deployment plan.
 - **Activity 3.3:** Develop and implement a Chempack temporary movement plan.
 - **Activity 3.4:** Procure, deploy and recover requested resources including misting fans, Motorola EMTrack scanners, and an inflatable tent.
 - **Activity 3.5:** Coordinate the temporary movement and return of medical countermeasures.
 - **Activity 3.6:** Identify and deploy an ESF8 field operations team.
 - **Activity 3.7:** Identify and prepare public health teams for standby.

- **Objective 6:** *Establish and implement plans for anticipated laboratory surge related to an increase in both biological and suspicious substance testing.*
 - **Public Health and Medical Services Capability**

- **Objective 7:** *Support local planning for and implementation of increased epidemiological surveillance and investigation during the Republican National Convention.*
 - **Public Health and Medical Services Capability**

- **Objective 8:** *Support the Republican National Convention Food Safety Task Force.*
 - **Supply Chain Integrity and Security Capability**
 - **Activity 10.1:** Support the multi-agency Food Safety Task Force to establish and

implement plans for food safety and defense during the Republican National Convention.

- **Objective 9:** *Review situation/threats and implement appropriate actions on the intelligence.*
 - **Threats and Hazard Identification Capability**
 - **Activity 7.1:** Monitor media releases, news reports and social media to obtain information regarding planned protests/anarchist activities or other pertinent information.
 - **Activity 7.2:** Conduct Healthcare Facility Hazard Vulnerability Assessments for seven of the hospitals designated for response during the Republican National Convention.
 - **Intelligence and Information Sharing Capability**
 - **Activity 9.1:** Monitor the Florida Fusion Center for relevant information and report back to the Incident Management Team.

- **Objective 10:** *Monitor weather (Tropical Storm Isaac) and provide current information to deployed staff to maintain responder safety and health.*
 - **Environmental Response/Health and Safety Capability**

- **Objective 11:** *Establish and implement radiological monitoring plans during the Republican National Convention.*
 - **Environmental Response/Health and Safety Capability**

SECTION 3: ANALYSIS OF CAPABILITIES

This section of the report reviews the performance of the capabilities, activities, and tasks. In this section, observations are organized by capability and associated activities. The capabilities linked to the planning and event objectives of the FDOH Response to the 2012 Republican National Convention are listed below, followed by corresponding activities. Each activity is followed by related observations, which include references, analysis, and recommendations.

Capability 1: Planning

Capability Summary: The planning capability is defined as conducting a systematic process engaging all partners, as appropriate, in the development of executable approaches to meet defined objectives. This includes: convening a planning team, identifying critical objectives and developing, implementing, exercising and evaluating plans.

FDOH leadership placed priority in providing support to the local county health departments in planning for and managing the Republican National Convention. The Bureau of Preparedness and Response assigned a project manager to serve as the state liaison for the county and federal ESF8 partners planning for the RNC. The project manager was also tasked with serving as the Plans Chief for an Incident Management Team (IMT) to support planning for the event. The IMT was charged with coordinating all state level public health and medical support activities related to the RNC.

The IMT was activated by the State Surgeon General on November 14, 2011 and consisted of staff members from various divisions and bureaus from throughout the department (see Figure 1). Incident Action Plans (IAPs) were prepared monthly from December, 2011-August, 2012. In August, the team transitioned into an operations role which is discussed under Capability 2, Operational Coordination.

Activity 1.1: Assign a project manager to serve as a single point of contact/liaison to local and federal planners to collaborate on planning activities related to the Republican National Convention.

Observation 1.1.1: Strength – Communication and coordination between the state and local planners were excellent. State planners were engaged and attended local meetings. Local planners kept the state planners informed regarding planning efforts between local and federal planners.

References: Not applicable

Analysis: Having a single point of contact/project manager at the state level was very helpful to local planners. This allowed for increased communication at the local level and better coordination and delivery of services. The point of contact assigned was helpful and responsive, making things easier for the local planners.

The assignment of this project manager also allowed the remainder of the state team to maintain normal daily operations until the response phase of the event. The project manager coordinated all planning and followed up with team members regarding specific assignments, thus minimizing the impact to the team member's day-to-day responsibilities.

Recommendation: Enact a policy for the establishment of a project manager for all large scale events that will require extensive pre-planning with local, state and federal partners. This project manager would be expected to engage in local planning by attending meetings and planning sessions.

Activity 1.2: Establish an Incident Management Team (IMT) to coordinate planning for all public health and medical support for the Republican National Convention.

Observation 1.2.1: Strength – The multidisciplinary IMT contained representation from several FDOH divisions and conducted thorough and well organized planning.

Reference: ESF8 Standard Operating Procedures (SOP)

Analysis: Planning meetings were held monthly from December 2011-July 2012. A situation update and draft incident action plan (IAP) were provided for review before each meeting. At the meetings, each member provided an update of their progress on assigned activities. The meetings were initially set for 30 minutes and then expanded to 60 minutes to facilitate discussion of the issues. A matrix was used to track progress on IAP objectives. All activities remained focused on providing local support.

These regularly scheduled meetings kept staff informed and engaged. Members felt the meetings were productive and the related materials were helpful in providing an overall picture of the status of the event planning. Members understood their roles and felt that their input was valued.

All related documents were stored on a shared drive and participants were provided with access to the materials.

Overall, the IMT contained the right mix of staff from the various department bureaus. Radiological monitoring was one objective the IMT neglected to include. In planning for events where the Bureau of Radiation Control (BRC) will be conducting monitoring activities, it would be helpful to have a representative from BRC serve on the IMT.

Recommendations: Ensure and provide for the inclusion of all FDOH entities on a special event IMT.

Observation 1.2.2: Area of Improvement – Staff hours dedicated to planning for and responding to the Republican National Convention were not recorded as directed.

References:

1. ESF8 Standard Operating Procedure (SOP)

2. The Republican National Convention Incident Management Team Guidelines (Attachment 1)
3. Each RNC incident action plan that was produced. (Attachment 2)

Analysis: The Republican National Convention was a National Security Special Event (NSSE) and involved a significant time commitment from many Department of Health employees. To obtain an understanding of how many staff hours are required to plan for a NSSE, a tracking mechanism was established for staff to track their hours. The *People First* human resource system was the primary method designated for tracking hours. Staff members were provided with an RNC specific tracking number that was used to code all payroll hours that were spent on RNC related activities. If an employee was unable to track hours using this system, they were asked to provide documentation of their hours to the Plans Chief. During the course of the event (planning and response) 175 FDOH staff members logged 10,947 hours in People First. 227 additional hours were reported to the Plans Chief for a total of 11,175. Of the 50 IMT members, only 20 (equivalent to 40% compliance) tracked their hours as requested.

Recommendation: Develop a compliance system and implement it for the 2013 Hurricane Season. The system should include employee accountability for not complying with the directive, as non-compliance could result in the loss of cost reimbursement for funded incidents/events.

Observation 1.2.3: Area of Improvement – Some personnel worked around or independent of the established Incident Management Team (IMT).

References:

1. ESF8 Standard Operating Procedure (SOP)
2. FDOH Emergency Operations Plan

Analysis: Since only small portions of most bureaus or divisions are activated for any one incident, there is, at times, a lack of understanding by non-activated staff for this structure and the support required to support it. In planning for the RNC, there were instances when staff not activated as part of the IMT conducted “business as usual” rather than coordinating through the IMT. This created confusion and redundancy in communications. In other instances, IMT members felt that they did not have the support from their bureaus to participate as requested by the IMT.

Expectations for IMT staff are clearly defined in the Job Action Sheets, which are an attachment to the ESF8 SOP. The Staffing Unit, in the Logistics Section, is responsible for activating, deploying and demobilizing personnel in support of ESF8 missions. Procedures for activating staff can be found in the following location in the ESF8 SOP:

Section VIII. Administration, Finance and Logistics,
B. Logistics,
2. Mission Management,
b. Missions for Staffing

During the recruitment and identification phase, Staffing points of contact are responsible for assuring personnel have supervisor approval to be activated and for briefing personnel on process and expectations. Staff assigned to support the RNC were activated using SERVFL, Florida's online system for managing public health and medical responders. SERVFL activation orders sent for RNC participation included the position the staff were activated in and the length of activation. Staff were also provided with the Incident Management Team guidelines at the first IMT meeting in December, 2011.

Recommendation: As noted in the ESF8 SOP, when activating staff as part of an IMT, process and expectations should be clearly defined, to include the anticipated time commitment, and the employee's reporting structure and requirements under the IMT. These expectations should be provided in the activation orders and Staffing points of contact are responsible for briefing activated personnel regarding these expectations. Activated staff are responsible for sharing these expectations with their supervisors when obtaining approval to participate.

Observation 1.2.4: Area of Improvement – The National Security Special Event (NSSE) planning process is contrary to basic emergency management principles and poses challenges in information sharing and planning.

References: The National Response Framework; Chapter 252, Florida Statutes; the Florida Comprehensive Emergency Management Plan (CEMP), along with county and local CEMPs; identify the process for planning for and responding to events and incidents. The importance of information sharing and communication are stressed in these documents. The information security guidelines provided by the United States Secret Service (USSS) were incorporated into the FDOH RNC IMT Guidelines, Attachment 1.

Analysis: The USSS is the lead for NSSE event planning. Planning is led by an Executive Steering Committee and various discipline specific subcommittees. The subcommittees are chaired by a USSS representative and a local representative from the appropriate discipline. For the RNC, The Health and Medical Subcommittee was co-chaired by a local fire chief.

Restrictive information security requirements are provided to members of the subcommittees, instructing them not to share information between subcommittees or with persons outside of their agency, without prior permission from the legal and public affairs subcommittees. Documents are not to be shared and meeting notes and information are not typically produced. Therefore, information is not available to support good planning.

NSSE request procedures require that all federal requests be submitted by the subcommittees to the Executive Steering Committee for approval. The USSS will then pass the request on to the appropriate federal agency for approval. This is contrary to the typical request process and promotes a direct local-to-federal planning structure, completely removing the state from the process.

Requirements for information sharing, including a disclaimer for electronic communications were provided in writing. No other procedures were provided in writing and remained vague, at best, throughout the process. This led to a lot of confusion and misunderstanding.

This restrictive committee structure only allows for formal communications, which must be approved by the USSS chair. The exclusion of standard emergency practices that foster both formal and informal partner communications results in a system lacking coordination or collaboration. Furthermore, the NSSE event system does not utilize the established emergency management foundation present in a county or state.

The committee structure creates a system of silos and prevents effective information sharing, incident coordination and communication. Fortunately, no major incidents occurred or the impact of failing to utilize established emergency management system could have had severe adverse effects on the ability to respond effectively.

Recommendations: NSSEs are federal events taking place in a local venue and federal government agencies work directly with local government agencies to plan for these events. State planners should stay engaged with both local and federal partners in planning for the events and be aware of the plans and resources that are in play, as all will need to be prepared to switch to a consequence management posture if an incident occurs during the event.

1. At the beginning of the planning process, local and state planners should establish a process for communications.
2. Joint (local, state, federal) planning should be conducted as much as possible.
3. Local and state partners should continue to utilize standard emergency management practices that have produced effective results for previous large scale events and incidents.
4. Local and state partners need to succeed in spite of the strict communication systems. This may require utilizing “out of the box” approaches, to ensure community partners are effectively engaged in the response preparations.

Note: The following two recommendations are beyond the control of the FDOH.

1. Although public health and medical planning needs to be coordinated through the USSS, it would be helpful if standard emergency management principles were followed.
2. USSS should develop written planning procedures for NSSEs. Procedures should be specific about what information is to be considered confidential and what information can be shared. These procedures should be provided to planners at the onset of the event planning process.

Observation 1.2.5: Area of Improvement - State Emergency Response Team (SERT) level planning and coordination activities among state agency partners were minimal during the planning phase for the RNC.

References: Not applicable

Analysis: The SERT called the first briefing for Emergency Coordinating Officers (ECOs) regarding the RNC on August 20, 2012, one week prior to the start of the event. While it is understood that event information was tightly controlled by the USSS within the RNC planning structure, health and medical planning was conducted, by necessity, with little or no input and direction by the SERT. The FDOH Incident Management Team provided monthly situation updates and incident action plans to the Division of Emergency Management (DEM) Plans Chief and posted both the IAPs and Media Monitoring Reports in EM Constellation.

The DEM Plans Chief attended a planning meeting with members of the FDOH IMT and provided updates regarding DEM activities. Because of the complexity of the event, it would have been helpful to have periodic briefings with all state partners to create an awareness of what level of planning was going on across the state.

Recommendations: For future special events, the FDOH Incident Commander or ECO should request that the Division of Emergency Management designate a representative to participate as a member of the FDOH IMT.

Observation 1.2.6: Area of Improvement – Florida did not maximize coordination opportunities with North Carolina regarding their planning for the Democratic National Convention, conducted the week after the RNC.

References: FEMA Region IV Unified Planning Coalition Bylaws

Analysis: Local planners and state representatives from the Bureau of Epidemiology and Bureau of Public Health Laboratories reached out to North Carolina's planners to share planning information regarding the upcoming conventions. USSS initially prohibited coordination of specifics concerning planning activities between the two states. However, in March 2012, the restriction was removed. The Health and Medical Subcommittee did communicate with North Carolina planners but the window to share information was small.

Florida's BioWatch Coordinator was working with North Carolina on BioWatch implementation and was sharing our information with them and bringing information back. The Bureau of Epidemiology was in contact with epidemiology staff in North Carolina but due to information security restrictions, was not able to share written plans and documentation that would have facilitated collaboration.

Recommendation: For future parallel events, schedule periodic coordination calls with other planners in other states to share information and trouble shoot challenges.
Note: Although attempts should be made to collaborate on planning, restrictions on information sharing may prohibit planners from sharing information.

Activity 1.3: Coordinate with the Incident Management Team and subject matter experts to document state-level plans for Republican National Convention support and contingency plans for hurricane impacts.

Observation 1.3.1: Strength – Incident Action Plans were developed on schedule and were on target with planning objectives and related tasks. Action items were followed up on and tracked.

References:

1. RNC Incident Action Plans ([Attachment 2](#))
2. RNC Incident Action Plan Status Matrices ([Attachment 3](#))
3. ESF8 Standard Operating Procedure (SOP)

Analysis: Eleven Incident Action Plans were developed prior to the event. One IAP was developed to cover activities during the week of the event. Status matrices were developed for each of the monthly IAPs noting the progress on each of the objectives over the previous 30 days. IAPs formalized the planning priorities and kept the Incident Management Team focused.

Recommendations: None

Observation 1.3.2: Strength – Advance planning was conducted to identify contingency planning considerations to address the needs of the delegates and visitors, and the concurrent potential for dual impact to the State, in response to both the RNC and a hurricane.

References:

1. Republican National Convention Hurricane Contingency Plan ([Attachment 4](#))
2. ESF8 Contingency Staffing for Tropical Incidents during the week of the Republican National Convention ([Attachment 5](#))
3. ESF8 Standard Operating Procedure (SOP)

Analysis: The RNC schedule fell within the peak of hurricane season. Given the potential for tropical weather during this time, contingency planning was a priority for the Incident Management Team. Planning considerations were developed based on the demographics of Hillsborough and Pinellas counties, for the following scenario:

- Hurricane category III -V on the West coast of Florida.
- Landfall or trajectory: Hillsborough/Pinellas Co.
- Planning time frame: First 72 hours before landfall - First 72 hours after landfall
- Operational Period: August 24-31 (27 -31, 2012)

Additionally, a plan for *ESF8 Contingency Staffing for Tropical Incidents during the week of the Republican National Convention* was developed. The purpose of this contingency plan was to document staffing coverage for ESF8 in the event that Florida was impacted by a tropical weather system in the days leading up to and during the Republican National Convention. **Contingencies** were based on the following factors:

- State ESF8 assumed the RNC would take place unless a significant tropical cyclone impacted the Tampa area prior to the RNC.
- ESF8 resources, including key members of ESF8's IMT, were designated to deploy to the RNC or had been placed on standby for the RNC.

- Resources would be applied to the incident with the greatest need; therefore, standby resources for the RNC may be re-called to support a hurricane response, if necessary. However ESF8, would make all efforts not to do so.
- ESF8 resources designated to the RNC would be unavailable from August 24th through September 3rd (includes deployment and rehab period).

Four scenarios were examined and staffing patterns were established for each.

1. RNC takes place without incident. No tropical system impacts Florida during RNC period.
2. RNC takes place without incident. Tropical system impacts Florida during RNC triggering a SERT Activation.
3. Incident occurs during RNC, No tropical system impacts Florida during RNC period.
4. Incident occurs during RNC, Tropical system impacts Florida during RNC triggering a SERT Activation.

During the RNC, Florida was faced with the threat of Tropical Storm Isaac and used the staffing plan for scenario number 2 above. State ESF8 operated under an ICS complex structure (see page 3 of the staffing plan for the structure).

The RDSTF Region 1 (Panhandle area) Regional Emergency Response Advisor (RERA) was assigned to serve as the liaison to the Incident Response and Coordination Team (IRCT). He deployed on Friday as planned. On Saturday morning, the storm track shifted, indicating increased potential for landfall in the Florida Panhandle. The RERA was sent home to prepare for response in his region. The alternate that was designated in the contingency staffing plan was called Saturday morning and was in place on location within 10 hours. The designated alternate had been engaged in the process and was therefore able to transition into this role with ease.

Other functions that were disrupted by the threat of Isaac were:

- The Manatee County Medical Reserve Corps trailer and staff were planning to deploy as a medical support unit in Pinellas County on August 26. The resources were not able to respond because Special Needs Shelters were opened in Manatee County and these assets were needed to support the shelters.
- ESF8 planners from surrounding counties were scheduled to work ESF8 for the RNC and were cancelled from duty on August 26-27 so they could remain in their counties. Regular ESF8 local staffing resumed, as planned, from August 28-30.
- The HHS IRCT had planned to work out of the Sarasota County Emergency Operations Center (EOC). Sarasota County activated the EOC for Isaac and the IRCT moved their operations to a hotel conference room nearby.
- Some of the federal and MRC resources were temporarily relocated due to severe weather.
- The Hillsborough County EOC was activated to a Level 1, and local ESF8 staff requested that state ESF8 field deployed staff serve as lead at the Consequence Management EOC (City of Tampa) for RNC activities if Hillsborough ESF8 was required to staff the county EOC.

- An event specific patient movement plan was developed to support the transport of patients out of the impacted area, if a mass casualty incident occurred and overwhelmed the local health and medical system. Potential receiving sites were considered based on the location of Florida's trauma centers and the breakdown of specialty capability and availability. RDSTF Region 7 (Miami area) was selected as the primary receiving area and Region 3 (Jacksonville area) was selected as back-up. Due to the initial storm track, Region 7 was considered unavailable, and therefore, Region 3 became primary.

Recommendations: Conduct an incident hazard vulnerability analysis for special events. Contingencies should be developed for high probability high impact threats.

Observation 1.3.3: Strength - Florida established a working group comprised of local, state and federal subject matter experts to develop a Republican National Convention Patient Movement Plan.

References:

1. Republican National Convention Patient Movement Plan ([Attachment 6](#))
2. Community Stabilization and Patient Movement Plan (draft)
3. FDOH, Florida Ambulance Deployment Standard Operating Procedure

Analysis: In preparation for the Republican National Convention, a comprehensive Patient Movement Plan was developed to transport potential patients from the impacted area to other parts of the state, should an incident occur that would overwhelm the local health and medical system. This plan addressed the following functions: patient coordination, patient transportation, regional patient receiving sites and patient tracking.

The RNC Patient Movement plan was designed to bridge the significant gap between local patient transportation and National Disaster Medical System (NDMS) Patient Movement Operations. This included:

- Activation of the Ambulance Deployment Plan (ground and air)
- Potential use of United States Coast Guard and National Guard fixed and rotor-wing aircraft.
- Ambulance Strike Teams pre-identified in the Florida Mutual Aid Net database.

With the assistance of the Florida Hospital Association, the FDOH coordinated with hospitals throughout the state to provide situational awareness and determine which facilities would have the capability to receive patients if necessary. An attempt was made to pre-identify established points of contact. In hindsight, the focus should have been on a role or position, not an individual (house supervisor, CEO, etc).

In order to support patient movement activities, a Medical Monitoring Unit was developed as a component of the ESF8 Planning Section. This unit conducted statewide monitoring and reporting of medical system impacts including: current bed capacities/capabilities, status of trauma and burn beds, status of non-event mass casualty activities, primary care capabilities, heat related issues, disease outbreaks and environmental health impacts. This Unit's primary purpose was the analysis of hospital

emergency room capabilities, which are the first line of treatment in an incident. The Medical Monitoring Unit can be utilized in future events, such as Super Bowls and large scale disease outbreak events. See Capability 4, Public Health and Medical Services – Activity 4.3 for additional information regarding the Medical Monitoring Unit.

While RDSTF Region 4 planned to evacuate patients, the remaining six RDSTF regions planned to receive patients. Plans included potential receiving sites, primary airports, and patient reception and transportation plans. Regional points of contact were kept informed during the event and were ready to stand up receiving operations if needed.

An RNC Patient Tracking Plan was developed and EMTrack scanners and support personnel were deployed to support both responder and patient tracking operations. See Activity 4.4 for additional information about EMTrack.

The RNC Patient Movement Plan will serve as a basis for the development of the State Community Stabilization and Patient Movement Plan.

Recommendations:

1. Incorporate lessons learned from the RNC Patient Movement plan development process into the State Community Stabilization and Patient Movement Plan. Upon completion, this plan needs to be exercised.

Capability 2: Operational Coordination

Capability Summary: The Operational Coordination Capability is defined as establishing and maintaining a unified and coordinated operational structure and process that appropriately integrates all critical stakeholders and supports the execution of core capabilities. This includes: executing operations with functional and integrated communications; establishing and maintaining partnerships; establishing command, control and coordination structures; and maintaining NIMS compliancy.

State level ESF8 activities, for both the planning and response to the Republican National Convention, were coordinated through unified structures with appropriate stakeholders. The Incident Management Team that coordinated the planning for the event was modified slightly and standby staff and teams were added for event management. A field operations team deployed to the event area as part of this structure (see Figure 2).

Activity 2.1: Establish an Incident Management Team to coordinate activities during the Republican National Convention.

Observation 2.1.1: Strength - The Incident Management Team in place for planning transitioned into an operations structure on August 3, 2012 to prepare for event management.

References:

1. ESF8 Standard Operating Procedure (SOP)

Analysis: As previously stated, formal state-level planning began in November 2011, with the establishment of the RNC Incident Management Team. The planning continued

through July, at which time, the RNC operations team was convened. On July 31, 2012, an RNC ESF8 Operations Overview/Briefing was conducted at the State Emergency Operations Center. All staff designated for primary and standby roles were requested to attend. Local and federal ESF8 partners were invited as well. Weekly briefings were held for the three weeks leading up to the event. Incident action plans were developed weekly and focused on preparing the staff for the event and mobilization of resources. Weekly briefings kept all staff engaged and informed

When transitioning the team from planning to operations, the structure was expanded to include additional functions while also eliminating or moving to standby other functions. The majority of staff continued in the roles they were assigned to during the planning phase and additional staff were brought into the process at that time. In a few cases a function remained, but the staff person assigned to the function was changed. Bringing the staff together in late July and continuing with weekly briefings up until the event, ensured that all staff were informed and prepared to serve in their roles during the event.

Staffing schedules were developed for staff working out of FDOH offices and staff assigned to the State Emergency Operations Center. The Planning Section Chief and Situation Unit Leader established a Planning Center. They posted maps and status boards on the walls, made sure necessary technology and communications equipment were functional and that office supplies were available. This room proved to be an excellent work space for the Medical Monitoring Unit and other staff in the Planning Section.

The State Emergency Operations Center activated at a Level 1 for Tropical Storm Isaac. ESF8 used an incident complex ICS staffing model to manage both events.

Recommendation: When feasible and appropriate, maintain consistency by having staff assigned in roles for planning continue to serve in those roles during the operations phase.

Observation 2.1.2: Strength – Training was conducted for ESF8 staff assigned roles during the Republican National Convention, which led to a clear understanding of assigned roles and expectations.

References:

1. ESF8 Training for RNC Staff ([Attachment 7](#))
2. Job Action Sheets, ESF8 Standard Operating Procedure (SOP)

Analysis: The Planning Section Chief and Field Operations Chief held meetings with all unit leaders to discuss plans and procedures and check for their understanding. At these meetings, resources were provided and reviewed (Situation Report Template, Meeting and Briefing Schedule, Communications Plan, etc.). Unit leaders were then asked to meet with their subordinate staff to review the materials, establish staffing hours for the event and conduct a training needs assessment.

A number of staff assigned to roles for the RNC had not previously served in those roles and requested additional training. A general ESF8 overview was provided for these staff

members. Coupled with the one-on-one sessions provided by the unit leaders, the staff had a good understanding of what was expected of them in their assigned roles.

The Field Operations Chief held a pre-deployment meeting with all staff that would be deployed for the event. In this meeting, he discussed travel logistics, work assignments, reporting requirements, safety, and provided resources needed for deployment.

Recommendation: All ESF8 activations should be used as training opportunities, placing new personnel under the instruction of a person who is experienced in their role, rather than relying on a core group of experienced staff.

Observation 2.1.3: Strength – The IMT established and adhered to the communications plan reporting and briefing schedules.

References:

1. ESF8 RNC Reporting and Briefing Schedule ([Attachment 8](#))
2. ESF8 RNC Communications Plan ([Attachment 9](#))
3. ESF8 RNC Situation Report Template ([Attachment 10](#))
4. ESF8 Standard Operating Procedure (SOP)

Analysis: Reporting requirements were established in advance. A description of the reports that were to be produced, who was responsible for producing the reports, who the reports were to be submitted to, and the time the reports were due were all noted. It was decided that morning and evening briefings would be held with all RNC operations staff designated for primary and standby roles. Initially, these meetings were scheduled for 0900 and 1600 but the afternoon meeting was changed during the event to 1900, to better coordinate with the event schedule and activities. Overall, reports were submitted in a timely manner and were accurate and concise. The twice daily briefings stayed on target and were beneficial. Situation reports were released once daily at 0800.

The Field Operations Chief requested that all deployed staff submit written reports twice daily at 0600 and 1800. Reports included: an overview of activities, issues that had been encountered or were anticipated, data/information being reported out of the assigned area and future actions and potential contingencies. These reports were compiled and sent to the Planning Section Chief and Situation Unit Leader twice daily, and an overall summary of the day's events and all reports (local Situation Reports, IAP's, etc.) released throughout the day were submitted to the Field Operations Team and Planning Section each night by 2300.

A communications plan was developed for the overall ESF8 staff and also for the patient movement cells. The plan was disseminated and verified prior to the event.

Having the reporting and briefing schedule and communications plan in advance was helpful. This allowed staff an opportunity to ask questions about what was expected of them and provided an opportunity for review and modification prior to the event.

Recommendation: Reporting times should be scheduled immediately after the release of the established Situation Report times for the Incident Command and prior to

the scheduled State Emergency Response Team briefings, if possible. This would allow for the most current and accurate reporting of information.

Observation 2.1.4: Area of Improvement - Communication overall was a significant challenge in preparing for and responding to this event.

References:

1. 2012 Republican National Convention Consequence Management Plan
(Attachment 11)
2. City of Tampa Consequence Management EOC Concept of Operations Plan
(Attachment 12)

Analysis: RNC planning was hindered by the silo effect created by the NSSE subcommittee structure and the lack of information sharing that is allowed between the planning committees. Although internal communications within the FDOH and the county health departments were effective, communication overall was a significant challenge in preparing for and responding to this event.

During the event, the following Operation Centers were activated and had some level of public health and medical present:

- State Emergency Operations Center (Tallahassee)
 - ESF8 Components also operated out of FDOH HQ – 135B (addressed as a strength in Observation 2.1.3 above)
- City of Tampa Consequence Management EOC (GTE Building)
 - Joint Information Center (co-located)
- Multi-Agency Communications Center (Florida Fairgrounds)
- Incident Response and Coordination Team (Sarasota, Holiday Inn)
- Food Safety Task Force Command (DBPR Office, Tampa)

We are not aware if regular briefings were conducted between the various Operations Centers. Attempts were made to hold regularly scheduled video conferences, which were generally ineffective due to technical issues. Overall, there was no common operating picture or situational awareness.

The following observations were noted by the staff serving in the various operations centers.

City of Tampa Consequence Management EOC

- Briefing schedules were not adhered to.
- The ESF8 work area was in a corner and not all displays were visible from this location.
- Situation reports were not useful. Reports consisted of a compilation of updates provided by each ESF throughout the period, but no analysis or summary was provided.

- There was not a Unified Command IAP from all sectors, or if there was, copies were not readily available or shared.
- Safety briefings were not conducted. There were several times when the area was under severe weather advisories, including tornado warnings, and staff were not informed of evacuation routes or sheltering locations within the building.
- Incident Action Plans were produced daily and made available through the E Team system.
- Functioning telephones and internet connections were provided. However, the stations and phone numbers were not published until the start date of the event and this hampered communications within the region's medical system.
- It would have been helpful to have a documentation unit, as per ICS principles where information would have been readily available.

Joint Information Center

- JIC set up was excellent and provided all needs (technology). Occupy Eye was streaming and provided a good awareness of the protests.
- Regular briefings were not conducted between the JIC and ESF 14 in the Consequence Management EOC. Situational awareness was provided only through word-of-mouth / listening to other PIOs in JIC.
- Just-in-time training on media relations software was not provided.

Multi-Agency Communications Center

- The roles of the staff working in the MACC were not well defined.
- Internal communications were limited. The USSS expected information to be provided to them from the staff, but did not provide information in return. Connections were made with other state partners to facilitate information sharing.
 - Florida Department of Law Enforcement (Tampa) shared their Regional Operations Center situation reports.
 - Florida Division of Emergency Management provided information on how to access the Tampa Information and Geographical Event Resources (TIGER), system which contained live feeds from emergency services, planned events, live camera feeds, etc. This proved to be a valuable resource.
- Meetings did not occur as scheduled.

Incident Response and Coordination Team (US Department of Health and Human Services)

- Reporting and briefing schedules were established and adhered to.
 - Situation reports and incident action plans were produced daily.

Complex events cannot be planned with non-sharing silos of responders. If an event/incident had occurred, it would have taken no less than four hours to transfer the primary units into the cohesive state structure mandated under Chapter 252.

Recommendations: The solutions to the communication problems that were encountered are beyond the scope of the FDOH. However, the following recommendations can be applied when operating under these circumstances in the future.

1. Deploy appropriate liaisons to all locations where public health and medical operations are being managed.
 - a. Establish a reporting mechanism for the liaisons to communicate with each other and back to local ESF8.
2. Local ESF8 should establish communications procedures (reporting requirements and timeframes) for all state and federal ESF8 staff supporting the event.
3. Utilize the generally accepted reporting schedule when feasible (0600 and 1800).

Capability 3: Public and Private Services and Resources

Capability Summary: The Public and Private Services and Resources Capability is defined as providing essential public and private resources to the area of need. This includes the mobilization, delivery, monitoring and recovering of the resources. Resources may be “hard” (supplies, equipment, tangibles, etc.) or people/manpower.

In preparing for the Republican National Convention, local planners reviewed an inventory of regional resources and a developed gap analysis. This gap analysis was used to craft requests for state and federal resources.

FDOH resources deployed during the event included:

- 500 portable ventilators
- 2 EMS Chempack Containers
- 10 portable misting fans
- 4 Radiation Packs. Each Rad Pack could treat 2,000 people. Combined, the Rad Packs contain: Prussian Blue = 3,424 regimens, KI = 11,400 regimens, DTPA: calcium = 352 regimens, DTPA zinc = 20 regimens
- 25,000 regimens of Doxycycline
- 4,500 regimens of Ciprofloxacin
- 65 Motorola EMTrack scanners
- 1 inflatable tent (10' by 15')
- ESF8 Field Operations Team (8 staff)
- Bureau of Radiation Control staff and equipment (addressed under Capability 11)

All FDOH resources were monitored and tracked using EM Constellation, the state’s mission management software. Deployment and recovery of all resources were an overall success.

Activity 3.1: Identify and secure funding to support local requests.

Observation 3.1.1: Strength - Local CHDs produced clear, concise and timely requests for support.

References:

1. RDSTF Region 4 Health and Medical Inventory for RNC ([Attachment 13](#))

Analysis: Requests for state resources and additional funding were provided in November, 2011. Requests were accompanied by a summary of capabilities and gaps and included unmet needs (descriptions and quantities were provided). All resource requests were supported fully.

Recommendations: Local planners noted that it was difficult to make resource requests to the state without knowing what resources the state had available.

1. Local and state planners should meet as early as possible, to discuss the identified capabilities and gaps and potential missions to support the gaps. Planners should agree on the intended use of state-owned resources. Early approval of the specific concepts will minimize disruption of the planning process and ensure mission needs are met.
2. BPR Logistics Unit staff should attend the meetings with the planners to provide a summary of resources available and answer questions about the potential use of the resources. Read-only access to the Inventory and Resource Management System (IRMS) may be provided upon request to county planners.

Observation 3.1.2: Strength - FDOH Leadership fully supported local requests for funding and resources.

Reference: ESF8 Standard Operating Procedure (SOP)

Analysis: The FDOH utilized funding provided by the Centers for Disease Control and Prevention and the Assistant Secretary for Preparedness and Response, to support health and safety efforts at the Republican National Convention. Funding was provided to County Health Departments and local hospitals, and also used to support logistics and travel expenses. The following is a general summary of the funding used for RNC related expenses:

- \$120,623 was allocated to County Health Departments. This funding was used to purchase EMTrack scanners, mobile medical kits, responder rehabilitation kits, triage tags, public information materials, and strike team supplies.
- \$39,568 was provided to hospitals, to enhance safety and security.
- \$25,554 was used for logistics support, to purchase misting fans and to move Chempack containers and ventilators into the event area.
- \$34,511 was used for state and local travel prior to and during the event.

- Approximately \$378,000 of existing hospital funding (ASPR) was realigned within the region to support safety and security upgrades that were previously identified.

Recommendations: None

Observation 3.1.3: Area of Improvement - Total costs to plan for and respond to the RNC were underestimated.

References: Not applicable

Analysis: FDOH was proactive in requesting funding through carry forward and grant applications. Funding estimates fell short in the following areas:

1. Initially, FDOH planned to send up to 4 staff to the event. In the end, it was decided 8 staff would deploy for the event. Therefore, the original amount requested for travel funding was insufficient.
2. Resources (hard assets and public health teams) were placed on standby, but funding was not available to support these resources or teams if they were activated. In all likelihood, these resources would have only been needed if there was an incident that triggered a disaster declaration, but it would be more prudent to have funding available if needed.

Recommendation: Create a forecasted budget when planning for special events. Include planning for contingency funding if standby or additional resources are needed that were not originally planned for.

Activity 3.2: Develop and implement a portable ventilator deployment plan.

Observation 3.2.1: Strength – Five-hundred portable ventilators were successfully deployed and recovered.

References:

1. RNC Ventilator Deployment Plan ([Attachment 14](#))
2. Logistics Support Annex

Analysis: Five-hundred portable ventilators were deployed to eleven pre-designated response hospitals. A ventilator deployment plan was developed which involved delivery by vendor shipment and coordination by Bureau of Preparedness and Response (BPR) Logistics staff.

Local planners determined which hospitals would receive ventilators and how many each hospital would receive. Ventilators were shipped directly to the eleven hospitals from two different storage locations within the state. **BPR** logistics staff followed the shipments and met with designated hospital points of contact to sign for receipt of the ventilators. The same process was used in reverse when recovering the ventilators.

Logistics staff encountered issues with the some of points of contact during both the staging and retrieval of the ventilators. Many of the points of contact were unavailable and no back-up had been identified. In some locations, the point of contact was unavailable and the staff members on duty were unaware of the incoming ventilators.

It was determined during the event that the vendor that had been selected to transport the ventilators was no longer a state contract vendor. The logistics staff had been thorough in obtaining additional quotes from other vendors therefore this discovery did not impact services.

Recommendations: Use lessons learned from the RNC ventilator deployment to create standard ventilator deployment guidelines for future deployments.

1. Create standard ventilator deployment guidelines for future deployments.
Incorporate these guidelines as a component of the Logistics Support Annex.
 - a. Include the following requirements in the standard ventilator deployment guidelines: The requestor must obtain more than just an office phone number for the main point of contact, as well as, a secondary point of contact with a reachable number. The requestor is responsible for verifying in advance that the points of contact will be at their hospitals on delivery/pick-up day.
2. Work with the Division of Emergency Management to ensure a state contract vendor is identified for materiel transport. During a response, there needs to be a vendor immediately available with a contract in place.

Activity 3.3: Develop and implement a Chempack temporary movement plan.

Observation 3.3.1: Strength – Two Chempack containers were temporarily moved from Orange County and remained mobile (ready for rapid response) in the event area from August 26-31.

References:

1. RNC Temporary Container Movement Plan ([Attachment 15](#))
2. No-notice Deployment and Temporary Movement of Chempack Assets Standard Operating Guideline
3. Logistics Support Annex

Analysis: Local planners requested that two additional containers be brought into the area during the RNC and remain on the vehicle as a mobile resource. The containers were borrowed from Orange County and remained mobile on a Fed Ex truck with drivers present around the clock for rapid deployment. The drivers staged in Pinellas County during the Kick-Off Party in St. Petersburg on August 26, and then positioned in Tampa until August 31.

The Centers for Disease Control and Prevention approved the concept of keeping the containers mobile on the truck during this period, provided the containers could be plugged into a power source so the Sensaphone (which logs temperature data for the containers) could remain active. Fed Ex was the vendor selected to provide this service. Fed Ex trucks are validated for temperature control by the National Institute of Standards

and Technology, and running an electrical power cord through the back of the truck would violate their standards for temperature control. Therefore, Fed Ex requested that the FDOH sign a release from liability for damages resulting from temperature deviations caused by the truck not being completely sealed. It was not anticipated that the crack in the door would cause an issue with the temperature, as this had been done without issue for several special events in the past. If an issue with the temperature had been noted, the contingency plan was to move the containers indoors.

The containers were shipped without a key to open the locks if the medications were needed. Keys were obtained the following day. If the antidotes had been needed before the key had arrived, the Fire Department intended to use bolt cutters to open the containers. The Chempack custodian did not send the key because he was under the impression that all Regional Emergency Response Advisors were key holders for the containers. The RDSTF Region 4 RERA had not been issued a key.

Recommendations: Use lessons learned during the RNC Chempack deployment to modify existing Chempack plans.

1. The Temporary Movement of Chempack Assets Standard Operating Guidelines should be updated to include:
 - a. Provisions for the mobile staging of containers, as was done during the RNC. The current plan addresses movement to fixed facilities only.
 - b. A key management system. Provisions for providing keys to the recipient of the containers if they are moved.
2. Determine if all RERAs should have keys to the containers and, if so, provide keys to those RERAs who do not currently have them.

Activity 3.4: Procure, deploy and recover requested resources including: misting fans, Motorola EMTrack scanners and an inflatable tent.

Observation 3.4.1: Strength – Requested resources were successfully procured, deployed, monitored and recovered.

Reference: Logistics Support Annex

Analysis: Due to Florida's normally extreme temperatures in August and the anticipated volume of visitors during the convention, heat-related illness was a significant concern. Ten misting stations were purchased and deployed to Hillsborough County to support cooling efforts for responders and the general public.

Additionally, 200 canines and 60 horses were working in various support capabilities during the RNC. Staff from the United States Department of Defense (DoD) and the Department of Health and Human Services (HHS) worked together to care for the animals. One 10' x 15' inflatable tent was deployed to Hillsborough County for use by the National Veterinary Response Team (NVRT) command staff. The tent was put up and then taken back down due to threats of severe weather. At some point, the tent incurred a puncture. Logistics staff from the State Medical Response Team repaired the tent.

The procurement, deployment and recovery of the EMTrack scanners are discussed under Activity 4.4.

Recommendations: Use lessons learned from the RNC resource deployment to make modifications to the Logistics Support Annex.

1. Ensure Logistics Support Annex includes a process for obtaining reimbursement for costs associated to the repair and replacement of deployed resources.
2. When inflatable tents are deployed, send instructions for setting up and taking down and include a tent patch kit.

Activity 3.5: Coordinate the temporary movement and return of medical countermeasures.

Observation 3.5.1: Strength – Radiological and biological countermeasures were temporarily moved from the Bureau of Public Health Pharmacy (BPHP) to the Hillsborough County Health Department (HCHD) during the Republican National Convention. Additional antibiotics were available for rapid deployment.

Reference: Logistics Support Annex

Analysis: The following medical countermeasures were moved from the BPHP to the HCHD during the RNC.

1. 4 Radiation Packs. Each Rad Pack could treat 2,000 people. Combined, the Rad Packs contain: Prussian Blue = 3,424 regimens, KI = 11,400 regimens, DTPA: calcium = 352 regimens, DTPA zinc = 20 regimens
2. 25,000 regimens of Doxycycline
3. 4,500 regimens of Ciprofloxacin

Materiel was shipped prior to the event and secured under the custody of the HCHD pharmacist for the duration of the event, at which time the materiel was shipped back to BPHP.

Logistics staff encountered some delays in communication with pharmacy staff and reported that it was difficult to obtain information regarding the shipments of medications. The medications were also shipped without a bill of lading. One was sent after the fact, but included incorrect quantities.

Trucks were rented for the week and staged at the Logistics Response Center, to be available to transport the remainder of the state antibiotic stockpile if needed. Arrangements were made for logistics and pharmacy staff to be on call to move the shipment.

Recommendations: Use lessons learned from the RNC pharmaceutical deployment to make modifications to the Logistics Support Annex.

1. Refine the process for no-notice movement of pharmaceutical caches to include provisions for obtaining access to appropriate transportation and drivers.
2. Work with the Bureau of Public Health Pharmacy to improve communications process between Logistics Staff and Pharmacy staff when coordinating pharmaceutical deployments.

3. Work with the Bureau of Public Health Pharmacy to ensure future shipments of medical materiel contain bills of lading.

Activity 3.6: Identify and deploy an ESF8 field operations team.

Observation 3.6.1: Strength – An ESF8 field operations team was successfully deployed and fulfilled missions as assigned.

Reference: ESF8 Standard Operating Procedure (SOP)

Analysis: Eight FDOH staff were deployed to support RNC operations in various capacities.

Six field operations liaisons were deployed to support the City of Tampa Consequence Management Emergency Operations Center (CMEOC), the Federal Emergency Management Agency's (FEMA) Multi-Agency Coordination and Communications Center (MACC), the Health and Human Services' (HHS) Incident Response and Coordination Team (IRCT) and the Joint Information Center (JIC).

One staff member served as the Situation Unit Leader for the multi-disciplinary Food Safety Task Force, comprised of Food and Drug Administration (FDA), Department of Agriculture and Consumer Services (DoACS), Department of Business and Professional Regulation (DBPR) and FDOH representatives.

One additional staff member and 65 EMTrack scanners were deployed to support responder and patient tracking training and operations.

Local contingency planning designated the state ESF8 Field Operations Chief as backup for command responsibility at the Consequence Management EOC, if the Hillsborough County EOC was activated for response to Tropical Storm Isaac, or an incident occurring during the RNC that would necessitate activation of the County EOC. In these situations, the local command would have been required to transfer to the County EOC and the state staff would have assumed responsibility at the Consequence Management EOC until the County EOC stood down.

Local planners also requested additional Regional Emergency Response Advisor (RERA) support. The RDSTF Region 3 RERA and a planner from Citrus County were deployed to fill this request. FDOH covered the travel expenses for these staff members. The two additional staff worked with the RDSTF Region 4 RERA providing field support. This team was of great assistance to many of ESF8 field operations staff by providing transportation into event areas and reporting back on status of state deployed resources.

The ESF8 field operations team was a mix of both liaisons and operational staff. The staff working in operational roles were reporting through their incident command structure and also back to the Field Operations Chief. The FDOH staff deployed into the Tampa area to support radiological monitoring were accounted for through the Environmental Health technical specialist on the Incident Management Team.

Deployed staff were assigned to work 12 hour shifts and were also asked to participate in briefings that were scheduled outside of their assigned shifts. The deployment period of August 24-31 also included a weekend. These factors contributed to a significant amount of overtime worked by these staff members. Deployed staff were a mix of state employees and contract staff. Procedures for overtime compensation consisted of earning comp time, being paid overtime, or no compensation at all. Staff were notified of the compensation procedures prior to deployment. Costs for overtime were not included in the budgets.

Recommendations: When working to support a special event, budget to cover overtime pay (for both state and contract staff), or split shifts in such a way that working overtime is not necessary. Be clear with staff, prior to the event, about how they will be compensated for overtime hours.

Activity 3.7: Identify and prepare public health teams for standby duty.

Observation 3.7.1: Strength – Select Public Health and Medical teams were on standby, prepared to respond to the RNC if needed. Team leaders were engaged and participated in both pre-event and event activities.

References:

1. ESF8 Standard Operating Procedure (SOP)
2. FDOH Regional Public Health Response Teams Team Leader Guide

Analysis: The following Public Health and Medical teams served on standby for response. Regional staffing points of contact and team leaders from these teams participated in pre-planning and event briefings for situational awareness.

1. RDSTF Regions 5 and 6 Epidemiology and Environmental Strike Teams.
2. Florida Emergency Mortuary Operations Response System (FEMORS) Team (100 team members were rostered).
3. RDSTF Region 4 State Medical Response Team (SMRT) - In addition to having the team on standby, one tractor and three moving vans were staged at the SMRT 4 warehouse to deploy the Western Shelter Gatekeeper System (field medical units) and related supplies if the team was activated for response. Members of the team also provided event support at the Consequence Management EOC.

Initial availability checks were conducted in February 2012. Team leaders were brought into the operational team in late July and participated in briefings prior to and during the event. Team leaders verified availability of their team members for the week of the RNC and provided rosters to the IMT.

A small amount of funding was made available to the strike teams to replenish supplies in their team caches. The medical logistics unit provided yearly maintenance money to the SMRT team earlier than usual to ensure they had an opportunity to update their cache prior to the RNC.

Standby staff were registered in SERVFL, Florida's responder management system. Having the staff pre-registered reduced the amount of time it would have taken to activate the staff if needed.

Local planners felt that the state could have been more flexible in regards to the use of the SMRT. Local planners requested that the local SMRT serve on standby for response. Using a team from an impacted area is in conflict with current deployment plans and the state was not initially comfortable with supporting the request with a local team. After coordination with the team commanders and local planners, the state allowed the team to serve in this capacity for this event. Additionally, the state provided funding for three trucks and a tandem axle trailer truck to transport the teams Western Shelter Gatekeeper System (field medical units) and related equipment and supplies if needed.

Specific training for Epidemiology and Environmental Health Strike Teams is available for individual members, but no trainings are available to provide those members with an opportunity to work together as a team once that initial training has been completed. In order to address this locally, the Region 5 Epidemiology and Environmental Health Strike Teams arranged an *ad hoc* training on joint criminal and epidemiology investigation procedures with regional FBI agents in June 2012, based on the FBI/CDC Criminal Investigations Workshop held in April for Tampa Bay area epidemiologists and law enforcement personnel.

Recommendations:

1. Local and state planners should meet as early as possible to discuss and agree on the intent for use of state managed public health and medical teams. Early approval of the specific concepts will minimize disruption of the planning process and ensure mission needs are met.
2. When developing budgets for planned events, include funding contingency plans to cover response costs for teams placed on standby.
3. Strike teams throughout the state should be provided with regular opportunities for appropriate training and exercises that would allow them to work together as a team and also with other teams.

Capability 4: Public Health and Medical Services

Capability Summary: The Public Health and Medical Services Capability is defined as providing lifesaving medical treatment and avoiding additional disease and injury by providing targeted public health and medical support. This includes epidemiological surveillance and investigation, laboratory testing, mass prophylaxis, medical supplies management and distribution, and medical surge.

Activity 4.1: Establish and implement plans for anticipated laboratory surge related to an increase in both biological and suspicious substance testing.

Observation 4.1.1: Strength – The Tampa Public Health Laboratory successfully implemented its Operations Plan for the RNC, which included the following:

- Identifying and addressing resource gaps.
- Coordinating with the BioWatch Program and the United States Secret Service regarding the testing of the additional BioWatch filters.
- Developing a diversion plan for suspicious substance testing.
- Developing and implementing an alternate staffing schedule to support the increased biological filter testing.
- Conducting training for staff and partners.
- Participating in a pre-event BioWatch exercise.

References:

1. Bureau of Laboratories–Tampa Operations Plan 2012 Republican National Convention by Department ([Attachment 16](#))
2. Bio-Watch National Security Special Event Monitoring Playbook: 2012 Republican National Convention

Analysis: The Bureau of Public Health Laboratories (BPHL) -Tampa planned for a year to be prepared for any event that could harm public health and safety during the convention. All biological outbreaks, natural and intentional, were considered, including norovirus and non-seasonal influenza outbreaks, food and water contamination resulting in illness, chemical threats and suspicious threat samples (white powder). Preparations included increased outreach and training with the first responders on sample collection for white powder incidents; increased training for chemical threats recognition for the health and medical community; full scale exercises allowing participants to practice for a coordinated response to an intentional exposure event if one were to happen; and participation in an exercise to evaluate the Laboratory's response if it was hit by a hurricane. Staff were cross-trained to support laboratory surge, additional supplies were stocked and staff were asked not to take leave before, during and after the RNC. Also, a plan was put in place to divert nonessential and non-credible samples to the Jacksonville and Miami BPHLs so that the Tampa Laboratory could concentrate on the event's essentials.

The BioWatch program was on a heightened awareness and required additional testing. As a precautionary measure, this program substantially increased their normal surveillance of environmental air samples for biothreat agents. Additional staff from other national laboratories were brought on board to help out with the extra duties. Shifts continued around the clock during the RNC, with a 24/7 operation. During the period of August 24 –August 30, the program tested a total of 562 filter and swab samples, with all results being negative.

Because of the threat of Tropical Storm Isaac, all county government offices were closed on Monday, August 27. The Tampa Laboratory used its emergency call down list to notify its staff that although other county offices would be closed, the Tampa Lab would be operational. All but one staff member reported for work that day. Although the closure did impact the collection of the normal array of filters on Monday, the RNC filters were collected as planned.

Recommendation: Although the Tampa Laboratory had an existing plan for BioWatch, the laboratory operations plan was built from scratch for this event. The

Tampa Lab will work with the Association for Public Health Laboratories to develop a “playbook” for public health labs participating in National Security Special Events.

Activity 4.2: Support local planning for and implementation of increased epidemiological surveillance and investigation during the Republican National Convention.

Observation 4.2.1: Strength - Staff from the Bureau of Epidemiology and Bureau of Environmental Health participated as members of the RNC Surveillance and Investigations Workgroup and assisted local planners with:

- Coordinating with hospitals to establish a more frequent reporting schedule for the Bureau of Epidemiology’s statewide Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE-FL) for emergency department syndromic surveillance system.
- Facilitating the delivery of the Criminal and Epidemiological Investigations Workshop.
- Establishing a memorandum of understanding (MOU) with law enforcement for conducting joint investigations.

References:

1. FDOH Bureau of Epidemiology ESSENCE-FL Users Guide
2. Disease Surveillance Plan for the Tampa Bay Area during the 2012 Republican National Convention, August 27-30, 2012 ([Attachment 17](#))
3. Chief Complaint based Emergency Department Surveillance during the Republican National Convention, Tampa, FL, August 2012 ([Attachment 18](#))

Analysis: The ESSENCE-FL system receives data from Hillsborough County emergency departments (all 10 hospitals with emergency departments, James A. Haley Veterans’ Hospital excluded) and Pinellas County emergency departments (12 of 14 hospitals with emergency department, Bay Pines V.A. Healthcare System excluded). For most of the hospitals, the data is sent once per day and arrives at 6am for the previous day’s ED visits (6-30 hrs after the patient arrives at the emergency department). In an effort to improve the timeliness of the system, several hospital groups began sending data every two hours. The transition created some technical issues with data extraction. However, this collection sequence allows for early identification of syndromes with short incubation periods.

The FBI/CDC Criminal Investigations Workshop was held at the Tampa Airport Marriott on April 24-25. Over 50 public health personnel were in attendance. Travel support was provided for personnel designated for RNC planning or response activities. Dr. Andy Cannons, Director, Tampa Lab, provided a presentation on the Laboratory Response Network. The goal of the course was to improve the ability of law enforcement and public health agencies to respond to a potential bioterrorism event.

The FDOH drafted a joint investigation (law enforcement and public health) memorandum of understanding. The document is still in the process of routing for approval.

Just prior to the event, there was some confusion regarding what surveillance data would be reported by the Bureau of Epidemiology and what would be reported by the local incident command surveillance section. The Medical Monitoring Unit needed an ESSENCE-FL report to monitor emergency department visits state-wide. The Bureau of Epidemiology felt it was most appropriate to allow the surveillance section to produce the surveillance reports. If the locals and the state were both producing reports, this could cause confusion as reporting times and format would be different. The Medical Monitoring Unit was provided with access to ESSENCE-FL to obtain the emergency department information they were looking for.

Recommendation: Continue to monitor the progress of the joint investigation memorandum of understanding.

Observation 4.2.2: Strength - A pilot program was developed and implemented to transmit Disaster Medical Assistance Team (DMAT) electronic medical record system (EMR-S) data to the Bureau of Epidemiology's statewide Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE-FL).

References: Not applicable

Analysis: The FDOH, Bureau of Epidemiology, partnered with the HHS Office of the Assistant Secretary for Preparedness and Response (ASPR) to implement a new process for conducting surveillance to monitor injury and illness for those presenting for care to Disaster Medical Assistance Teams (DMAT) sites when they are operational in the state following a disaster or other response event. The purpose of the current work was to adapt the ESSENCE-FL system for emergency department syndromic surveillance system so that it could receive automated data feeds from the ASPR EMR-S when deployed with federal response personnel, in Florida during the 2012 Republican National Convention (RNC). ASPR data were received at 15-minute intervals by ESSENCE-FL through a central server during each day of the 2012 RNC (August 26-31).

There is a need to access timely data sources to enhance disease surveillance efforts and help guide decision makers' situational awareness and disease control efforts. The FDOH, Bureau of Epidemiology's collaboration with ASPR and the Johns Hopkins University Applied Physics Laboratory (JHU/APL) to adapt the ESSENCE-FL makes data sharing and analysis much more expeditious and efficient. Automated data feeds to ESSENCE-FL removed resource intensive manual data collection by public health used in past deployments; improved standardization of syndrome and demographic categorizations; increased access to these data by local, state, and federal epidemiologists in a timely manner; and expedited analysis and interpretation for situational awareness. This approach can be replicated nationwide and FDOH is also positioned to support other states monitoring health data collected by ASPR during response events, as necessary.

A point of contact to monitor and provide remedial actions for this new process was not identified in advance. The FDOH liaison to the Incident Response and Coordination Team was able to assist the Bureau of Epidemiology with resolving issues with the data coming from the various DMAT locations.

Recommendations: Use lessons learned during the pilot program to improve the process for future events.

Activity 4.3: Establish and implement a Medical Monitoring Unit to conduct analysis of emergency room capabilities and capacities and support potential mass casualty and patient evacuation missions.

Observation 4.3.1: Strength – The Medical Monitoring Unit was established and staffed appropriately with personnel who possessed the knowledge, skills and abilities to perform their roles.

Reference: RNC Patient Movement Plan ([Attachment 6](#))

Analysis: In order to support overall patient processing and movement activities, a Medical Monitoring Unit was developed as a component of the ESF8 Planning Section. This unit conducted statewide monitoring and reporting of medical system impacts including: emergency room utilization and throughput, current bed capacities/capabilities, status of trauma and burn beds, status of non-event mass casualty activities, primary care capabilities, heat related issues, disease outbreaks and environmental health impacts. This unit had as its primary purpose the analysis of emergency room capabilities. Hospital emergency departments are usually the first source of treatment in an incident.

Recommendation: Incorporate functions performed by the Medical Monitoring Unit into the all-hazards structure.

Observation 4.3.2: Area of Improvement – In many instances, hospital bed availability data was not reported accurately or timely.

References: Not applicable

Analysis: The Emergency Status System (ESS) is the system that the Agency for Healthcare Administration (AHCA) requires hospitals to use to report bed status. The system is limited and does not have the ability to provide real-time bed availability data. The FDOH and AHCA have been working on the build out of EMResource to take the place of ESS as the system hospitals will use to report bed availability. Some regions in the state have been using this system locally. RDSTF Region 4 requested to use EMResource during the RNC. AHCA approved allowing them to pilot this system for that time period.

The FDOH requested that AHCA activate the ESS state-wide for the RNC to allow the Medical Monitoring Unit to view bed availability data throughout the state. Local ESF8 requested that bed availability be reported at 0600 and 1800 daily from August 26-31, 2012. Hospital compliance was varied. Some hospitals reported as requested, some reported in both systems and some didn't report at all. It was very difficult for the

Medical Monitoring Unit to assess the bed availability across the state because of the inconsistencies with these data.

Some hospital representatives noted that requiring reporting at 0600 and 1800 was problematic because their shift changes were at 0700 and 1900. They felt that reporting between 0800-0900 and 2000-2100 would have been more feasible.

Recommendations:

1. Continue the process of transitioning from ESS to EMResource for collecting data regarding hospital status. Florida needs to have access to accurate real-time data for the acute care system.
2. If a statewide system is not going to be used, county applications should be able to be inputted directly into the state system for overall situational awareness.
3. Work with AHCA to increase hospital compliancy for entering status data into the designated system(s).

Activity 4.4: Develop and implement a support plan for patient and responder tracking during the Republican National Convention.

Observation 4.4.1: Strength - A cache of EMTrack scanners were acquired, programmed and available for use during the RNC. Scanners were delivered to the event area and just-in-time training was provided to the users.

References:

1. EMTrack Republican National Convention Patient Tracking Plan ([Attachment 19](#))
2. EMTrack Republican National Convention Support Plan ([Attachment 20](#))
3. Logistics Support Annex

Analysis: The FDOH, Division of Emergency Preparedness and Community Support engaged a vendor to provide statewide implementation and hosting of a web-based information sharing solution to facilitate the exchange of information between emergency medical service (EMS) providers, hospitals, health care entities, 911 dispatch centers and Emergency Operations Centers. The resource component tracks and reports key hospital and healthcare system resources available during disasters on a county, regional and statewide basis, consistent with federal HAvBED standard definitions. The patient tracking system provides a mechanism to track the identity and location of patients interacting with the pre-hospital, hospital and health care system during disasters and day-to-day events, including: patient name and demographic data, as well as, the patient's assessed condition. The portable scanners provide the responders with the hardware and software needed to execute the patient and responder rehabilitation tracking needs.

Hillsborough County requested funding for 20 Motorola EMTrack scanners. The FDOH purchased 45 of the same scanners for future use as part of a statewide cache. The purchase of the scanners was combined for a cost savings. The FDOH purchased the scanners and transferred 20 of them to the Hillsborough County Health Department for distribution. All 65 scanners were deployed for the event.

One FDOH employee and one EMTrack vendor were deployed to the RNC to provide support for the staff tasked with patient and responder tracking responsibilities. These two EMTrack support personnel were submitted for credentials to allow them to travel into the event areas to train responders on site. The USSS reduced the number of credentialed staff allowed into the event areas at the last minute and this restricted the training and implementation of the tracking process as planned. The two support personnel instead provided just-in-time training for credentialed responders. The field responders were very receptive to the training.

A core group of users was identified to receive EMTrack training prior to the event. The plan was for this core group to provide just-in-time-training for other users prior to the event. Due to various issues, most staff were provided with training during the event. In this case, the just-in-time training was sufficient, but if patient and responder tracking needs had been greater, this may have been problematic.

The Disaster Medical Assistance Teams and Medical Reserve Corps members were flexible in the tracking process. They adapted to federal responder rehabilitation requirements. During training, users inadvertently used real triage tags instead of the test barcode that was provided, which initiated “fake patients” in the system. The issue was caught within 10 minutes by monitoring EMTrack at the Consequence Management EOC and was resolved quickly. DMAT members were entering patient information into three different systems. This was feasible during the RNC because the patient numbers were low, but may not be possible if patient numbers are greater.

Due to lengthy purchasing processes, the EMTrack scanners were not received and ready for use until mid-August. Having the EMTrack hardware earlier and being able to test the equipment and train the responders would have prevented issues that resulted due the network capabilities. Local and vendor IT staff were very responsive to overcoming technology issues.

The availability of direct vendor involvement during planning and operations process was key in the implementation of the tracking plan for this event.

The FDOH Division of IT currently has seven Mobile Communication Units (MCU). These enclosed custom utility trailers are equipped with a high-speed satellite providing 2Mb down and 1Mb upstream data speed, self generated power, rooftop air conditioner, and necessary infrastructure hardware to provide DOH network connectivity. The unit can provide connectivity directly to the Internet (isolated from the FDOH network), phone and fax over satellite via onboard PBX and MED82 radio handhelds, repeaters, and Radio over IP.

Serving all FDOH offices, the Mobile Communication Units are capable of restoring mission critical IT services at existing or alternate facilities. The MCUs can be deployed in all disaster response efforts (e.g. natural/manmade disasters, response readiness exercises) where data and voice communications are vital. The MCUs are strategically positioned throughout the state, capable of being deployed immediately following any official request.

Recommendations: Use lessons learned from the RNC EMTrack deployment to develop general deployment guidelines for the state maintained EMTrack scanner cache.

1. As much as possible, training should be conducted prior to and not during the event.
2. When the state maintained EMTrack cache is deployed, the hardware should be acquired well in advance to allow for testing, training and configuration.
3. If a DMAT working in Florida is asked to use EMTrack, deploy an individual with this team to complete this task for them, so as not to burden them with excessive data entry.
4. FDOH Mobile Communications Units and Disaster Preparedness Consultants (DPCs) should be considered as a solution to network or communication issues.

Capability 5: Public Information and Warning

Capability Summary: The Public Information and Warning Capability is defined as delivering coordinated, prompt, reliable and actionable information to the community. This includes sharing messages with the public and other stakeholders.

The FDOH Office of Communications provided both pre-event planning and event support to public information officers in Hillsborough and Pinellas counties. An Information Management Unit (IMU) was established as a component of the FDOH Incident Management Unit and coordinated all public information activities.

Activity 5.1: Support local public information needs by developing and disseminating various public health messaging materials for the Republican National Convention.

Observation 5.1.1: Strength – The FDOH Office of Communications was very supportive of the Information Management Unit's work and provided graphics and other support to achieve planning goals and timely production of products.

References:

1. "Beat the Heat" flyer template ([Attachment 21a](#))
2. "Thirsty?" bus stop ad template ([Attachment 21b](#))
3. Database of Summer Preparedness tweets
4. Crisis and Risk Communications Annex

Analysis: Due to Florida's normal temperatures in August (heat indices of over 100 degrees) and the anticipated volume of visitors/protestors during the convention, heat-related illness was of significant concern. The FDOH Office of Communications and Information Management Unit, in coordination with Hillsborough and Pinellas County Health Departments, developed and disseminated various public health messaging materials, including heat related illness and mosquito prevention-centered wallet cards, flyers to be placed in convention delegates' welcome packets, bus and print ads, and tools for use via FDOH's social media accounts, Twitter and Facebook.

There was a good relationship/balance of the FDOH Office of Communications with the Hillsborough and Pinellas county health department (CHD) public information officers (PIOs). Duties between the Hillsborough CHD PIO and DOH Information Management Unit Lead were split and the CHD PIO was open to suggestions to shift strategies, as necessary, throughout the course of RNC week activities.

See Capability 9, Threats and Hazards Identification for additional information regarding media monitoring activities.

Recommendations:

1. For future special events, develop a formal, strategic health communications plan in support of NSSE-type events to dovetail with any federal plans.

Capability 6: Operational Communications

Capability Summary: The Operational Communications Capability is defined as ensuring the capacity for timely communications. This includes communicating with both the emergency response community and affected populations.

Activity 6.1: Ensure the capacity to communicate with local, state and federal response partners.

Observation 6.1.1: Strength - Staff assigned operational roles for the Republican National Convention had sufficient means for both voice and data communications.

References:

1. ESF8 Standard Operating Procedure (SOP)
2. Logistics Support Annex

Analysis: The field operations team deployed to the Republican National Convention had cell phones and air cards available for their use. Two of the eight staff were issued M-SAT Mitsubishi satellite phones/radios to be used in emergency situations. These M-SATs have been issued a direct connect channel with priority service. Staff also had personal phones for back up and all assigned work locations provided land line telephones and wireless internet service.

Recommendations: None

Capability 7: Threats and Hazard Identification

Capability Summary: The Threats and Hazard Identification Capability is defined as identifying threats and hazards and incorporating the information into analysis and planning processes.

The Republican National Convention Incident Management Team and Information Management Unit used media monitoring as a means to identify potential public health and medical threats. The Florida Fusion Center Health Intelligence Liaison Officers were monitoring social media through the Fusion Center for pertinent information as well.

Activity 7.1: Monitor media releases, news reports and social media to obtain information regarding planned protests/anarchist activities or other pertinent information. FDOH was specifically looking for protestor tactics that could cause injury.

Observation 7.1.1: Strength - RNC Media Monitoring Reports were produced weekly from June 1-August 22, 2012 and twice daily during the event (August 26-31, 2012).

References:

1. All-Hazards Rumor Control Proposal Standard Operations Guideline
2. All-Hazards Media Monitoring Standard Operations Guideline
3. RNC Media Monitoring Reports ([Attachment 22](#))

Analysis: The FDOH Office of Communications Information Management Unit was afforded the opportunity to collaborate with multiple partners during the RNC planning stage, for development of multiple public health messaging materials and establishment of a Media Monitoring Unit to provide standardized media monitoring reports to FDOH Incident Management Team members and partners. From June 1 to August 22, members of the FDOH Media Monitoring Unit compiled news stories of interest, social media tweets and postings that may have had a health and medical implication, and other news that may have been important for weekly submission to the IMT and planning group for their review and consideration. As the event drew near, staff from FDOH, HHS and FDLE partnered to share resources, tools and best practices to ensure media monitors from each agency could provide input to the daily report, which was issued by the FDOH Media Monitoring Unit twice-daily, from August 26 through 31. At least 15 members from collaborating agencies participated in the planning, development, and dissemination of public health messaging and media monitoring efforts throughout the duration of the RNC.

The event provided a great opportunity for the Information Management Unit to train new staff on media monitoring and rumor control procedures. Staff were flexible and professional in their approach to the task presented. Traditionally, the FDOH focus on social media has been to push information more than analysis of social media. FDOH needs to build the health intelligence piece as the Fusion Center is monitoring from a law enforcement perspective.

The Florida Fusion Center purchased two software applications (TacTrend and GeoCOP), along with 20 licenses to conduct social media monitoring. Health liaisons were able to conduct social media monitoring using one of the TacTrend licenses. This provided the opportunity to develop/refine search strings for Twitter and Facebook.

Recommendations:

1. Enhance the media monitoring report format. The current format provided articles and postings. A summary/analysis of what was being reported/posted and an outline of the major concerns would be valuable.
2. The media monitoring unit's role needs to be further defined in concert with the Florida Fusion Center's role. Determine if the unit should be monitoring only for

public health and medical surveillance purposes or also for individuals looking to cause harm that would have public health and medical consequences.

- a. Revise the current standard operations guidelines (SOG) for social media monitoring. The SOG should include search strings in multiple languages.
- b. The FDOH should have at least two licenses to TacTrend and GeoCOP to conduct social media monitoring. Office of Communications staff will not be allowed access to these systems; therefore, processes for disseminating information obtained in through these systems will be included in the SOGs.

Activity 7.2: Conduct Healthcare Facility Hazard Vulnerability Assessments for seven of the hospitals designated for response during the Republican National Convention.

Observation 7.2.1: Strength – Healthcare Facility Assessments Reports provided valuable information to hospitals.

References:

1. Healthcare Facility Security Assessment Instrument (HFSAI)Template
2. Automated Critical Asset Management System (ACAMS)

Analysis: In response to a RDSTF Region 4 request, the FDOH utilized an existing contract with The O’Gara Group to conduct assessments on the following hospitals using the ACAMS and HFSAI:

1. Bayfront Medical Center
2. Blake Medical Center
3. Brandon Regional Hospital
4. Memorial Hospital of Tampa
5. Morton Plant Hospital
6. Regional Medical Center, Bayonet Point
7. St. Anthony’s Hospital

The facilities chosen for assessment were those hospitals that had not conducted an assessment within the last 12 months and were not being assessed by the U.S. Secret Service as part of NSSE preparations.

The HFSAI report was provided to each of the seven hospitals and the information was loaded into the Automated Critical Asset Management System. Although the assessments were conducted too close to the event to allow time to make building modifications, the facilities understood their vulnerabilities and were able in some cases to implement mitigation techniques.

Regional Domestic Security Task Force Region 4 uses Digital Sandbox 7 instead of ACAMS (which is the state system) to manage critical infrastructure. RDSTF Regions that decide to use other systems are required to maintain critical infrastructure information in the ACAMS, as well. Region 4 has made an attempt to do this via an electronic data migration between *Digital Sandbox* and the ACAMS. However, very little of the data (facility name, facility address, facility phone number) in *Digital Sandbox* is

transferred to the ACAMS. Consequently, there is almost no value to the information in ACAMS and the Florida Fusion Center Health Intelligence Liaison Officer was unable to access Digital Sandbox 7.

Recommendation: All critical infrastructure within the Healthcare and Public Health sector in Regional Domestic Security Task Force (RDSTF) 4 should be assessed using the ACAMS and HFSAI. Assessments will continue through existing contracts.

Note: The following recommendation is beyond the control of the FDOH. If a statewide system is not going to be used, county applications should be able to be inputted directly into the state system for overall situational awareness.

Capability 8: Situational Assessment

Capability Summary: The Situational Assessment Capability is defined as providing all decision makers with decision-relevant information regarding the nature and extent of hazards, any cascading effects, and the status of planning and response efforts.

Activity 8.1: Conduct situation updates with the RNC Incident Management Team and provide updated documentation of the current situation.

Observation 8.1.1: Strength - Situation updates were provided monthly in conjunction with the Incident Action Plan (IAP) meetings. The Current Situation Document was updated and disseminated monthly as well.

References:

1. Monthly Current Situation Overview reports ([Attachment 23](#))
2. Incident Action Plan Meeting Notes (Situation Summaries) ([Attachment 24](#))
3. ESF8 Standard Operating Procedure (SOP)

Analysis: As mentioned previously, obtaining the information needed for planning was very difficult due to the nature of the National Security Special Event structure. The RNC Incident Management Team did a great job of keeping each other informed about the current situation and related planning efforts. This was done by conducting situation briefings during the monthly IAP meetings and keeping current documentation of these activities. A Current Situation Overview document was disseminated monthly with new information noted in red text. This document served as a useful reference document as it linked all of the various pieces together in one place.

During the operations phase, the document was no longer provided, as situation updates were given verbally at the weekly meetings and also sent out in the meeting notes.

Recommendations: None

Activity 8.2: Provide executive level briefings for the State Surgeon General and FDOH senior leaders.

Observation 8.2.1: Strength - The briefings provided to the State Surgeon General and FDOH senior leaders were effective.

References:

1. Leadership Briefing Reports ([Attachment 25](#))

Analysis: Executive briefings were held with the State Surgeon General and senior department leaders monthly from January-July and weekly during the month of August. Twice daily updates were provided to the State Surgeon General during the event.

The standard ESF8 briefing template was used and the Current Situation Overview, current IAP, and other related documents were provided as attachments. These briefings allowed leadership an opportunity to stay informed and to ask questions. Local planners were asked to join the meetings via conference call to answer questions regarding local efforts.

Recommendations: None

Capability 9: Intelligence and Information Sharing

Capability Summary: The Intelligence and Information Sharing Capability is defined as providing timely, accurate and actionable information to stakeholders. This includes the ability to exchange information, data, or knowledge among entities.

Intelligence and information from federal agencies were scarce when planning for the Republican National Convention.

Activity 9.1: Monitor the Florida Fusion Center for relevant information and report back to the Incident Management Team

Observation 9.1.1: Area of Improvement - Relevant information and intelligence (including threat assessments) were not available through the Fusion Center until just prior to the event.

Reference: Public Health and Medical Integration with Florida Fusion Center Standard Operating Guidelines.

Analysis: The Incident Management Team included technical specialists that served as Florida Fusion Center Health Intelligence Liaison Officers (ILOs). These ILO's attended weekly meetings at the Fusion Center and were asked to provide weekly reports to the Incident Management Team. The event threat assessment was not made available by the Federal Bureau of Investigation until just prior to the event. Very little

information was available and the information that was available did not indicate any significant threats.

One of the FDOH ILO's served as a liaison at the Multi-agency Communications Center during the event. Having this staff member function in this role was extremely helpful in obtaining law enforcement information during the event.

Recommendations: This issue is beyond the control of the FDOH. FDOH ILOs will continue to monitor information coming out of the Florida Fusion Center.

Activity 9.2: Ensure the security of all Republican National Convention documents and communications.

Observation 9.2.1: Area of Improvement – Security of RNC planning documents and communications was inconsistent.

References:

1. RNC Incident Management Team Guidelines ([Attachment 1](#))

Analysis: The RNC Incident Management Team guidelines contain the only written guidance that was received from the USSS regarding information security. An email disclaimer was provided that was mandated to be in the footer of any email containing RNC information. The documentation provided by the USSS stated that information provided belonged to the federal government and was on “loan” to members of the subcommittees. Permission was to be requested from the legal and public affairs subcommittee before information was shared outside of our agency. The disclaimer also noted that RNC information was exempt from public records requests otherwise subject to the Florida Sunshine laws.

Although there is a need for operational security in planning for an event such as the RNC, there is also a need to be able to share information, in order to conduct effective planning.

Monthly IMT meetings were held in person and a WebEx and/or conference call options were also offered for those members joining the call from other areas of the state. These conference calls were held using the state conference call lines provided by the Department of Management Services. There was one pass code that all members used. There were often times individuals on the calls who did not identify themselves. Currently, a means to exclude unidentified callers does not exist within the conferencing service. All conference calls were made using non-secure modalities.

Recommendations:

1. If planning for a special event with security concerns, request clarification about what information is considered sensitive and what information can be widely shared.
2. Establish a secure means for conducting conference calls for future NSSEs

Capability 10: Supply Chain Integrity and Security

Capability Summary: The Supply Chain Integrity and Security Capability is defined as strengthening the security and resilience of the supply chain. This includes food and agriculture safety and defense activities.

Activity 10.1: Support the multi-agency Food Safety Task Force to establish and implement plans for food safety and defense during the Republican National Convention.

Observation 10.1.1: Area of Improvement – The FDOH largely did not support the Food Safety Task Force request for assistance with sampling activities related to the Food and Drug Administration (FDA) Food Safety and Defense assignments.

References:

1. FY 2012 Special Event Food Safety and Defense Assignments ([Attachment 26](#))
2. Food Emergency Response Plan, Annex to the Florida Comprehensive Emergency Management Plan

Analysis: The FDA scheduled two Special Event Food Defense Assignments prior to the RNC. The same assignment was conducted for both the RNC and DNC in 2008 and North Carolina participated in this assignment in preparation for the 2012 DNC. The Department of Business and Professional Regulation (DBPR) assisted with the assignment by:

- Conducting routine food safety inspections.
- Disseminating and discussing food defense information (provided with assignment).
- Disseminating the “See Something, Say Something” flyer (provided with assignment).

FDOH was asked to support by:

- Conducting inspections at pre-identified FDOH regulated establishments (primarily bars and lounges) in the event area and collecting food samples if the establishment serves any catered foods that are included in the FDA assignment. FDOH supported this activity.
- Collecting food samples from establishments regulated by DBPR and shipping them to the assigned Food Emergency Response Network (FERN) lab (note - sampling supplies, shipping supplies and postage fees will be provided or paid for by FDA).
- Completing and submitting a trace back form (provided in the assignment).

FDOH leadership, at that time, determined that participating in sampling activities for this exercise was beyond the scope of the Department. FDOH does not routinely collect food samples absent a human illness investigation. DBPR does not collect food samples, rather, it has an active memorandum of agreement (MOA) with FDOH to

provide epidemiological services for investigation of food borne illness suspected to be related to DBPR establishments.

Although FDOH General Counsel determined that Ch. 381.006, F.S. gives the Department the authority to participate in this proactive surveillance, liability exposure was a concern. To address these concerns, General Counsel requested that DBPR attorneys draft an MOA to outline the support that FDOH was asked to provide for this assignment. DBPR attorneys were not willing to enter into an MOA with FDOH because DBPR does not have the authority to collect food samples and, therefore, determined it was not appropriate to draft a document requesting FDOH to do so.

Both Hillsborough and Pinellas counties wanted to participate in this assignment and provided FDOH, Bureau of Environmental Health with statements of how their normal operations would be impacted by this assignment. County Environmental Health Directors felt that this would have been a good opportunity for them to train their staff and to collaborate with other state and federal partners.

FDOH leadership deliberated and ultimately decided not to support this request. The Food Safety Task Force proceeded with the assignment without the assistance of FDOH. However, the assignment was delayed approximately three weeks and was undertaken by the FDA.

Recommendations:

1. Consult with all entities involved to gain understanding of mission taskings prior to making decisions. It must be determined if there is a valid public health mission.
2. When an IMT is activated, the ECO has the authority to direct all activities associated with the event. All decisions should be vetted through the IMT process.

Observation 10.1.2: Strength - FDOH provided a staff member to serve as the Situation Unit Leader for the Food Safety Task Force during the Republican National Convention.

References:

1. Food Safety Task Force 2012 Republican National Convention Standard Operating Guidelines ([Attachment 27](#))
2. Food Emergency Response Plan, Annex to the Florida Comprehensive Emergency Management Plan

Analysis: During the event, the Food Safety Task Force was charged with providing food safety and defense coverage for the RNC venues; caterers providing food to the venues, food vendors for first responders, delegate hotels, and permanent and temporary food service establishments conducting significant activities as a part of the RNC. The Task Force made a manpower request to FDOH through the Florida Integrated Rapid Response Team (FLIRRT), for a staff member to serve as the Situation Unit Leader for the Task Force during the RNC. FDOH approved this request and an individual to serve in this role was deployed with the ESF8 field operations team.

The food safety Command and General staff showed a general lack of experience with the Incident Command System (ICS). All staff, particularly Command and General staff, would benefit from ICS training tailored to real-life application for state employees, provided by Florida State employees with substantial experience using ICS. Generalized ICS training, especially specialized training for those that will never fill the role, is of little value. Training should include ways to integrate normal operations and ICS roles, to ensure needs for both areas are addressed.

In an attempt to reduce the total number of credentials that had been issued, the United States Secret Service rescinded half of the credential overlays that were originally assigned to the food safety monitors. The Food Safety Task Force compensated by cutting the two man teams in half and doubling the workload for each inspector.

Recommendations: Ensure job specific training is provided for staff deployed to support FDOH/ESF8as well as a component of structure outside of FDOH/ESF8.

Capability 11: Environmental Response/Health and Safety

Capability Summary: The Environmental Response/Health and Safety Capability is defined as ensuring the availability of guidance and resources to address all hazards. This includes environmental health, responder safety and health and WMD and hazardous materials response and decontamination.

Activity 11.1: Establish and implement radiological monitoring plans during the Republican National Convention.

Observation 11.1.1: Strength - The Bureau of Radiation Control conducted counterterrorism activities at each of the three main venues where events were held (Tampa Bay Times Forum, Tampa Convention Center & Tropicana Field). These activities included venue sweeps looking for hidden radioactive material (which can be used in dirty bombs, etc.) and radiation monitoring at the vehicle and pedestrian checkpoints.

Reference: Radiological/Nuclear Incident Emergency Response Plan

Analysis: The Bureau of Radiation Control (BRC) helped provide radiation security for the RNC from August 24-31. BRC health physicists worked around the clock in 12-hour shifts in order to provide 24-hour coverage. In addition, several BRC health physicists assisted the federal Department of Energy (DOE) by providing training to approximately 150 USSS Agents on the use of personal radiation detectors (PRDs). The USSS agents and uniformed service officers used the PRDs to augment security during the week.

The BRC health physicists were part of a multi-agency, multidisciplinary, Preventative Radiological & Nuclear Detection (PRND) team that also included local law enforcement, USSS, Florida Highway Patrol troopers, and DOE physicists.

Each agency contributed equipment including computers, vehicle-mounted gamma spectroscopy systems (also known as radioisotope identification devices or RIIDs),

PRDs, backpack radiation detectors, and hand-held RIIDs. The BRC was short air cards, which were needed to send captured gamma spectra to the scientists for evaluation.

Recommendations: In order to fully support PRND deployments in the future, the BRC should consider procuring additional air cards.

Activity 11.2: Monitor weather (Tropical Storm Isaac) and provide current information to deployed staff to maintain responder safety and health.

Observation 11.2.1: Area of improvement – ESF8 field operations staff were not provided with accurate or timely safety information.

Reference: State ESF8 Responder Safety & Health Concept of Operations

Analysis: ESF8 field operations staff assigned to the Consequence Management EOC (CMEOC) and the Multi-Agency Communications Center (MACC) were not provided with adequate safety information related to threats of severe weather and protestors.

There was no safety briefing conducted at the CMEOC. The EOC was located in the GTE Federal Credit Union building on the second floor. The room consisted of floor to ceiling windows on the front and sides. Weather updates were provided during all situation updates, which were conducted irregularly every 3-6 hours. During the first few days of the response, the area was under severe weather advisories, watches and warnings, including tornado warnings and a reported touchdown. At no time were the staff members informed of building evacuation routes or sheltering locations, even when tornado warnings were announced. The FDOH staff member on shift in the CMEOC was notified of the tornado touchdown only by the Field Operations Chief, who was off-site.

The staff at the CMEOC was notified that a segment of Occupy NY protestors, reported to be violent, were leasing private property within sight of the building and that debris (rocks, sticks, bottles) had been confiscated from the area. The time of their arrival and departure, as well as, the number of actual protestors was inaccurate. Staff were told not to worry, because the protestors probably didn't know they were there. With all the responder vehicles in the parking lot, it would have been hard not to notice there was some sort of coordinated activity going on there. Although parking instructions were provided, updates and additional information were not provided about this announcement.

At the MACC, there was a safety briefing provided on the first day of operations which included emergency exit and sheltering locations. However, there was no location identified for the MACC members to muster in the event of a fire or other hazard that would require evacuation of the facility. Weather updates were provided, but they were not advised of the tornado warnings or reported touchdown. The MACC was located at the Florida Fairgrounds which was also hosting a large Ron Paul gathering with hundreds of attendees camping on the property. Staff working at this location had to drive through the encampment to get to the MACC. At no time did the staff at the MACC

make mention of the Ron Paul event or if any trouble was expected from the people camping there.

The field operations team was sharing information throughout their shifts and during twice daily briefings to include information to promote safety.

Recommendations:

1. Responders must be aware of the situation in which they are working and be prepared to be responsible for their own safety.
2. Responders should be proactive in seeking safety information if it is not provided or readily available.

SECTION 4: CONCLUSION

Planning for and responding to a National Security Special Event creates an array of agency and multi-tiered responses from the local, state, and federal level. Communication between these levels was identified as a challenge during both the planning and operational phases of the RNC. The formal activation to support the 2012 Republican National Convention presented a unique opportunity to visualize these communication challenges and build infrastructure systems to improve event communication in the future. As an event, there were no significant issues for the entire period.

The RNC provided the FDOH (as ESF 8) the opportunity to conduct extensive planning with health and medical partners and other local, state and federal agencies. The plans developed in support of the RNC guided logistics support operations that included the deployment and recovery of various health and medical supply caches, health and medical response teams and IMT personnel. Deployment for this event enabled the state to test capabilities and strengthen partnerships with other local, state, and federal agencies.

To capture lessons learned and successes from this process and to assist planners with future special events, a Public Health and Medical Special Events Planning Guide and Tool Kit is under development. The guide can be used to plan for local events (e.g. fairs, concerts, air shows) and also Special Event Assessment Rating (SEAR) or NSSE events such as Super Bowls or Conventions. The guide will include the following:

- An overview of NSSEs and other SEAR designated events.
- Planning Assumptions
- Local Planning Considerations
- State Planning Considerations
- Tools and Resources

APPENDIX A: IMPROVEMENT PLAN

This IP has been developed specifically for the Florida Department of Health as a result of the planning and response to the Republican National Convention. These recommendations draw on both the After Action Report.

Table A.1: Improvement Plan Matrix

Capability	Observation	Recommendation	Corrective Action Description	Capability Element	Primary Resp Agency	Agency POC	Due Date
Capability 1: Planning	Observation 1.1.1. Communication and coordination between the state and local planners were excellent. State planners were engaged and attended local meetings. Local planners kept the state planners informed regarding planning efforts between local and federal planners.	Enact a policy for the establishment of a project manager for all large scale events that will require extensive pre-planning with local, state and federal partners. This project manager would be expected to engage in local planning by attending meetings and planning sessions.	Corrective Action 1.1.1. Incorporate the policy in the Special Events Planning Guide.	Planning	BPR ESF8 Unit	Sara Bourdeau	Dec 19 2012
	Observation 1.2.1. The multidisciplinary IMT contained representation from several FDOH divisions and conducted thorough and well organized planning. Radiological monitoring was one objective the IMT neglected to include to include.	Ensure and provide for the inclusion of all FDOH entities on a special event IMT.	Corrective Action 1.2.1. Incorporate this recommendation into the Special Events Planning Guide:	Planning	BPR ESF8 Unit	Sara Bourdeau	Dec 19 2012
	Observation 1.2.2. Staff hours dedicated to planning for and responding to the RNC were not recorded as directed.	Develop a compliance system and implement it before hurricane season. The system should include employee accountability for	Corrective Action 1.2.2. Develop a compliance system for tracking hours as directed when part of a response or	Process	BPR Admin Unit	Kelley Waters	April 30 2012

Capability 1: Planning		not complying with the directive as non-compliance could result in the loss of cost reimbursement for funded incidents/events.	activation. This process should include a means to validate the People's First Report against the ICS 203's and CHD rosters.				
			Incorporate this process as an attachment to the ESF8 SOP.	Process	BPR ESF8 Unit	Samantha Cooksey Strickland	May 31 2012
	Observation 1.2.3. Some personnel worked around or independent of the established Incident Management Team.	As noted in the ESF8 SOP, when activating staff as part of an IMT, process and expectations should be clearly defined, to include the anticipated time commitment and the employees reporting structure and requirements under the IMT. These expectations should be provided in the activation orders and staffing points of contact are responsible for briefing activated personnel regarding these expectations. Activated staff are responsible for sharing these expectations with their supervisors when obtaining approval to participate.	Corrective Action 1.2.3.a. Review current activation order templates and ESF8 Staffing Request Checklist to ensure inclusion of anticipated time commitment, reporting structure and requirements and expectations.	Process	BPR Responder Management Unit	TBD	Mar 29 2013
			Corrective Action 1.2.3.b. Review current responsibilities with staffing points of contact to ensure they are reviewing expectations with staff during the recruitment and identification phase and encouraging staff to communicate this information to their supervisors when requesting approval to participate.	Process	BPR Responder Management Unit	TBD	May 31 2013
Capability 1. Planning	Observation 1.2.4. The NSSE planning process is contrary to basic emergency management principles and poses challenges in information sharing and	NSSE's are federal events taking place in a local venue and federal government agencies work directly with local government agencies to	Corrective Action 1.2.4. Incorporate the following recommendations into the Special Events Planning Guide:	Planning	BPR ESF8 Unit	Sara Bourdeau	Dec 19 2012

Capability 1. Planning	planning.	plan for these events. State planners should stay engaged with both local and federal partners in planning for the events and be aware of the plans and resources that are in play as all will need to be prepared to switch to a consequence management posture if an incident occurs during the event.	<ol style="list-style-type: none"> 1. At the beginning of the planning process, local and state planners should establish a process for communications 2. Joint (local, state, federal) planning should be conducted as much as possible. 3. Local and state partners should continue to utilize standard emergency management practices that have produced effective results for previous large scale events and incidents. 4. Local and state partners need to succeed in spite of the strict communication systems. This may require utilizing out of the box approaches to ensure community partners are effectively engaged in the response preparations. 				
	Observation 1.2.5. State Emergency Response Team (SERT) level planning and coordination activities among state agency partners were minimal during the planning phase for the RNC.	For future special events, the FDOH Incident Commander or ECO should request that the Division of Emergency Management designate a representative to participate as a member of the FDOH IMT.	Corrective Action 1.2.5. Incorporate this recommendation into the Special Events Planning Guide.	Planning	BPR ESF8 Unit	Sara Bourdeau	Dec 19 2012
	Observation 1.2.6. Florida did not maximize	For future parallel events, schedule periodic	Corrective Action 1.2.6. Incorporate this	Planning	BPR ESF8	Sara Bourdeau	Dec 19 2012

	coordination opportunities with North Carolina regarding their planning for the Democratic National Convention, conducted the week after the RNC.	coordination calls with other planners in other states to share information and trouble shoot challenges. <i>Note: Although attempts should be made to collaborate on planning, restrictions on information sharing may prohibit planners from sharing information.</i>	recommendation into the Special Events Planning Guide.		Unit		
Capability 1: Planning	Observation 1.3.2. Advance planning was conducted to identify contingency planning considerations to address the needs of the delegates and visitors and concurrent potential for dual impact to the State in response to both the RNC and a hurricane.	Conduct an incident hazard vulnerability analysis for special events. Contingencies should be developed for high probability high impact threats.	Corrective Action 1.3.2. Incorporate this recommendation into the Special Events Planning Guide.	Planning	BPR ESF8 Unit	Sara Bourdeau	Dec 19 2012
	Observation 1.3.3. Florida established a working group comprised of local, state and federal subject matter experts to develop a Republican National Convention Patient Movement Plan.	Incorporate lessons learned from the RNC Patient Movement plan development process into the State Community Stabilization and Patient Movement Plan. Upon completion, this plan needs to be exercised. The pre-identification of a designated hospital point of contact was not realistic. When establishing points of contact, the focus should be on a role or position, not an individual (house supervisor, CEO, etc.)	Corrective Action 1.3.3.a. Complete a draft Patient Movement Plan that can be incorporated as a component of the Community Stabilization and Population Plan.	Planning	BPR ESF8 Unit	Sara Bourdeau	Mar 29 2013
Corrective Action 1.3.3.b. Finalize the draft Community Stabilization and Population Movement Plan.			Planning	BPR Medical Surge Unit	Terry Schenk	Jun 30 2013	
Corrective Action 1.3.3.c. Identify opportunities to exercise the Community			Training	BPR Medical Surge and	Terry Schenk and Sara Bourdeau	Jun 30 2013	

			Stabilization and Population Movement plan in FY14		ESF8 Units		
Capability 2: Operational Coordination	Observation 2.1.1. The Incident Management Team in place for planning transitioned into an operations structure on August 3, 2012 to prepare for event management.	When feasible and appropriate, maintain consistency by having staff assigned in roles for planning continue to serve in those roles during the operations phase.	Corrective Action 2.1.1. Incorporate this recommendation into the Special Events Planning Guide.	Planning	BPR ESF8 Unit	Sara Bourdeau	Dec 19 2012
	Observation 2.1.2. Training was conducted for ESF8 staff assigned roles during the Republican National Convention which led to a clear understanding of assigned roles and expectations.	All ESF8 activations should be used as training opportunities, placing new personnel under the instruction of a person who is experienced in their role rather than relying on a core group of experienced staff.	Corrective Action 2.1.2. Identify staff listed on the ESF8 three deep roster that are in need of training.	Training	BPR Training and Exercise Unit	Ben St. John	Feb 28 2013
			When feasible during activations, assign staff members in need of training to shadow experienced staff in their assigned roles.	Training	ESF8 ECO	Mike McHargue	May 31 2013
	Observation 2.1.3. The IMT established and adhered to the communications plan reporting and briefing schedules.	Reporting times should be scheduled immediately after the release of the established Situation Report times for the Incident Command and prior to the scheduled State Emergency Response Team briefings if possible This would allow for the most current and accurate reporting of information.	Corrective Action 2.1.3. Incorporate this recommendation into the Special Events Planning Guide.	Planning	BPR ESF8 Unit	Sara Bourdeau	Dec 19 2012
	Observation 2.1.4. Communication overall was a significant challenge in preparing for and responding to this event.	The solutions to the communication problems that were encountered are beyond the scope of the FDOH.	Corrective Action 2.1.4. Incorporate the following recommendations into the Special Events Planning Guide: 1. Deploy appropriate	Planning	BPR ESF8 Unit	Sara Bourdeau	Dec 19 2012

Capability 2: Operational Coordination			liaisons to all locations where public health and medical operations are being managed. 2. Establish a reporting mechanism for the liaisons to communicate with each other and back to local ESF8. 3. Local ESF8 should establish communications procedures (reporting requirements and timeframes) for all state and federal ESF8 staff supporting the event. 4. Utilize the generally accepted reporting schedule when feasible. (0600 and 1800).				
Capability 3: Public and Private Services and Resources	Observation 3.1.1. Local CHDs produced clear, concise and timely requests for support. Local planners noted that it was difficult to make resource requests to the state without knowing what resources the state had available.	Local and state planners should meet as early as possible to discuss the identified capabilities and gaps and potential missions to support the gaps. Planners should agree on the intended use of state-owned resources. Early approval of the specific concepts will minimize disruption of the planning process and ensure mission needs are met. EPR Logistics Unit staff should attend the meetings with the planners to provide	Corrective Action 3.1.1. Incorporate these recommendations into the Special Events Planning Guide.	Planning	BPR ESF8 Unit	Sara Bourdeau	Dec 19 2012

		a summary of resources available and answer questions about the potential use of the resources. Read only access to the Inventory and Resource Management System (IRMS) may be provided upon request to county planners.					
Capability 3: Public and Private Services and Resources	Observation 3.1.3 Total costs to plan for and respond to the RNC were underestimated.	Create a forecasted budget when planning for special events. Include planning for contingency funding if standby or additional resources are needed that were not originally planned for.	Corrective Action 3.1.3. Incorporate this recommendation into the Special Events Planning Guide.	Planning	BPR ESF8 Unit	Sara Bourdeau	Dec 19 2012
	Observation 3.2.1. Five-hundred portable ventilators were successfully deployed and recovered.	Use lessons learned from the RNC ventilator deployment to create standard ventilator deployment guidelines for future deployments.	Corrective Action 3.2.1.a. Create standard ventilator deployment guidelines for future deployments. Incorporate these guidelines as a component of the Logistics Support Annex.	Planning	BPR Logistics Unit	Sherry Watt and Bobby Bailey	Mar 29 2013
			Corrective Action 3.2.1.b. Include the following requirements in the standard ventilator deployment guidelines: The requestor must obtain more than just an office phone number for the main point of contact as well as a secondary point of contact with a reachable number. The	Planning	BPR Logistics Unit	Sherry Watt and Bobby Bailey	Mar 29 2013

			requestor is responsible for verifying in advance that the points of contact will be at their hospitals on delivery/pick-up day.				
			Correction Action 3.2.1.c. Work with the Division of Emergency Management to ensure a state contract vendor is identified for materiel transport. During a response, there needs to be a vendor immediately available with a contract in place.	Process	BPR Logistics and Unit	Bobby Bailey and Sherry Watt	Mar 29 2013
Capability 3: Public and Private Services and Resources	Observation 3.3.1 Two Chempack containers were temporarily moved from Orange County and remained mobile (ready for rapid response) in the event area from August 26-31.	Use lessons learned during the RNC Chempack deployment to modify existing Chempack plans.	Corrective Action 3.3.1.a. The Temporary Movement of Chempack Assets Standard Operating Guidelines should be updated to include: 1. Provisions for the mobile staging of containers, as was done during the RNC. The current plan addresses movement to fixed facilities only. 2. A key management system. Provisions for providing keys to the recipient of the containers if they are moved.	Planning	BPR Logistics Unit	Linda Bailey and Dr. Jennifer Thompson	Mar 29 2013
			Corrective Action 3.3.1.b. Determine if all RERAs should keys to	Process	BPR Logistics Unit	Bobby Bailey, Linda	Mar 29 2013

			the containers and if so, provide keys to those RERAs who do not currently have them.			Bailey, Dr. Jennifer Thompson and Jon Erwin	
	Observation 3.4.1. Requested resources were successfully procured, deployed, monitored and recovered.	Use lessons learned from the RNC resource deployment to make modifications to the Logistics Support Annex.	Corrective Action 3.4.1.a. Ensure Logistics Support Annex includes a process for obtaining reimbursement for costs associated to the repair and replacement of deployed resources.	Planning	BPR Logistics Unit	Bobby Bailey and Sherry Watt	Mar 29 2013
			3.4.1.b. When inflatable tents are deployed, send instructions for setting up and taking down and include a tent patch kit.	Equipment	BPR Logistics Unit	Sherry Watt	Mar 29 2013
Capability 3: Public and Private Services and Resources	Observation 3.5.1. Radiological and biological countermeasures were temporarily moved from the Bureau of Public Health Pharmacy (BPHP) to the Hillsborough County Health Department (HCHD) during the Republican National Convention. Additional antibiotics were available for rapid deployment.	Use lessons learned from the RNC pharmaceutical deployment to make modifications to the Logistics Support Annex.	Corrective Action 3.5.1.a. Refine the process for no-notice movement of pharmaceutical caches to include provisions for obtaining access to appropriate transportation and drivers.	Process	BPR Logistics Unit	Bobby Bailey and Sherry Watt	Mar 29 2013
			Corrective Action 3.5.1.b. Work with the Bureau of Public Health Pharmacy to improve communications process between EPR Logistics Staff and Pharmacy staff when coordinating pharmaceutical deployments.	Process	BPR Logistics Unit	Bobby Bailey and Dr. Jennifer Thompson	Mar 29 2013

			Corrective Action 3.5.1.c. Work with the Bureau of Public Health Pharmacy to ensure future shipments of medical materiel contain bills of lading.	Process	BPR Logistics Unit	Bobby Bailey and Dr. Jennifer Thompson	Mar 29 2013
	Observation 3.6.1. An ESF8 field operations team was successfully deployed and fulfilled missions as assigned.	When working to support a special event, budget to cover overtime pay or split shifts in such a way that working overtime is not necessary. Be clear with staff, prior to the event, about how they will be compensated for overtime hours.	Corrective Action 3.6.1. Incorporate this recommendation into the Special Events Planning Guide.	Planning	BPR ESF8 Unit	Sara Bourdeau	Dec 19 2012
Capability 3: Public and Private Services and Resources	Observation 3.7.1. Select Public Health and Medical teams were on standby, prepared to respond to the RNC if needed. Team leaders were engaged and participated in both pre-event and event activities.	Local and state planners should meet as early as possible to discuss and agree on the intent for use of state managed public health and medical teams. Early approval of the specific concepts will minimize disruption of the planning process and ensure mission needs are met.	Corrective Action 3.7.1.a. Incorporate this recommendation into the Special Events Planning Guide.	Planning	BPR ESF8 Unit	Sara Bourdeau	Dec 19 2012
		When developing budgets for planned events, include funding contingency plans to cover response costs for teams placed on standby.	Corrective Action 3.7.1.b. Incorporate this recommendation into the Special Events Planning Guide.	Planning	BPR ESF8 Unit	Sara Bourdeau	Dec 19 2012

		Strike teams throughout the state should be provided with regular opportunities for appropriate training and exercises that would allow them to work together as a team and also with other teams.	Corrective Action 3.7.1.c. Provide an opportunity for strike team members to participate in the Annual Hurricane Exercise.	Training	BPR Responder Management and Training and Exercise Units	Ben St. John	May 31 2013
			Corrective Action 3.7.1.d. Provide an opportunity for strike team members to participate in a DOH sponsored full-scale exercise in November, 2013.	Training	BPR Responder Management and Training and Exercise Units	Ben St. John	Dec 31 2013
Capability 4: Public Health and Medical Services	Observation 4.1.1. The Tampa Public Health Laboratory successfully implemented its Operations Plan for the RNC	Use lessons learned from the RNC to develop a best practices document for public health laboratories participating in NSSEs. Although the Tampa Laboratory had an existing plan for BioWatch, the laboratory operations plan was built from scratch for this event.	Corrective Action 4.1.1. Work with the Association for Public Health Laboratories to develop a “playbook” for public health labs participating in NSSEs	Planning	BPHL – Tampa	Dr. Andy Cannons	Jun 28 2013
	Observation 4.2.1. Staff from the Bureau of Epidemiology and Bureau of Environmental Health participated as members of the RNC Surveillance and Investigations Workgroup and assisted local planners.	Continue to monitor the progress of the joint investigation memorandum of understanding.	Corrective Action 4.2.1. Obtain approval for the joint investigation memorandum of understanding.	Process	Bureau of Epidemiology	Michael Wydotis	Mar 23 2013
	Observation 4.2.2. A pilot program was developed	Use lessons learned during the pilot program to	Corrective Action 4.2.2.a. Conduct an	Process	Bureau of	Janet Hamilton	Dec 31 2012

	and implemented to transmit Disaster Medical Assistance Team (DMAT) electronic medical record (EMR) data to the Bureau of Epidemiology's statewide Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE-FL).	improve the process for future events.	after action review with ASPR regarding the DMAT to ESSENCE transfer of EMR data during the RNC.		Epidemiology		
			Corrective Action 4.2.2.b. Document the process for transferring EMR data from DMATs to ESSENCE in the ESSENCE User Guide.	Process	Bureau of Epidemiology	Janet Hamilton	Mar 29 2013
	Observation 4.3.1. The Medical Monitoring Unit was established and staffed appropriately with personnel who possessed the knowledge, skills and abilities to perform their roles.	Incorporate functions performed by the Medical Monitoring Unit in into the all-hazards structure.	Corrective Action 4.3.1. Incorporate the Medical Monitoring Unit functions into the Situation Unit. Document these functions in the ESF8 SOP.	Planning	BPR ESF8 Unit	Samantha Cooksey Strickland	May 21 2014
Capability 4: Public Health and Medical Services	Observation 4.3.2 In many instances, hospital bed availability data was not reported accurately or timely.	Continue the process of transitioning from ESS to EMResource for collecting data regarding hospital status.	Corrective Action 4.3.2.a. Continue to follow through the contracts with Intermedix and work with AHCA to make the transition.	Systems	BPR Knowledge Management Unit	Ken Devin and Paul Lindeman	June 30 2013
		If a statewide system is not going to be used, county applications should be able to be inputted directly into the state system for overall situational awareness.	Corrective Action 4.3.2.b. Develop a contingency process for obtaining bed availability data from county applications to obtain an overall picture of bed availability in FL.	Process	BPR Medical Surge Unit	Kay Croy	June 30 2013
		Work with AHCA to increase hospital compliancy for entering status data into the designated system(s).	Corrective Action 4.3.2.c. Work with AHCA to increase hospital compliancy for entering status data into the designated system(s).	Process	BPR Medical Surge Unit	Kay Croy	June 30 2013

<p>Capability 4: Public Health and Medical Services</p>	<p>Observation 4.4.1. A cache of EMTrack scanners were acquired, programmed and available for use during the RNC. Scanners were delivered to the event area and just-in-time training was provided to the users.</p>	<p>Use lessons learned from the RNC EMTrack deployment to develop general deployment guidelines for the state maintained EMTrack scanner cache.</p>	<p>Corrective Action 4.4.1.a. Include the following lessons learned in the EMTrack deployment guidelines: 1. As much as possible, training should be conducted prior to and not during the event. 2. When the state maintained EMTrack cache is deployed, the hardware should be acquired well in advance to allow for testing, training and configuration. 3. If a DMAT working in Florida is asked to use EMTrack, deploy an individual with this team to complete this task for them as not to burden them with excessive data entry. 4. FDOH Mobile Communications Units and Disaster Preparedness Consultants (DPCs) should be considered as a solution to network or communication issues.</p>	<p>Planning</p>	<p>BPR Knowledge Management Unit</p>	<p>Ken Devin</p>	<p>Mar 29 2013</p>
<p>Capability 5: Public Information and Warning</p>	<p>Observation 5.1.1 The FDOH Office of Communications was very supportive of the Information Management Unit's work and provided</p>	<p>For future special events, develop a formal, strategic health communications plan in support of NSSE-type events to dovetail with any federal plans.</p>	<p>Corrective Action 5.1.1. Incorporate this recommendation into the Special Events Planning Guide:</p>	<p>Planning</p>	<p>BPR ESF8 Unit</p>	<p>Sara Bourdeau</p>	<p>Dec 19 2012</p>

	graphics and other support to achieve planning goals and timely production of products.						
Capability 7: Threats and Hazard Identification	Observation 7.1.1. RNC Media Monitoring Reports were produced weekly from June 1-August 22, 2012 and twice daily during the event.	Enhance the media monitoring report format. The current format provided articles and postings.	Corrective Action 7.1.1.a. Add a summary/analysis of what information is being reported/posted and an outline of major concerns to the media monitoring report.	Process	Office of Communications	Ann Rowe-McMullen	Mar 29 2013
		The media monitoring unit's role needs to be further defined in concert with the Florida's Fusion Center's role. Determine if the unit should be monitoring only for public health and medical surveillance purposes or also for individuals looking to cause harm that would have public health and medical consequences.	Corrective Action 7.1.1.b. Revise the current standard operations guidelines (SOG) for social media monitoring. The SOG should include search strings in multiple languages.	Planning	Office of Communications and FDOH FUSION Health ILOs	Ann Rowe-McMullen and Bob Smith	Mar 29 2013
			Corrective Action 7.1.1.c. The FDOH should obtain at least two licenses to TacTrend and GeoCOP to conduct social media monitoring. Office of Communications staff will not be allowed access to these systems, therefore processes for disseminating information obtained in through these systems will be included in the SOGs.	Systems	Office of Communications and FDOH FUSION Health ILOs	Ann Rowe-McMullen and Bob Smith	Jun 30, 2013

Capability 7: Threats and Hazard Identification	Observation 7.2.1. Healthcare Facility Assessments Reports provided valuable information to hospitals.	All critical infrastructure within the Healthcare and Public Health sector in Regional Domestic Security Task Force (RDSTF) 4 should be assessed using the ACAMS and HFSAI.	Corrective Action 7.2.1. Assessments will continue through existing contracts.	Systems	BPR Knowledge Management Unit	Bob Smith	Jun 30 2013
Capability 9: Intelligence and Information Sharing	Observation 9.2.1. Security of RNC planning documents and communications was inconsistent.	If planning for a special event with security concerns, request clarification about what information is considered sensitive and what information can be widely shared.	Corrective Action 9.2.1. Incorporate this recommendation into the Special Events Planning Guide.	Planning	BPR ESF8 Unit	Sara Bourdeau	Dec 19 2012
		Establish a secure means for conducting conference calls for future NSSEs					
Capability 10: Supply Chain Integrity and Security	Observation 10.1.1. The FDOH largely did not support the Food Safety Task Force request for assistance with sampling activities related to the Food and Drug Administration (FDA) Food Safety and Defense assignments.	Consult with all entities involved to gain understanding of mission taskings prior to making decisions. When an IMT is activated, the ECO has the authority to direct all activities associated with the event. All decisions should be vetted through the IMT process.	Corrective Action 10.1.1. Incorporate this recommendation into the Special Events Planning Guide.	Planning	BPR ESF8 Unit	Sara Bourdeau	Dec 19 2012
	Observation 10.1.2. FDOH provided a staff member to serve as the Situation Unit Leader for the Food Safety Task Force during the Republican National Convention.	Ensure job specific training is provided for staff deployed to support FDOH/ESF8 as well as a component of structure outside of FDOH/ESF8.	Corrective Action 10.1.2. Provide position specific training to staff on the 3-deep roster.	Training	BPR ESF8 and Training and Exercise Units	Samantha Cooksey Strickland and Emily Wilson	May 31 2013

Capability 11: Environmental Response / Health and Safety	Observation 11.1.1. The Bureau of Radiation Control conducted counterterrorism activities at each of the three main venues where events were held (Tampa Bay Times Forum, Tampa Convention Center & Tropicana Field). These activities included venue sweeps looking for hidden radioactive material (which can be used in dirty bombs, etc.) and radiation monitoring at the vehicle and pedestrian checkpoints.	In order to fully support PRND deployments in the future, the ERC should consider procuring additional air cards.	Corrective Action 11.1.1. Identify funding sources to procure additional air cards.	Equipment	Bureau of Radiation Control	John Williamson	Mar 29 2013
	Observation 11.2.1. ESF8 field operations staff were not provided with accurate or timely safety information.	<p>Responders must be aware of the situation in which they are working and be prepared to be responsible for their own safety.</p> <p>Responders should be proactive in seeking safety information if it is not provided or readily available.</p>	Corrective Action 11.2.1. Review current deployment orders (Responder safety and health) and Responder Safety and Health Appendix to ensure these recommendations are included.	Process / Training	BPR Responder Management Unit	TBD	Mar 29 2013

APPENDIX B: ACRONYMS

Acronym	Meaning
ACAMS	Automated Critical Asset Management System
AHCA	Agency for Healthcare Administration
ASPR	Assistant Secretary for Preparedness and Response
BPHP	Bureau of Public Health Pharmacy
BPR	Bureau of Preparedness and Response
BRC	Bureau of Radiation Control
CBRNE	Chemical, Biological, Radiological, Nuclear, Explosive
CDC	Centers for Disease Control and Prevention
CEMP	Comprehensive Emergency Management Plan
CHD	County Health Department
CMEOC	Consequence Management Emergency Operations Center (City of Tampa)
DBPR	Division of Business and Professional Regulation
DEM	Division of Emergency Management
DMAT	Disaster Medical Assistance Team
DNC	Democratic National Convention
DoD	Department of Defense
DOE	Department of Energy
DoACS	Department of Agriculture and Consumer Services
DPC	Disaster Preparedness Consultants
EMR-S	Electronic Medical Record System
ECO	Emergency Coordinating Officer
ESF	Emergency Support Function
ESF8	Public Health and Medical
ESF14	Public Information
ESS	Emergency Status System
ESSENCE-FL	Electronic Surveillance System for the Early Notification of Community-based Epidemics
FDA	Food and Drug Administration
FDLE	Florida Department of Law Enforcement
FDOH	Florida Department of Health
FEMA	Federal Emergency Management Agency
FEMORS	Florida Emergency Operations Response System
FERN	Food Emergency Response Network
FHA	Florida Hospital Association
FLIRRT	Florida's Integrated Rapid Response Team
HFSAI	Healthcare Facility Security Assessment Instrument
HHS	Health and Human Services

Acronym	Meaning
IAP	Incident Action Plan
ICS	Incident Command System
ILO	Intelligence Liaison Officer
IMT	Incident Management Team
IMU	Information Management Unit
IRCT	Incident Response Coordination Team
JHU/APL	John Hopkins University Applied Physics Laboratory
JIC	Joint Information Center
MACC	Multi-agency Communications Center
MCU	Mobile Command Unit
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
MRC	Medical Reserve Corps
NSSE	National Security Special Event
NVRT	National Veterinary Response Team
PRD	Personal Radiation Detector
RDSTF	Regional Domestic Security Task Force
RRND	Preventative Radiological and Nuclear Detection
RERA	Regional Emergency Response Advisor
RIID	Radioisotope Identification Device
RNC	Republican National Convention
SEAR	Special Event Assessment Rating
SEOC	State Emergency Operations Center
SERT	State Emergency Response Team
SMRT	State Medical Response Team
SOG	Standard Operating Guideline
SOP	Standard Operating Procedure
TIGER	Tampa Information and Geographical Resources
USCG	United States Coast Guard
USDA	United States Department of Agriculture
USSS	United States Secret Service

APPENDIX C: DEFINITIONS

Term	Meaning
Automated Critical Asset Management System (ACAMS)	The Automated Critical Asset Management System (ACAMS) is a Web-enabled information services portal that helps state, local, tribal, and territorial governments build critical infrastructure protection programs.
BioWatch	United States Federal Government program to detect the release of pathogens into the air as part of a terrorist attack on major American cities.
Chempack	A nationwide program for the “forward” placement of nerve agent antidotes. The program provides state and local governments a “sustainable” resource; and improves their capability to respond quickly to a nerve agent incident.
Disaster Medical Assistance Team (DMAT)	A DMAT is a group of professional and para-professional medical personnel (supported by a cadre of logistical and administrative staff) designed to provide medical care during a disaster or other event. DMATs are designed to be a rapid-response element to supplement local medical care until other Federal or contract resources can be mobilized, or the situation is resolved.
Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE-FL)	An electronic epidemiological surveillance system which includes the following data elements: 1) De-identified emergency department data from 163 hospitals and urgent care centers (updated once daily); 2) De-identified Merlin reportable disease data from the Merlin system (updated once every hour); 3) Deidentified Florida Poison Information Network data (updated every 20 minutes); 4) Deidentified Florida Office of Vital Statistics Death Data (updated once daily). Including multiple streams of data in ESSENCE permits the visualization and descriptive epidemiologic analysis of several data sources in one location.
EM Constellation	EM Constellation is a web-based platform adopted by the State of Florida as an information management solution for emergency management. The platform allows county, state, federal and mutual aid entities to use the same operating environment when responding to and recovering from an emergency.
EM Resource	EMResource is a proven Communications and Resource Management solution that streamlines communications between medical response teams and healthcare providers by monitoring healthcare assets, emergency department capacity, and behavioral health and dialysis bed status; the product facilitates NDMS and HAVBED reporting and broadcasting.
EM Track	A web-based system used to track patients from incident scene through final disposition and responders through the rehabilitation process. EMTrack scanners connect to the EMTrack server and provide a mobile solution to patient/responder tracking.
Emergency Status System (ESS)	The system that the Agency for Healthcare Administration (AHCA) requires hospitals to use to report bed status during emergencies.

Term	Meaning
Florida Emergency Operations Response System (FEMORS)	FEMORS was created to serve the needs of Medical Examiners in their mission to bring dignity and professionalism to caring for the deceased. The FEMORS task force duties may include: Initial Scene Response and Evaluation, Processing the Scene, Temporary Morgue Operations and Administration, and the roles of various forensic units within the morgue (e.g., pathologist, anthropologist, odontologist, radiologist, fingerprint specialist, DNA analyst, funeral director, and others), Victim Identification, Disposition of Human Remains (Embalming/casketing), Personal Effects, and Evidence Collection.
Florida's Integrated Rapid Response Team (FLIRRT)	The FLIRRT is a multi-agency organization composed of the Department of Business and Professional Regulation, Food and Drug Administration, Department of Business and Professional Regulation, and the Department of Health. The purpose of the team is to augment existing resources in the event of a large scale food borne outbreak.
Incident Response Coordination Team (IRCT)	The IRCT is a Health and Human Services team primarily responsible for supporting the public health and medical management of an incident. It does this by providing the field management component of the Federal public health and medical response.
National Security Special Event (NSSE)	An event of national or international significance deemed by the United States Department of Homeland Security (DHS) to be a potential target for terrorism or other criminal activity.
Regional Domestic Security Task Force (RDSTF)	Pursuant to Section 943.0312, Florida Statutes, Florida created seven RDSTFs. The RDSTFs are the foundation of the state's domestic security structure. Each RDSTF consists of local, multi-disciplinary representatives who collectively support preparing for, preventing, protecting against and recovering from a terrorism event.
Regional Emergency Response Advisor (RERA)	<p>A core group of Health Department personnel who would be trained in exotic specialties and would be available 24 hours a day for a wide range of response needs</p> <ul style="list-style-type: none"> • Technical Advisors & Notification • <u>Inter-agency & Intra-agency</u> field coordinators • Post-disaster Field Coordination • Post-disaster Field Intelligence Collection • HazMat Incident Response & Consultation
State Medical Response Team (SMRT)	A SMRT consists of health professionals and support staff trained to respond to incidents that overwhelm the public health and medical system. A SMRT provides triage treatment for injuries and supportive care to affected or vulnerable populations in a mass care setting such as an Alternate Care Site (ACS), field treatment area or shelter.
Tampa Information and Geographical Resources (TIGER)	A web based geospatial visualization tool that allows the City of Tampa to display information that relates to each other spatially that Emergency Responders may use to assist in improving the situational awareness of response, recovery and coordination