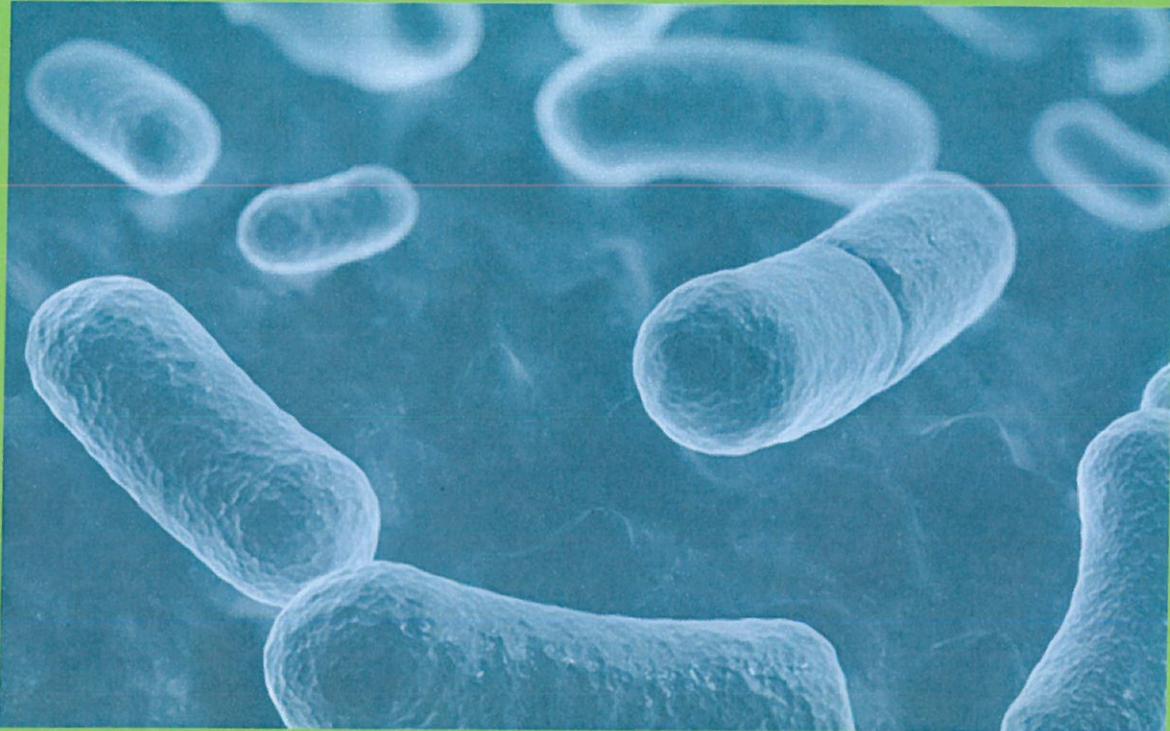

2015 Bioshield Full Scale Exercise

After-Action Report/Improvement Plan



Rick Scott
Governor

John H. Armstrong, MD, FACS
Surgeon General and Secretary of Health

Florida Department of Health
December 30, 2015



The 2015 Bioshield After Action Report and Improvement Plan is in compliance with The Department of Homeland Security's Exercise and Evaluation Program (HSEEP) and will be used to enhance future Florida Department of Health response plans, trainings, exercises, incident and event responses.

Adopted on: 2/7/16

By: Christie Luce



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2. This document is marked as “Unclassified”.
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4. For more information, please consult the following points of contact (POCs):

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SECTION 1: EXECUTIVE SUMMARY

Purpose

The purpose of the Bioshield 2015 full scale exercise (FSE) was to evaluate the Florida Department of Health's (DOH) ability to share information and coordinate resources throughout the state during a bioterrorism event. County health departments (CHDs) coordinated with the state to request the deployment of Strategic National Stockpile (SNS) assets, set up Local Distribution Sites (LDSs) and distribute medical countermeasures to closed point of dispensing (POD) sites within their jurisdiction. DOH also exercised the response to multiple bioterrorism events and strengthened the coordination of response activities between federal, state, and local agencies.

Scope

The exercise scenario was designed to impact the nine counties in the central Florida Regional Domestic Security Task Force (RDSTF) 5, which includes the Central Florida Medical Disaster Healthcare Coalition. The DOH utilized the opportunity to exercise the state emergency support function (ESF) 8 response staff in support of missions for medical logistics requests, epidemiology, and continued collaboration with other ESF partners. The Bureau of Preparedness and Response (BPR) activated the Receipt, Stage and Store (RSS) Team and deployed team members to the State Logistics Resource Center to manage the receipt and distribution of the SNS.

Summary

The scenario for the Bioshield 2015 FSE was based on a previous exercise conducted in Duval County in which a known terrorist organization successfully released aerosolized plague in the downtown Jacksonville area. Given the previous release, the exercise began with a credible threat from law enforcement detailing the potential release and targets throughout Central Florida. On 1 November, the State Watch Office began receiving reports of suspicious devices found at an annual fall festival in Orange County, an air show in Martin County, and the International Speedway in Volusia County. Local, state and federal assets were deployed to several locations during the exercise to conduct joint criminal-epidemiological investigations, laboratory analysis, and dispensing operations.

SECTION 2: EXERCISE OVERVIEW

Exercise Name: 2015 Bioshield Full Scale Exercise

Type of Exercise: Full Scale Exercise

Exercise Start Date: November 2, 2015

Exercise End Date: November 6, 2015

Location(s): Florida Department of Health Central Office
State Logistics Response Center
Regional Domestic Security Task Force (RDSTF) Region 5
Florida Poison Information Centers

Sponsor: Florida Department of Health

Participating Organizations:

Brevard County Office of Emergency Management	Florida Department of Law Enforcement
Brevard County Sheriff's Office	Florida Division of Emergency Management
Centers for Disease Control and Prevention	Florida Poison Information Centers
Central Florida Disaster Medical Coalition	Georgia State Patrol
Florida Department of Health Central Office	Lake County Office of Emergency Management
Florida Department of Health in Brevard County	Lake County Sheriff's Office
Florida Department of Health in Indian River County	Martin County Office of Emergency Management
Florida Department of Health in Lake County	Martin County Sheriff's Office
Florida Department of Health in Martin County	Orange County Emergency Management
Florida Department of Health in Orange County	Orange County Sheriff's Office
Florida Department of Health in Osceola County	Osceola County Office of Emergency Management
Florida Department of Health in Palm Beach County	Osceola County Sheriff's Office
Florida Department of Health in Seminole County	Seminole County Office of Emergency Management
Florida Department of Health in St. Lucie County	Seminole County Sheriff's Office
Florida Department of Health in Volusia County	United States Marshals Service

Mission Area(s): Response

Capabilities:

- Emergency Operations Coordination
- Medical Materiel Management and Distribution
- Emergency Public Information and Warning
- Information Sharing

Scenario Type: Biological Weapons Release

SECTION 3: ANALYSIS OF CAPABILITIES

This section of the report reviews the performance of the exercised capabilities, activities and tasks. In this section, observations are organized by core capability. Table 1 includes the exercise objectives, aligned core capabilities, and performance ratings for each core capability as observed during the exercise and determined by the evaluation team.

Exercise Objectives	PHEP Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
1. After notification that a biological incident has occurred, activate appropriate ESF8 command staff, technical specialists, and response partners at all necessary ESF8 sites within the CDC time requirements.	Emergency Operations Coordination	X			
2. In conjunction with appropriate partners, report a biological incident has occurred, initiate reporting procedures, and identify required response needs.	Emergency Operations Coordination		X		
3. Conduct allocation and apportionment of medical countermeasures based on the amount made available and the amount requested to support the incident response.	Emergency Operations Coordination	X			
4. Conduct Local-State conference call to justify request for medical countermeasures.	Emergency Operations Coordination	X			
5. Request medical countermeasures in accordance with procedures outlined in the SNS Standard Operating Procedure (SOP).	Emergency Operations Coordination	X			
6. Staff Receipt, Stage, and Store warehouse sites with appropriate staff and prepare to receive SNS within 6 hours.	Medical Materiel Management and Distribution	X			
7. Accurately track inventory of SNS product received at RSS and distributed to LDS/POD using primary and back-up inventory management systems.	Medical Materiel Management and Distribution	X			
8. Distribute medical countermeasures to county LDS warehouses to support local incident needs.	Medical Materiel Management and Distribution	X			
9. Submit RSS Situation Report to State ESF8 Planning with essential elements of information including the amount of 10-day unit of use bottles on hand, amount distributed, and amounts at LDS warehouses.	Medical Materiel Management and Distribution		X		

Exercise Objectives	PHEP Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
10. Coordinate law enforcement to maintain security over SNS assets during distribution to/from and storage at the RSS.	Medical Materiel Management and Distribution	X			
11. Monitor social media to assist in public health and law enforcement investigations.	Emergency Public Information and Warning				X (Not Evaluated)
12. Develop appropriate protocols and identify tools for reporting, collecting, vetting, and distributing information among partners.	Emergency Public Information and Warning		X		
13. Receive medical countermeasure inventory at the RSS warehouse from LDS using communication redundancies in accordance with communications plan.	Information Sharing	X			
14. Transmit medical countermeasure inventory from RSS to DOH HQ using communication redundancies in accordance with communications plan.	Information Sharing	X			

Ratings Definitions:

- Performed without Challenges (P): The critical tasks associated with the capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws.
- Performed with Some Challenges (S): The critical tasks associated with the capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. However, opportunities to enhance effectiveness and/or efficiency were identified.
- Performed with Major Challenges (M): The critical tasks associated with the capability were completed in a manner that achieved the objective(s), but some or all of the following were observed: demonstrated performance had a negative impact on the performance of other activities; contributed to additional health and/or safety risks for the public or for emergency workers; and/or was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws.
- Unable to be Performed (U): The critical tasks associated with the capability were not performed in a manner that achieved the objective(s).

Table 1. Summary of PHEP Capability Performance

The following sections provide an overview of the performance related to each exercise objective and associated Public Health Emergency Preparedness (PHEP) Capability, highlighting strengths and areas for improvement.

Emergency Operations Coordination

Objective 1: After notification that a biological incident has occurred, activate appropriate ESF8 command staff, technical specialists, and response partners at all necessary ESF8 sites within the CDC time requirements.

Strengths:

The capability level can be attributed to the following strengths:

Strength 1.1: All necessary staff were activated within the timeframe outlined in the CDC distribution target metrics.

Analysis: On 2 November 2015 at 0830 ESF8 received a State Watch Office Incident Report that a biological incident had occurred in Orange County. Staff activation procedures were initiated upon receipt of this report indicating presumptive release of weaponized plague. All necessary personnel were activated by 0915, including ESF8 Emergency Coordinating Officer (ECO), Planning Section Chief, Logistics Section Chief, Public Health Advisor, Medical Advisory Group, SNS Coordinator, and the RSS Team. The ESF8 incident staffing plan was utilized by the ECO to identify necessary personnel including technical specialists and response partners.

Objective 2: In conjunction with appropriate partners, report a biological incident has occurred, initiate reporting procedures, and identify required response needs.

Strengths:

The partial capability level can be attributed to the following strengths:

Strength 2.1: Local, state, and federal partners demonstrated the ability to report information to develop a common operating picture allowing response partners to acquire and provide required resources.

Analysis: Counties demonstrated the ability to request ESF8 support through the appropriate mechanisms. EM Constellation was used to submit mission requests and provide situational awareness. All participating counties submitted the information needed to determine resource needs across the affected region. Once resource needs exceeded state response capabilities ESF8 communicated with federal partners to request additional resources.

Areas for Improvement:

The following areas require improvement:

Area for Improvement 2.2: EMResource failure.

Analysis: At 0900 on 2 November 2015 an EMResource drill was initiated statewide. Due to the EMResource outage that occurred during the 2015 Statewide Hurricane Exercise, Intermedix was on-call to provide technical support to the DOH team. At 0920, users were not able to access the system. The event was still open in the system; however, neither ESF8 nor local users could update or access the system. EMResource became fully operational at 0955 and remained online for the rest of the exercise. Intermedix began investigating the issue and was able to replicate the outage. At the time of this writing, new code is being tested to correct the issue. The DOH is also participating in a multiagency workgroup to investigate alternative programs to EMResource.

Recommendations:

Recommendation 2.2.1: Evaluate Intermedix's corrective actions and simulate the event that caused failure during future drills and exercises.

Recommendation 2.2.2: Continue to explore other systems to replace EMResource.

Objective 3: Conduct allocation and apportionment of medical countermeasures based on the amount made available and the amount requested to support the

Strengths:

The capability level can be attributed to the following strength:

Strength 3.1: Allocation and apportionment of medical countermeasures was discussed; however, DOH received sufficient medical countermeasures to provide prophylaxis to impacted populations.

Analysis: ESF8 activated the necessary staff to conduct allocation and apportionment; however, it was determined that there was no need. Allocation and apportionment is done when the amount of resources, such as medical countermeasures, is insufficient to meet incident needs. During the exercise, the impacted population did not exceed the amount of medical countermeasures contained in the state pharmaceutical cache or the SNS assets that were received from Managed Inventory. The Medical Advisory Group discussed the need for allocation and apportionment if the scenario timeline was protracted a week or more into the future and the affected population exceeded available resources.

Objective 4: Conduct local-state conference call to justify request for medical countermeasures.

Strengths:

The capability level can be attributed to the following strengths:

Strength 4.1: All county health departments (CHDs) successfully demonstrated the ability to provide the information needed to justify local requests for medical countermeasures.

Analysis: Local-state conference calls were conducted with counties to review local requests for medical countermeasures in EM Constellation and the accompanying SNS Request Checklist. The information was used to verify local mass prophylaxis needs and determine whether response needs could be met with state assets or if medical countermeasures needed to be requested.

Objective 5: Request medical countermeasures in accordance with procedures outlined in the SNS SOP.

Strengths:

The capability level can be attributed to the following strengths:

Strength 5.1: Local and State ESF8 were able to rapidly and accurately provide information to justify the request for the SNS.

Analysis: Within six hours of activation, the ESF8 ECO was able to gather necessary information from the affected region, evaluate the needs, determine whether local requests exceeded state resources, and provide request justification to the CDC. The use of the SNS Request Checklists submitted by CHDs ensured all necessary information was gathered and provided in a timely matter to the CDC.

Areas for Improvement:

The following areas require improvement:

Area for Improvement 5.2: During the exercise there was a lack of clarity regarding the deployment times for Managed Inventory versus the 12-Hour Push Package.

Reference: SNS SOP

Analysis: During the State-Federal conference call to request the SNS, questions were raised about the deployment timeline for the 12-Hour Push

Package, which is purposed for disease outbreaks in which the disease agent is unknown, versus Managed Inventory, which is purposed for known agents. In accordance with federal guidance, the SNS SOP currently states that Managed Inventory will arrive at the designated RSS facility within 24-36 hours of an approved request, while the 12-Hour Push Package would arrive within 12 hours. Specifically, concern was raised as to whether DOH would receive medical countermeasures within 12 hours under the exercise scenario involving a known agent. Through discussion with the CDC Project Officer for Florida, clarification was provided that Managed Inventory would arrive within a medically relevant timeframe and that CDC would factor time sensitivity into the decision to deploy the 12-Hour Push Package versus Managed Inventory in order to maximize state and local response times.

Recommendations:

Recommendation 5.2.1: Update description of deployment timeline for Managed Inventory versus the 12-Hour Push Package in the SNS SOP based on federal guidance.

Recommendation 5.2.2: Relocate State SNS Coordinator and State CRI Coordinator from the RSS to the State Emergency Operations Center (SEOC) to serve as technical specialists during incidents requiring the activation of the SNS.

Area for Improvement 5.3: During the state-federal conference call, the ESF8 Incident Management Team was not given an opportunity to ask technical questions that would have otherwise been asked during a real world response.

Analysis: An unofficial State-Federal conference call script was utilized by the ESF8 ECO to guide the federal request process for the SNS. The call script provides general guidelines on the type of information that may be requested by the CDC or Health and Human Services (HHS) to justify a request for the SNS. The script does not detail technical questions that federal subject matter experts (SMEs) may ask (example: information on pediatric populations, hospital bed counts, and infection rates). CDC SMEs were not available during the state-federal conference call to answer technical questions posed by ESF8 SMEs.

Recommendations:

Recommendation 5.3.1: Develop standard operating guide/procedure for state-federal call based on predicted Essential Elements of Information (EIs) that may be requested by federal SMEs.

Recommendation 5.3.2: Develop a workshop to review and finalize EIs that will be used to provide situational awareness to ESF8 and CDC SMEs.

Medical Material Management and Distribution

Objective 6: Staff Receipt, Stage, and Store (RSS) warehouse sites with appropriate staff and prepare to receive SNS within six hours.

Strengths:

The capability level can be attributed to the following strengths:

Strength 6.1: The DOH RSS Team successfully deployed to the Primary RSS and activated the site within 6 hours of notification of the incident.

Analysis: Notification of an incident requiring the potential activation of the SNS occurred on 2 November, 2015 at 0800. The RSS Team deployed to the RSS from multiple locations after receiving deployment orders through SERVFL-Everbridge and arrived on site at 1300. Within 1 hour all of the functional workstations at the RSS were setup and operational in preparation for receipt of the SNS.

Objective 7: Accurately track inventory of SNS product received at RSS and distributed to LDS/POD using primary and back-up inventory management systems.

Strengths:

The capability level can be attributed to the following strengths:

Strength 7.1: The RSS Inventory Unit demonstrated the ability to accurately manage and track state and local inventories using primary and backup inventory management systems.

Analysis: The DOH Inventory and Resource Management System (IRMS) and CDC Inventory Management and Asset Tracking System (IMATS) were both utilized during the exercise to provide a side-by-side comparison of the two systems. Both systems demonstrated the ability to receive, store, pick, and ship assets.

Areas for Improvement:

The following areas require improvement:

Area for Improvement 7.2: Additional staff should be trained on the use of primary and backup inventory management systems.

Analysis: With one data management specialist manually entering product into the inventory management system, it took one hour to complete the receiving

process for 26 pallets of materiel. This time represented a lull in warehouse activity as product entry must be completed before any orders can be picked. Additional inventory management staff should be trained to assist with the receiving process for Managed Inventory in particular. Whereas an automated inventory file is sent in advance of the 12-Hour Push Package when it is deployed, Managed Inventory requires manually updating the inventory management system with product as it is received. The additional staff would be essential during a larger response scenario requiring the offloading of multiple trucks over multiple operational periods.

Recommendations:

Recommendation 7.2.1: Develop DOH-specific training on primary and backup inventory management systems and submit through DOH tier review process for approval.

Recommendation 7.2.2: Train additional personnel on the operation of primary and backup systems as part of annual RSS Team training

Objective 8: Distribute medical countermeasures to county LDSs to support local incident needs.

Strengths:

The capability level can be attributed to the following strengths:

Strength 8.1: All medical countermeasure requests that were tasked to the RSS were successfully completed within the established timeframe.

Analysis: The RSS Team successfully completed all mission requests that were tasked to the RSS within the necessary timeframe. Managed Inventory was received at the RSS at 0800 on 3 November 2015 and shipments from the RSS took place at 1030, 1100 and 1130 using transportation vendors under the State Multimodal Transportation contract. Each shipment arrived at its destination within the timeframe established with the CHDs. Medical countermeasures were successfully recovered from all county LDS warehouses on 5 November 2015.

Areas for Improvement:

The following areas require improvement:

Area for Improvement 8.2: More frequent training of the RSS Team is needed.

Reference: SNS SOP

Analysis: While RSS Team training was delivered the day prior to the exercise, it was evident that without this training the team would not have been as successful as they otherwise were. Specifically, there was a lack of clarity within the Transportation Unit on the process for verifying that quality assurance was done. This reflected insufficient training on a new process of embedding quality assurance personnel within the Pick Teams.

Recommendations:

Recommendation 8.2.1: Conduct annual training at the Primary RSS site to cover all aspects of RSS operations in order to maintain response readiness and efficiency.

Area for Improvement 8.3: A Mission Specialist position is needed to update mission status in EM Constellation and coordinate activities with ESF8 Logistics and county LDS warehouses.

Reference: SNS SOP

Analysis: While mission requests were successfully processed through completion at the RSS, the timely updating of mission status in EM Constellation was a challenge for ESF8 Logistics staff operating from DOH headquarters. This impacted the flow of information to the county LDS on the status of their mission requests. As a result, the decision was made to assign a Mission Specialist to work with the Inventory Unit at the RSS and update mission status in EM Constellation. Through further discussion, it was decided that an RSS Mission Specialist position should be attached to the Shipping Unit to more accurately capture updates on mission status and serve as a line of communication to ESF8 Logistics and the county LDS. This would allow for stronger communication in tracking shipments throughout the distribution process. This person would also provide administrative assistance to the Shipping Unit, including the printing of maps and shipping documents.

Recommendations:

Recommendation 8.3.1: Embed a Mission Specialist position within the Shipping Unit at the RSS to update mission status and provide administrative assistance.

Area for Improvement 8.4: Additional RSS staffing needed to provide the manpower necessary to receive larger shipments and provide coverage for more than one 12-hour operational period.

Reference: SNS SOP

Analysis: The number of personnel on the RSS Team was sufficient for the exercise scenario. However, additional staff would be needed to provide coverage for more than one operational period. In addition, some team members may be called to duty in other areas during a response that may impact their availability. The Regional Emergency Response Advisors (RERAs) in particular may be activated to support the local response in their host counties.

Recommendations:

Recommendation 8.4.1: Explore contract resources available through the Florida Division of Emergency Management for warehouse staff, including forklift operators.

Recommendation 8.4.2: Identify sufficient personnel to cover two operational periods as well as alternates to cover for illness, injury or surge.

Recommendation 8.4.3: Pursue opportunities to outsource some or all of RSS operations to public or private sector response partner(s) to be conducted under the oversight of a core DOH overhead team.

Area for Improvement 8.5: Warehouse safety was compromised by the lack of clearly defined areas for heavy equipment and pedestrian traffic.

Analysis: The lack of clearly delineated work areas for pedestrian and heavy equipment operations resulted in unnecessary foot traffic in areas of the warehouse where forklifts and pallet jacks were in use. During a larger response, the lack of clearly marked areas may result in a greater potential for worker injury.

Recommendations:

Recommendation 8.5.1: Clearly delineate areas used for pedestrian traffic versus high hazard areas that incorporate pallet and forklift operation.

Area for Improvement 8.6: The Shipping Unit experienced challenges capturing all of the necessary information on the shipping documents that were generated by IRMS.

Reference: SNS SOP

Analysis: During the exercise, the Shipping Unit experienced challenges capturing the pallet numbers, pallet weight, seal number, truck license plate number, and the truck driver signature on the bill of lading produced by both IRMS and IMATS. This was due to missing fields and a limited amount of space on the form to capture the necessary information. As a result, the decision was made to write the information into empty space on the form.

Recommendations:

Recommendation 8.6.1: Evaluate shipping documents generated by IRMS and IMATS and include the necessary fields by modifying the system output or creating an ink stamp for the missing data fields.

Area for Improvement 8.7: There was a lack of lighting at the receiving docks to illuminate the inside of the trailers on incoming trucks.

Analysis: The offloading of trucks was adversely impacted by lack of lighting at the receiving docks. This limited visibility inside of the trailer posed a potential safety hazard to personnel.

Recommendations:

Recommendation 8.7.1: Work with building manager to ensure that lighting is in proper working condition so that workers can operate safely while offloading trailers.

Objective 9: Submit RSS Situation Report to State ESF8 Planning with essential EEIs including the amount of 10-day unit of use bottles on hand, amount distributed, and amounts at LDS warehouses.

The partial capability level can be improved with the following items:

Areas for Improvement:

Area for Improvement 9.1: The RSS Situation Report was not submitted according to the established schedule.

Reference: ESF8 SOP

Analysis: The Planning Liaison was tasked with the additional responsibility of conducting inventory management in the backup inventory management system. As a result, there was not a dedicated position to interface with ESF8 Planning Section and meet evolving information needs. While not specifically requested,

real time information may be needed during a response including receipt/distribution timelines, number of PODs activated, and the amount of medical countermeasures dispensed.

Recommendations:

Recommendation 9.1.1: Integrate staff from ESF8 Planning Section into RSS Team to serve as Planning Liaison and provide situational awareness to the State.

Recommendation 9.1.2: Review and update RSS Situation Report template to ensure that it captures all anticipated information needs that ESF8 Planning may have during a medical countermeasure response.

Objective 10: Coordinate law enforcement to maintain security over SNS assets during distribution to/from, and storage at the RSS

Strengths:

The capability level can be attributed to the following strengths:

Strength 10.1: Security over the SNS was successfully coordinated across Federal, State, and Local jurisdictions throughout the receipt, storage and distribution phases of the exercise.

Analysis: The US Marshals Service, Florida Department of Law Enforcement (FDLE), and Orange County Sheriff's Office successfully coordinated the escort of SNS assets to the RSS with counterparts in Georgia. This included the development of an operational plan with Georgia State Patrol and the U.S. Marshals Service, Georgia Field Office to establish communications protocols and rendezvous points along the distribution route. When the SNS assets arrived at the RSS, Orange County Sheriff's Office provided security over the warehouse and coordinated shipping routes with the Shipping Unit and partner law enforcement agencies. This included the adjustment of distribution routes based on predicted traffic and coordination with law enforcement from the receiving county.

Emergency Public Information and Warning

Objective 11: Monitor social media to assist in public health and law enforcement investigations.

This objective was not evaluated during the exercise:

Analysis: The process for monitoring social media was discussed. However, this activity did not occur during the exercise.

Objective 12: Develop appropriate protocols and identify tools for reporting, collecting, vetting, and distributing information among partners.

Strengths:

The partial capability level can be attributed to the following strengths:

Strength 12.1: The State Watch Office successfully provided an incident report with details on the initial release as well as local response actions.

Analysis: At 0830 on November 2, 2015 the State Watch Office released an incident report that provided information on the initial release of plague (*Yersinia pestis*) at an annual fall festival. It was determined by local response agencies that 100,000 visitors were potentially exposed. This triggered ESF8 to activate epidemiology strike teams to collect additional information through local investigations.

Areas for Improvement:

The following areas require improvement:

Area for Improvement 12.3: The Florida Poison Information Centers (FPIC) were not provided necessary information.

Analysis: All three FPIC call centers were stood up during this exercise. A total of 55 calls were received by each center across the state. A script of 50 questions was used by the simulation cell for these calls. The same questions to different FPICs yielded different answers in some cases. One example included who could pick up prophylaxis at PODs. The DOH allows for a head of household to receive up to 15 courses of medical countermeasures at the POD. The FPIC call centers informed simulated callers that each individual needed to be at the POD to receive their course. ESF8 did not provide this level of guidance to the FPICs in order to ensure the same information was being shared across the state.

Recommendations:

Recommendation 12.3.1: Formalize the process for providing information to the FPIC within a standard operating guide/procedure utilizing the H1N1 and Fungal Meningitis responses as a starting point.

Recommendation 12.3.2: Develop a checklist for providing information to FPIC.

Recommendation 12.3.3: In future contracts, include a deliverable that requires call center provider to exercise with DOH annually.

Information Sharing

Objective 13: Receive medical countermeasure inventory at the RSS warehouse from LDS using communication redundancies in accordance with communications plan.

Strengths:

The capability level can be attributed to the following strengths:

Strength 13.1: The DOH Disaster Preparedness Consultants (DPCs) successfully transmitted warehouse inventory data from the Martin County LDS to the State RSS using satellite communications.

Analysis: The DOH DPCs successfully established a Mobile Command Unit (MCU) at the Martin County LDS to provide communication redundancies in support of local distribution operations. At 1300 the Martin County LDS experienced communications loss as part of an exercise inject, which required the DPCs to transmit the local warehouse inventory data to the State RSS using satellite communications. In addition, the MED 82 radio communications system was used to provide voice communications between sites.

Objective 14: Transmit medical countermeasure inventory from RSS to DOH Headquarters using communication redundancies in accordance with communications plan.

Strengths:

The capability level can be attributed to the following strengths:

Strength 14.1: The DOH DPCs successfully transmitted warehouse inventory data from the State RSS to the State ESF8 Planning Section using satellite communications.

Analysis: The DOH DPCs successfully established an MCU at the State RSS to provide communication redundancies in support of state distribution operations. At 1500 the RSS experienced communications loss as part of an exercise inject, which required the DPCs to transmit the warehouse inventory data to State ESF8 Planning Section using satellite communications.

Recommendation 12.3.2: Develop a checklist for providing information to the ESF8 Planning Section.

Recommendation 12.3.3: In future contracts, include a deliverable that requires call center provider to exercise with DOH annually.

Information Sharing

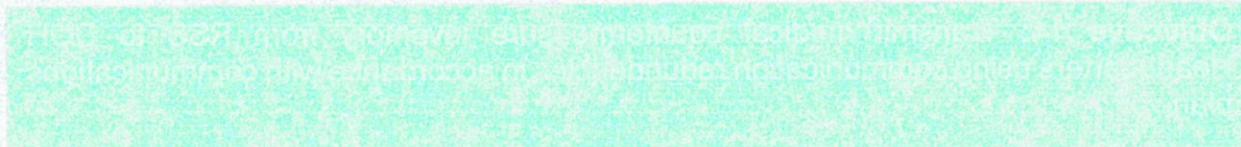


Strengths:

The capability level can be attributed to the following strengths:

Strength 13.1: The DOH Disaster Preparedness Consultants (DPCs) successfully transmitted warehouse inventory data from the Martin County LDS to the State RSS using satellite communications.

Analysis: The DOH DPCs successfully established a Mobile Command Unit (MCU) at the Martin County LDS to provide communication redundancies in support of local distribution operations. At 1500 the Martin County LDS experienced communications loss as part of an exercise inject, which required the DPCs to transmit the local warehouse inventory data to the State RSS using satellite communications. In addition, the MED 82 radio communications system was used to provide voice communications between sites.



Strengths:

The capability level can be attributed to the following strengths:

Strength 14.1: The DOH DPCs successfully transmitted warehouse inventory data from the State RSS to the State ESF8 Planning Section using satellite communications.

Appendix A: Improvement Plan

This IP has been developed specifically for the Florida Department of Health as a result of the Bioshield Full Scale Exercise conducted 2-6 November, 2015.

Core Capability	Area for Improvement	Corrective Action	Capability Element	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Emergency Operations Coordination	2.2: EM Resource failure.	2.2.1: Test Intermedix's corrective actions and simulate the event that caused failure during future drills and exercises.	Organization	DOH	Systems Integration Unit Manager	12/16/2015	06/01/2016
		2.2.2: Continue to explore other systems to replace EMResource.	Equipment	DOH	Systems Integration Unit Manager	12/16/2015	12/01/2016

Core Capability	Area for Improvement	Corrective Action	Capability Element	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Emergency Operations Coordination	5.2: During the exercise there was a lack of clarity regarding the deployment times for Managed Inventory versus the 12-Hour Push Package.	5.2.1: Update description of deployment timeline for Managed Inventory versus the 12-Hour Push Package in the SNS SOP based on federal guidance.	Planning	DOH	State SNS Coordinator	12/16/2015	06/30/2016

Exercise conducted 2-6 November 2015.

The IP was developed specifically for the Florida Department of Health as a result of the Bioshield Full Scale

Appendix A: Improvement Plan

Core Capability	Area for Improvement	Corrective Action	Capability Element	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Emergency Operations Coordination		5.2.2: Relocate State SNS Coordinator and State CRI Coordinator from the RSS to the State Emergency Operations Center (SEOC) to serve as a technical specialists during incidents requiring the activation of the SNS.	Organization	DOH	State SNS Coordinator	12/16/2015	06/30/2016

Core Capability	Area for Improvement	Corrective Action	Capability Element	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Emergency Operations Coordination	5.3: During the State-Federal conference call, the ESF8 Incident Management Team was not given an opportunity to ask technical questions that would have otherwise been asked during a real world response.	5.3.1: Develop standard operating guide/procedure for state-federal call based on predicted Essential Elements of Information (EEl)s that may be requested by federal SMEs.	Planning	DOH	State SNS Coordinator	12/16/2015	06/30/2016
		5.3.2: Develop a workshop to review and finalize EEl)s that will be used to provide situational awareness to ESF8 and CDC SMEs.	Training	DOH	State SNS Coordinator	7/1/2016	10/1/2016

Core Capability	Area for Improvement	Corrective Action	Capability Element	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Medical Material Management and Distribution	7.2: Additional staff needs to be trained on the use of primary and backup inventory management systems.	7.2.1: Develop DOH-specific training on primary and backup inventory management systems and submit through DOH tier review process for approval.	Training	DOH	Logistics Operations Manager	01/01/2016	10/1/2016
		7.2.2: Train additional personnel on the operation of primary and backup systems as part of annual RSS Team training.	Training	DOH	Logistics Operation Manager	01/01/2016	06/1/2016

Core Capability	Area for Improvement	Corrective Action	Capability Element	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Medical Material Management and Distribution	8.2: More frequent training of the RSS Team is needed.	8.2.1: Conduct annual training at the Primary RSS site to cover all aspects of RSS operations in order to maintain response readiness and efficiency.	Training	DOH	State SNS Coordinator	01/01/2016	06/1/2016
	8.3: A Mission Specialist position is needed to update mission status in EM Constellation and coordinate activities with ESF8 Logistics.	8.3.1: Embed a Mission Specialist position within the Shipping Unit at the RSS to update mission status and provide administrative assistance.	Organization	DOH	State SNS Coordinator	12/16/2016	01/01/2017

Core Capability	Area for Improvement	Corrective Action	Capability Element	Primary Responsible Organization	Organization POC	Start Date	Completion Date
	8.4: Additional RSS staffing needed to provide the manpower necessary to receive larger shipments and provide coverage for more than one 12-hour operational period.	8.4.1: Explore contract resources available through the Florida Division of Emergency Management for warehouse staff including forklift operators.	Organization	DOH	State SNS Coordinator	01/01/2016	02/01/2016
Medical Material Management and Distribution		8.4.2: Identify sufficient personnel to cover two operational periods as well as alternates to cover for illness, injury or surge.	Organization	DOH	State SNS Coordinator	12/16/2015	06/30/2016

Core Capability	Area for Improvement	Corrective Action	Capability Element	Primary Responsible Organization	Organization POC	Start Date	Completion Date
		8.4.3: Pursue opportunities to outsource some or all of RSS operations to public or private sector response partner(s) to be conducted under the oversight of a core DOH overhead team.	Organization	DOH	State SNS Coordinator	12/16/2015	06/30/2016
Medical Material Management and Distribution	8.5: Warehouse safety was compromised by the lack of clearly defined areas for heavy equipment and pedestrian traffic.	8.5.1: Clearly delineate areas used for pedestrian traffic versus high hazard areas that incorporate pallet and forklift operation.	Organization	DOH	State SNS Coordinator	12/16/2015	06/30/2016

Core Capability	Area for Improvement	Corrective Action	Capability Element	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Medical Material Management and Distribution	8.6: The Shipping Unit experienced challenges capturing all of the necessary information on the shipping documents that were generated by IRMS.	8.6.1: Evaluate shipping documents generated by IRMS and include the necessary fields by modifying the system output or creating an ink stamp for the missing data fields.	Equipment	DOH	Logistics Operation Manager	01/01/2016	06/01/2016
	8.7: There was a lack of lighting at the receiving docks to illuminate the inside of the trailers on incoming trucks.	8.7.1: Work with building manager to ensure that lighting is repaired so that workers can operate safely while unloading trailers.	Equipment	DOH	Logistics Operation Manager	01/01/2016	06/01/2016

Core Capability	Area for Improvement	Corrective Action	Capability Element	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Medical Material Management and Distribution	9.1: The RSS Situation Report was not submitted according to the established schedule.	9.1.1: Integrate staff from ESF8 Planning into RSS Team to serve as Planning Liaison and provide situational awareness to the State.	Organization	DOH	Planning Chief	12/16/2015	06/30/2016
		9.1.2: Review and update RSS Situation Report template to ensure that it captures all anticipated information needs that ESF8 Planning may have during a medical countermeasure response.	Planning	DOH	Logistics Operation Manager	12/16/2015	06/30/2016

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Emergency Public Information and Warning	12.3: The Florida Poison Information Centers were not provided additional information.	12.3.1: Formalize the process, within a plan, for providing information to the FPICs utilizing the H1N1 and Fungal Meningitis responses as a starting point.	Planning	DOH	Systems Integration Manager Planning Chief	12/16/2015	12/01/2016
		12.3.2: Develop a checklist for providing information to FPIC.	Planning	DOH	Systems Integration Manager	12/16/2015	12/01/2016

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Emergency Public Information and Warning		12.3.3: In future contracts, include a deliverable that requires call center provider to exercise with DOH annually.	Organization	DOH	Systems Integration Manager	12/16/2015	12/01/2016