

# 2014 Statewide Hurricane Jones Exercise

After Action Report (AAR) / Improvement Plan (IP)



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Governor

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Florida Department of Health  
June 19, 2014



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The 2014 Statewide Hurricane Jones Exercise After Action Report and Improvement Plan is in compliance with 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: \_\_\_\_\_

By: \_\_\_\_\_

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# Handling Instructions

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1. The title of this document is the *2014 Statewide Hurricane Jones Exercise After-Action Report/Improvement Plan*.
2. This document is marked as “Unclassified.”
3. This is a public document – no special handling instructions are required.
4. For more information, please consult the following points of contact (POCs):

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# Chapter 1: Exercise Overview

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**Exercise Name:** 2014 Statewide Hurricane Jones Exercise

**Type of Exercise:** Full Scale Exercise

**Exercise Start Date:** May 19, 2014

**Exercise End Date:** May 22, 2014

**Location(s):** State Emergency Operations Center

Florida Department of Health Central Office

Legends Shelter, Duval County

Bay County Emergency Operations Center and surrounding communities

Northeast Florida Healthcare Coalition

**Sponsor:** State of Florida, Division of Emergency Management

**Mission Area(s):** Response and Recovery

**Capabilities:**

- Operational Communications
- Operational Coordination
- Planning
- Public Health and Medical Services
- Public Information and Warning
- Situational Assessment

**Scenario Type:** Major Hurricane

**Number of Participants:**

**Players – 105**

**Controllers – 4**

**Evaluators – 14**

# Chapter 2: Exercise Design Summary

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## **Purpose**

The purpose of this full scale exercise was to evaluate the Florida Department of Health (DOH), the state ESF 8 response to multiple storm impacts as well as to strengthen the coordination of response activities between federal, state, and county governments. State assets were trained during this exercise. Additionally this exercise was used to train and acquaint new employees and existing DOH members on their mission essential response roles and responsibilities. Select local public health departments trained and exercised recovery plans, policies and procedures.

Furthermore, the Northeast Florida Healthcare Coalition participated in the Florida Statewide Hurricane Exercise to test the ability of the Healthcare coalition to share information and coordinate resources throughout the region. Their After-Action Report (AAR) has been written as a separate document.

## **Scope**

The exercise scenario was designed to impact the entire state of Florida. The DOH utilized the opportunity to exercise the state ESF 8 response staff in support of missions for medical logistics requests, patient movement requests, Epidemiology, Behavioral Health and Special Needs Shelter Strike Team deployments, State Assistance Team (SAT) support, and continued collaboration with other emergency support function partners. The Bureau of Preparedness and Response (BPR) was able to activate the Continuity of Operations Plan (COOP) and relocate to the alternate location (ESF 8 Warehouse) during the exercise. This exercise provided the opportunity for DOH to participate with the Northeast Florida Healthcare Coalition in response to exercise injects that affected this region.

## **Summary**

Hurricane Jones was based on a modified version of Tropical Storm Fay, which occurred in August of 2008. The Hurricane Jones scenario was similar to Fay as it too made multiple landfalls across the state and moved slowly across Florida creating an extended wind event and flooding concerns statewide. The Hurricane Jones scenario had a wind field up to 90 miles larger on either side of the center than Tropical Storm Fay, which allowed Jones' impacts to be felt much farther from the storm's center. This provided every portion of the state some kind of tropical wind threat and flooding, putting each county under a watch and warning. Prior to landfall, the mission areas of prevention and protection were exercised. Once the hurricane made landfall, the focus shifted to response and recovery mission areas.

## **Core Capabilities**

The 2014 Statewide Hurricane Jones Exercise planning team selected capabilities that focused on evaluating emergency response procedures, identifying areas for improvement, and achieving a collaborative attitude. This exercise focused on the following capabilities and capability targets:

### **Operational Communications**

- *Activity 1.1 Patient Movement Operations*

### **Operational Coordination**

- *Activity 2.1 Mobilize all critical resources and establish command, control, and coordination in the Planning Section*
- *Activity 2.2 Develop the Incident Demobilization Plan*
- *Activity 2.3 Ensure completion of demobilization checkout forms by personnel and inspection of equipment as they are released from the incident*
- *Activity 2.4 Initiate data collection for the After Action Process*
- *Activity 2.5 Financial Tracking and Reporting*
- *Activity 2.6 Authorized Purchasing*
- *Activity 2.7 Utilize resource management systems throughout duration of incident*
- *Activity 2.8 Proper mission management*
- *Activity 2.9 Staffing requests*
- *Activity 2.10 Activate Continuity of Operations Plan (COOP) to maintain the public health response*

### **Planning**

- *Activity 3.1 Track, validate, prioritize, allocate, apportion and recover resources during response*
- *Activity 3.2 Evaluate the ability of the Planning Section to develop the first Incident Action Plan*
- *Activity 3.3 Develop Incident Response Strategy*
- *Activity 3.4 Manage and sustain the public health response*

### **Public Health and Medical Services**

- *Activity 4.1 Patient Movement Operations*
- *Activity 4.2 Public Health Surveillance and Epidemiological Investigation*
- *Activity 4.3 Complete Disaster Behavioral Health (DBH) Assessment in a Special Needs Shelter*
- *Activity 4.4 Respond to DBH Needs Presented in a Special Needs Shelter*
- *Activity 4.5 Provide DBH Situational Awareness & Resource Status Information to the state ESF 8 Planning Section*

### **Public Information and Warning**

- *Activity 5.1 Manage Emergency Public Information and Warnings*
- *Activity 5.2 Activate Emergency Public Information, Alert/Warning, and Notification Plans*
- *Activity 5.3 Establish Joint Information System (JIS)*
- *Activity 5.4 Issue Emergency Warnings*
- *Activity 5.5 Conduct Media Relations*
- *Activity 5.6 Provide Public Rumor Control*

### **Situational Assessment**

- *Activity 6.1 In accordance with the Emergency Support Function 8 Public Health and Medical Standard Operating Procedure (SOP), staff the Situation Unit with sufficient competent staff according to the nature and scope of the current situation*
- *Activity 6.2 In accordance with the SOP and with the support of the situation unit staff, collect, analyze and disseminate information*

## **Exercise Objectives**

The 2014 Statewide Hurricane Jones Exercise planning team selected objectives that focus on evaluating the demonstration of the core capabilities. This exercise focused on the following objectives:

1. Using EMResource state ESF 8 Situation Unit shall conduct statewide medical system monitoring within each operational period.
2. The state ESF 8 shall share information and coordinate with partner agencies (local, state and federal) for patient movement support.
3. The state ESF 8 shall coordinate support functions for emergency operations in an incident with public health or medical implications.
4. Demonstrate the ability to activate key staff within the timeline requirements as outlined by the CDC PHEP Capability 3.
5. Demobilize all staff according to the state ESF 8 SOP demobilization process.
6. Demonstrate financial tracking and analysis of the ESF 8 response through incident closeout.
7. Demonstrate the ability to receive and validate ESF 8 requests in EMConstellation with the mission processing checklist.
8. Demonstrate proper utilization of inventory resource tracking systems (IRMS and EMConstellation) during a public health incident.
9. Immediately after notification to the Resource Unit of deployed DOH resources (personnel and/or equipment), the Resource Unit shall track the deployed resources in one common accountability system.
10. Demonstrate the ability to implement a responder health and safety program that includes the elements of pre-deployment, deployment and post-deployment.
11. Activate and operate the State ESF 8 Patient Movement Branch in accordance with the Patient Movement Support Standard Operating Guideline (SOG) within the timelines identified in the mission request.
12. The state ESF 8 shall activate and deploy strike teams within the timeline in the Team Typing Matrices appendix to the SOP upon receipt of mission.
13. The state ESF 8 Information Management Unit shall participate in a Joint Information Center ensuring effective and timely information processing, approval and dissemination
14. The state ESF 8 shall collect, analyze and disseminate information to support decision-making within each operational period.
15. Participating county health departments will demonstrate activation of their continuity of operations plan during a public health response.

# Chapter 3: Analysis of Core 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.

Objective	Core Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Not Evaluated
Objective 1	Operational Communications				X
Objective 2	Operational Communications	X			
Objective 3	Operational Coordination	X			
Objective 4	Operational Coordination				X
Objective 5	Operational Coordination	X			
Objective 6	Operational Coordination	X			
Objective 7	Operational Coordination		X		
Objective 8	Operational Coordination		X		
Objective 9	Planning		X		
Objective 10	Planning				X
Objective 11	Public Health and Medical Services	X			
Objective 12	Public Health and Medical Services		X		
Objective 13	Public Information and Warning	X			
Objective 14	Situational Assessment		X		
Objective 15	Operational Coordination		X		

**Ratings Definitions:**

- **Performed without Challenges (P):** The targets and critical tasks associated with the core 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 targets and critical tasks associated with the core 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 targets and critical tasks associated with the core 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.

Table 1. Summary of Core Capability Performance

## Operational Communications

**Objective 2: State ESF 8 shall share information and coordinate with partner agencies (local, state and federal) for patient movement support.**

### Activity 1.1 Patient Movement Operations

#### Strength

**Observation 2.1.1.1:** The Patient Movement Branch was able to effectively share information and coordinate with partner agencies.

**Reference:** Patient Movement Support Standard Operational Guide (SOG)

**Analysis:** Although agencies that requested the Patient Movement Branch (PMB) support had experienced communication challenges and blackouts, the PMB was interactive with other participants for patient movement missions. They followed-up with requests for information many times and were often not able to get the information they needed. The questions the PMB asked and the information they requested was on target. When the information was not available to them they made the best decisions they could with the information that was available. Although individual patient placement requirements were requested for all missions, only patient information related to the Tampa General Hospital mission was provided.

#### Area for Improvement

**Observation 2.1.1.2:** There was confusion on how the PMB and ESF 8 Logistics Section would work together.

**Reference:** Patient Movement Support SOG

**Analysis:** Although the PMB was able to quickly determine the transportation assets needed to meet the mission request and report that information to the ESF 8 Logistics Section, there was a delay in the coordination with ESF 4 (Firefighting) / 9 (Urban Search and Rescue) to fill the requests. Ultimately, the Logistics Section Coordinator and PMB Director agreed that it would be of benefit to streamline the process and have the PMB coordinate directly with ESF 4/9 and not through the ESF 8 Logistics Section.

#### Recommendation(s):

1. Update Patient Movement SOG to reflect the PMB Director coordinates with ESF 4/9 directly.

## Operational Coordination

**Objective 3: State ESF 8 shall coordinate support functions for emergency operations in an incident with public health or medical implications.**

**Activity 2.1 Mobilize all critical resources and establish command, control, and coordination in the Planning Section**

### Strength

**Observation 3.2.1.1:** Positions in the ESF 8 room for the majority of the time were: Plans, Public Information Officer (PIO), Technical Specialist, Emergency Coordination Officer (ECO), Agency for Healthcare Administration (AHCA), and Operations. Other positions seated in the room on occasion and during briefings included: Situation Unit Leader, Logistics, and Administration.

**Reference:** Planning Section Coordinator Checklist, CDC PHEP Capability 3

**Analysis:** Emergency coordination briefings for ESF 8 counterparts and public health and medical stakeholders were conducted without difficulty. Incident Action Plans (IAPs) were drafted, finalized and published each operating period. Although the co-location of key personnel was beneficial, it was also noted during the initial impressions briefing that there were too many people in the room. In the future, ESF 8 leadership may want to consider a way to sustain the benefit without crowding the room in the SEOC.

**Observation 3.2.1.2.:** The personnel filling the positions in the Planning Section were competent, ready to accept assignments and conducted themselves professionally.

**Reference:** Planning Section Coordinator Checklist, CDC PHEP Capability 3

**Analysis:** There is a broad range of experience in the section. The more seasoned personnel shared their thoughts on difficult issues without coming across as threatening or condescending. A senior employee will be retiring in the near future; he should be encouraged to mentor the less experienced personnel as much as possible. The mentoring occurred continually during the exercise and should continue until his retirement.

**Observation 3.2.1.3:** Integration of ESF 8 into the State Emergency Response Team (SERT) Reconnaissance (RECON).

**Reference:** ESF 8 SOP

**Analysis:** During the exercise, ESF 8 was provided the opportunity to participate in the SERT RECON. This was a great training opportunity for ESF 8 because it enables us to gain near real time information about the incident situation from the initial wave of FWC officers on the ground. With this information we can coordinate our efforts better, plan more effective routes for our Healthcare assessment teams and

share a better common operating picture with the SERT. This will only be strengthened through more training opportunities with partner agencies.

***Objective 4: Demonstrate the ability to activate key staff within the timeline requirements as outlined by the CDC PHEP, Capability 3.***

***Activity 2.1 Mobilize all critical resources and establish command, control, and coordination in the Planning Section***

**Strength**

**Observation 4.2.1.1:** The state ESF 8 conducted an initial activation briefing and provided alerts and notification throughout the hurricane event.

**Reference:** Planning Section Coordinator Checklist, CDC PHEP Capability 3

**Analysis:** The week prior to the actual start of the exercise the SERT began briefing the ECOs with pertinent information before landfall. The ESF 8 ECO called an initial activation briefing on Thursday, May 15, 2014 for all key personnel. This briefing was not conducted in the context of the PHEP Capability 3, Function 2, Performance Measure 1 (time for pre-identified staff covering activated public health agency incident management lead roles, or equivalent lead roles, to report for immediate duty. Performance Target: 60 minutes or less). Though the initial alert and notification did not call for immediate duty activation, subsequent alert and notification of support staff and other components throughout the exercise was timely and appropriate. The Planning Section Chief began daily conference calls with the CHDs starting on Friday, May 16, 2014. Alert and notification and full rollout of ICS positions was completed on initial exercise play day of May 19. Through the course of the exercise an IAP was completed by 0800 daily, finalized, and distributed in a timely manner. The exercising personnel understood the artificialities of the exercise and there were comments that the exercise could have been more realistic if all CHDs participated throughout the event. Lack of all CHDs participating on at least a single day resulted in an unrealistic and oftentimes simulated response to requests and activities.

***Objective 5: Demobilize all staff according to the state ESF 8 SOP demobilization process.***

***Activity 2.2 Develop the Incident Demobilization Plan***

**Strength**

**Observation 5.2.2.1:** Incident Demobilization Plan was completed prior to demobilization of activated staff.

**Reference:** ESF 8 SOP, Demobilization Plan

**Analysis:** The Demobilization Unit Leader worked remotely to complete the demobilization activities. The Demobilization Unit Leader completed the draft Incident Demobilization Plan on day one of the exercise and sent it to the PSC for review before the end of the day in accordance with the revised Demobilization Plan. The plan included all of the relevant information as required by the ESF 8 Demobilization Plan to include the Demobilization Checklist. The PSC returned the plan and approved it on day three of the exercise.

*Activity 2.3 Assure completion of demobilization checkout forms by personnel and inspection of equipment as they are released from the incident.*

### **Area for Improvement**

**Observation 5.2.3.1:** The demobilization process was abbreviated due to the exercise timeframe.

**Reference:** ESF 8 SOP, Demobilization Plan

**Analysis:** The Demobilization Unit Leader retrieved the ICS 203 form from the Planning Unit mailbox and used it to anticipate demobilization of personnel. On day three of the exercise, the Demobilization Unit Leader sent out to all of the activated staff on the ICS 203 form completion instructions via email for demobilization. The Bureau of Preparedness and Response central office staff completed the ICS 225, but the field staff did not. This may be attributed to the demobilizing field staff was still returning home after the exercise had ended.

### **Recommendation(s):**

1. Unit leaders and/or supervisors should ensure ICS 225 forms are complete for personnel who were activated/deployed.

*Objective 6: Demonstrate financial tracking and analysis of the ESF 8 response through incident closeout.*

*Activity 2.5 Financial tracking and reporting*

### **Strength**

**Observation 6.2.5.1:** Missions that were reviewed by Finance and Administration had appropriate documentation.

**Reference:** ESF 8 SOP, DOH Financial Management and Recovery SOG and Attachment FF: State Agency Disaster Reporting Summary, Finance Section Coordinator Checklist, Procurement Unit Leader Checklist, Procurement Specialist Checklist and Travel Specialist Checklist.

**Analysis:** During the course of the 2014 Statewide Hurricane Jones Exercise validated missions were reviewed by the Finance and Administration (F&A) Section for appropriateness. Travel arrangements were made in advance of the team's and single resources' arrival. The Finance and Administration Section showed great initiative in completing mission requests, which was an improvement from previous exercises and real world events. The Finance and Administration Section may want to consider providing purchasing cards with low or zero balance for CHD Group 1 personnel that can be "upgraded" with a phone call just prior to deployment. Issuance of these purchasing cards will ensure deployed personnel are able to secure lodging and other supplies to meet the needs of the deployment if F&A is unable to do so prior to deployment.

**Objective 7: Demonstrate the ability to receive and validate ESF 8 requests in EMConstellation with the mission processing checklist.**

**Activity 2.8 Proper mission management**

### **Area for Improvement**

**Observation 7.2.8.1:** Staffing requests were processed with delay.

**Reference:** The state ESF 8 SOP, Mission Processing Checklist, Mission Specialist Checklist

**Analysis:** Some mission specialists were not familiar with various team request configurations. No reference materials were available to support this action being completed in acceptable timelines. Mission requests for deployment of strike teams were rostered but with delay. Missions requiring staffing were updated as necessary and communicated with Staffing Unit; however, there was a delay in updates. The Mission Management Unit was not co-located with the Staffing Unit, which complicated communications with regard to rostering teams.

### **Recommendation(s):**

1. All units within the Logistics Section assigned to process missions in EMConstellation should be co-located to facilitate better communication and team cohesiveness.
2. Each unit should have access to EMConstellation for updating /processing missions.

### **Area for Improvement**

**Observation 7.2.8.2:** There were instances when missions sat for long periods of time without being updated or tasked.

**Reference:** The state ESF 8 SOP, Mission Processing Checklist, Mission Specialist Checklist

**Analysis:** Currently, DOH SOP allows six hours between updates; however, a shorter timeline should be considered for follow-up. Additionally, the structure of the Logistics Section does not completely

support the expected capability of the section. Since the dynamics of interaction between all ESF functions at an EOC can require a lot of time, it would be beneficial for the Logistics Section Coordinator to have more layers of management personnel.

**Recommendation(s):**

1. It is recommended that the timeline be shortened. Section email must be monitored for updated information.

**Objective 8: Demonstrate proper utilization of inventory resource tracking systems (IRMS and EMConstellation) during a public health incident.**

*Activity 2.7 Utilize resource management systems throughout duration of incident*

**Strength**

**Observation 8.2.7.1:** Resources were managed effectively throughout incident

**Reference:** The state ESF 8 SOP, Mission Processing Checklist, Mission Specialist Checklist

**Analysis:** Supply and Equipment Specialist did a very thorough job of monitoring EMConstellation for any mission needs that involved this section. The one mission tasked for equipment was processed quickly and completed following established procedures and tracking systems (IRMS). Critical Resource lists were monitored and updated on a daily basis. Mission Specialists were provided and used processing checklist.

**Objective 15: Participating Florida Health departments will demonstrate activation of their Continuity of Operations Plan (COOP) during a public health response.**

*Activity 2.10 Activate Continuity of Operations Plan (COOP) to maintain the public health response*

**Strength**

**Observation 15.2.10.1:** Participating county health departments conducted COOP exercises during the statewide hurricane exercise.

**Reference:** None

**Analysis:** The following counties collaborated with the state planning team to conduct a COOP component in their local jurisdiction: Bay, Collier, Lake, Pasco, Pinellas, Taylor and Wakulla. The exercise included utilizing a specific COOP coordination checklist that thoroughly covered COOP requirements as outlined in the CHD 2012 – 2014 Preparedness Expectations. Additionally, the checklist served as an evaluation tool that demonstrates Healthcare system recovery and emergency operations coordination.

**Observation 15.2.10.2:** The Bureau of Preparedness and Response (BPR) successfully located to the alternate site in accordance with COOP.

**Reference:** BPR COOP

**Analysis:** A inject went out to control staff to notify all BPR employees of a simulated power outage at central office. The ESF 8 leadership activated the COOP and notification went out to all BPR employees through the Everbridge notification system. The majority of the employees responded to the notification, reported to the Logistics Response Center, and were able to set up the warehouse within 40 minutes of notification in accordance with the configuration diagram.

### **Area for Improvement**

**Observation 15.2.10.3:** Some BPR employees were unaccounted for during the COOP process.

**Reference:** BPR COOP Plan

**Analysis:** The current procedure is for the COOP Coordinator to notify employees via Everbridge and provide a report to managers listing any employees who have not responded (16 percent of employees did not respond). Day-to-day managers are responsible for knowing where their staff is during work hours and Response Unit Managers are responsible for keeping in touch with their managers during response hours.

### **Recommendation(s):**

1. Bureau Leadership Team considers options for employee reporting/tracking in a COOP event.

**Observation 15.2.10.4:** Equipment at the Logistics Resource Center requires trained staff to move.

**Reference:** BPR COOP

**Analysis:** The Logistics Resource Center (LRC) has equipment at the location that requires specified training and operators to move in the event of relocating BPR activities. This was not an issue during this exercise because of prior coordination with the warehouse manager, however, in a real incident response staff will not have that opportunity. The current plan does not identify skilled personnel to perform these duties. Additionally, reliance on the current staff are qualified may be insufficient. This may impact response activities during an incident because it would take substantially longer to set up the warehouse.

### **Recommendation(s):**

1. Consider identifying personnel to receive training to facilitate moving equipment at the LRC.
2. Incorporate a roster into the BPR COOP.

## Planning

**Objective 9:** *Immediately after notification to the Resource Unit of deployed DOH resources (personnel and/or equipment), the Resource Unit shall track the deployed resources in one common accountability system.*

**Activity 3.1** *Track, validate, prioritize, allocate, apportion and recover resources*

### Strength

**Observation 9.3.1.1:** The Resource Unit completed Critical Resource List, ICS 203 Form, and successfully tracked missions throughout the exercise.

**Reference:** ESF 8 SOP

**Analysis:** The staff assigned to the Resource Unit immediately began working upon activation. They completed the Critical Resource List (CRL) and provided it to the Planning Section Chief (PSC) on day one by 10:00 a.m., as well as posted the list to EMConstellation. They completed a daily ICS 203 Form to track activated personnel and provided it to the PSC. The ICS 203 and CRL were updated regularly throughout each day and posted on the Z:/drive and emailed to the Planning Unit mailbox.

### Area for Improvement

**Observation 9.3.1.2:** Duplication of effort in mission tracking.

**Reference:** ESF 8 SOP

**Analysis:** The Resource Unit has Mission Tracking Specialists tasked to ensure the status of missions is up to date. However, the Mission Specialists in the State Emergency Operations Center (SEOC) assigned under the Logistics Section do the same task. On day two of the exercise, two of the Resource Unit Mission Tracking Specialists relocated to the SEOC from central office to increase the efficiency of the tracking process and returned on day three to central office as the need appeared to be a duplication of effort.

### Recommendation(s):

1. Review the respective job action sheets for duplication in roles and responsibilities.
2. Provide training on job roles and responsibilities.

**Observation 9.3.1.3:** Field staff did not report their location to the Personnel Tracking Specialist.

**Reference:** ESF 8 SOP

**Analysis:** Staff deployed to the field did not check in with the Personnel Tracking Specialist. The Resource Unit is responsible for collecting the operational status, work location, lodging location, deployment period and validating a daily check in status (through team leaders). The field staff did not

receive any instruction for the initial check-in procedure or ICS 211 incident check-in lists. Subsequently, the deployed personnel received several phone calls from different units requesting this information. This caused confusion for the deployed personnel. Additionally, personnel were traveling and could not respond to all of the questions over a phone call. The Staffing Unit provided deployment orders that were difficult to read and not inclusive of check-in procedures with the Resource Unit. There was an observed disconnect from where the Staffing Unit's responsibility ends and the Resource Unit's responsibility begins.

**Recommendation(s):**

1. Review the respective job action sheets for duplication in roles and responsibilities.
2. Ensure check-in procedures are included in deployment packets.

## Public Health and Medical Services

***Objective 11: Activate and operate the state ESF 8 Patient Movement Branch in accordance with the Patient Movement Support Standard Operating Guideline (SOG) within the timelines identified in the mission request.***

### ***Activity 4.1 Patient Movement Operations***

#### **Strength**

**Observation 11.4.1.1:** Staff assigned to the PMB functioned well in their roles.

**Reference:** Patient Movement Support SOG

**Analysis:** The Patient Movement SOG states that a local request for patient movement support would be the trigger for the activation of the PMB. During this exercise, the Operations Section Coordinator made the decision to activate the PMB prior to receiving a request. This benefited the group greatly, as they had some lead time to set up operations and acquaint themselves to the tools they would need to perform their jobs. The Patient Movement Branch Director and Branch Tactical Planner sent activation notices to the staff. Representatives from all groups reported and were ready to work within one hour. Communications pathways were established and this information was communicated to the PMB and the ESF 8 Planning Unit mailbox. The Patient Movement Branch staff used their position checklists as a reference, and were able to evolve and adapt based on the needs of the scenario. The PMB was able to process patient movement requests using both the detailed information in the individual patient placement forms, and also using general patient descriptions when the detailed information was not available to them. The PMB was also diligent in providing status updates in both EMConstellation and to the ESF 8 Planning mailbox. The knowledge, skills, abilities and collective experience of the staff assigned to the PMB was key to their success.

**Observation 11.4.1.2:** The Patient Movement Branch was able to process patient movement requests and coordinate transportation resources.

**Reference:** Patient Movement Support SOG

**Analysis:** When the PMB received the request to move 200 patients out of Tampa General Hospital they immediately requested additional information about the patients who needed to be moved and bed availability throughout the state. When the individual patient placement forms were received, the Branch Director instructed the Patient Coordinator to sort the patients by type. The Patient Coordinator was able to sort the patients very quickly. Once the patient types were determined, the Branch had to determine what type of bed each patient would need. It was determined that the individual patient placement form (Patient Movement Support SOG Attachment C2) may need to be modified to include the type of bed the patient will need. This would alleviate the need of the PMB to determine this information. As soon as the patient information sheets were received, the Branch Director instructed the Patient Tracking Group to initiate patient tracking. The Patient Movement Branch was able to quickly assess the situation and determine how the weather conditions and bed availability would impact patient placement and transportation. They considered wind speeds, water intrusion, road status, availability of assets, etc. Additionally, having a liaison from the Florida Fire Chief's Association and a Florida Air Medical Association flight nurse available to work with the group was extremely helpful in determining limitations of ground and air transport. The PMB was able to use the information provided on the individual patient placement forms to determine appropriate modes of transportation for each patient. Based on the patient's condition/diagnosis, the PMB also developed a list of equipment needs (portable ventilators, IV pumps, isolation kits) necessary to safely transport the patients. As they vetted potential transportation resources, the PMB considered the following limitations: road closures, air conditions/wind speeds, water intrusion, the need for law enforcement escort of ambulance convoys, etc. Because the individual patient placement forms were available for the Tampa General mission, the PMB was able to determine the appropriate transport for all of those patients. Some of the subsequent missions required follow-up with the Simcell. For example, the PMB determined from the Simcell that the roads to Naples Community Hospital were passable and the helipad could accommodate a Black Hawk helicopter.

**Observation 11.4.1.3:** The Patient Movement Branch successfully prioritized receiving regions and facilities based on the bed availability report used during the exercise and coordinated with Regional Patient Coordinators (RPCs).

**Reference:** Patient Movement Support SOG

**Analysis:** EMResource was not activated for the exercise. As an exercise artificiality, an EMResource HAVBED report, from a drill conducted in March 2014 was used for data. The report illustrated available beds (by type) for each facility, sorted by county and region. Using this report, the PMB prioritized receiving regions and notified the RPCs in those regions within 30 minutes. The PMB searched for the closest available locations to move the patients knowing that the greater the distance from the requesting facility, the greater the chance the patients would decompensate. Additionally, more transportation resources would be needed because turn-around time would be greater. The group also discussed moving the less critical patients out of the area to make room for the most critical patients.

Less critical patients would be at lower risk of adverse outcomes from long distance transport. Moving these patients would also ensure more critical patients were being placed faster. Many of the RPCs agreed to simulate communications with the PMB during the exercise. The PMB communicated with the RPC primarily by email. The messages included a breakdown of the number of patients and the type of bed that was needed. Regional Patient Coordinators communicated information simulating the potential number of patients they would be able to place under the exercise scenario. The interaction between the PMB and the RPCs generated additional questions regarding the coordination of patient placement. The PMB and RPCs should meet to further define the coordination of patient placement. Questions to be answered are: At what point will the patient information be turned over to the RPCs to find placement? When the initial patient summaries are received or when the individual patient information is received? What is the minimum information the RPCs will need to facilitate patient placement? If the PMB simply provides a bed type, would the RPCs be able to identify facilities willing to take the patients? Or, would the RPCs need all of the information on the Individual Patient Placement Form in order to locate receiving facilities? Lastly, the PMB determined a need to learn more about trauma transfer centers and how they could be integrated into the patient placement process.

#### **Area for Improvement**

**Observation 11.4.1.4:** The Patient Movement Branch and the Logistics Section had some confusion on how they would work together in an incident.

**Reference:** Patient Movement Support SOG

**Analysis:** There was confusion on how the PMB and ESF 8 Logistics Section would work together. Initially it was unclear how the PMB should enter a request for resources needed to meet a mission request. After receiving the first mission with patient placement forms, in just over an hour, the PMB had sorted all patients and provided a breakdown of transportation and equipment resources to ESF 8 Logistics Section. Although the PMB was able to quickly determine the transportation assets needed to meet the mission request and report that information to ESF 8 Logistics, there was a delay in the coordination with ESF 4/9 to fill the requests. Ultimately, the Logistics Section Coordinator and PMB Director agreed that it would be of benefit to streamline the process and have the PMB coordinate directly with ESF 4/9 and not through the ESF 8 Logistics Section.

#### **Recommendation(s):**

1. A Mission Specialist should be assigned to the PMB to work only patient movement missions, allowing the PMB direct access and coordination with ESF 4/9.

**Observation 11.4.1.5:** Lack of patient placement data will hamper the ability of the PMB to determine placement and transportation for patients.

**Reference:** Patient Movement Support SOG

**Analysis:** Through the course of the exercise, the PMB was assigned to coordinate the movement of 200 patients out of Tampa General Hospital, 28 patients out of Manor Care Nursing Home, 213 patients out of Manatee Memorial, nine NICU patients out of North Naples Community Hospital, which later caught fire and required a full evacuation of 103 patients. The Tampa General Hospital evacuation was the only one that included detailed patient information. Due to limited information available from the Simcell, the PMB made assumptions on the number and type of patients who needed to be moved based on the bed availability and census data that was available to them. They reached out to AHCA for assistance in determining nursing home availability within ten miles of Manor Care Nursing Home. The PMB asked the Simcell for additional information regarding the dementia patients to determine if they were in locked or open units. Not having the individual patient placement data will hamper the ability of the PMB to determine appropriate placement and transportation for the patients. Without this information, they would need to make assumptions based on the information that was available. The PMB determined the first priority would be in ascertaining the transportation and equipment needs of the patients, and patient destinations would be determined while these assets were mobilizing and in transit. Additionally, the PMB noted that the Patient Placement Form did not include bed type, trauma designation, or a choice for a non-ambulatory standard sized stretcher. This information would be beneficial in the initial request for the PMB to efficiently work through patient movement requests.

**Recommendation(s):**

1. The Individual Patient Placement Form (Attachment C2) should be updated to include bed type, trauma designation, and a choice for a non-ambulatory standard sized stretcher patient.
2. Determine who will be responsible for obtaining additional information about the patients when that information is not provided by the requestor.

**Observation 11.4.1.6:** Some staff assigned to the PMB did not have access to incident management systems required to conduct operational activities.

**Reference:** Patient Movement Support SOG

**Analysis:** The Patient Movement Branch (PMB) needs access to multiple incident management systems to perform the functions required of the PMB, which include the state ESF 8 Operations Mailbox, EMConstellation and EMResource. Directions to access the patient movement mailbox were provided to PMB staff just days prior to the exercise. The majority of the staff had not yet had an opportunity to set up their access to this account. One staff member is not a DOH employee and a workaround will need to be established to ensure he has access to the mailbox as well. Only a few staff members had login information to access EMConstellation and very few were familiar with how to use the system. Access to EMResource was also limited as some staff were not registered, had not completed the online training, and did not have the Intermedix helpdesk number. The group worked together to establish access to all systems and immediately used the whiteboard to display key information.

**Recommendation(s):**

1. Ensure all PMB staff members have access to the State ESF 8 Operations Unit Mailbox.

2. Ensure all staff assigned to the PMB can login to EMConstellation and are provided basic training on how to operate the system.
3. Ensure all staff assigned to the PMB have access to EMResource, have completed the online training, have their username and password, and know the number to the Intermedix helpdesk.

**Observation 11.4.1.7:** The organization of the PMB did not completely support the function of the unit.

**Reference:** Patient Movement Support SOG

**Analysis:** The Branch Tactical Planner functioned also as a Deputy Branch Director. In an incident of this scale, requiring multiple patient movement missions, it would be helpful to have both a Deputy Branch Director who could be tasked by the Director, as well as a Branch Tactical Planner who could focus on gathering information and working with the Situation Unit. When the request to move 200 patients out of Tampa General Hospital came in, only one Patient Coordinator was on duty. Fortunately, a flight nurse from Tampa General Hospital had agreed to participate in the exercise to help vet the plan, and she was able to assist in sorting and categorizing the patients. If a request of this size was received, the PMB would need access to additional nurses to assist in reviewing the patient information. Currently, all but one of the five patient coordinators is also assigned to the Situation Unit. In an incident requiring ESF 8 support for multiple patient movement missions, the PMB would need the ability to expand quickly to support the requests. There was some confusion regarding the potential overlap in responsibilities of the Health Care Facility Analysts within the Situation Unit and the Patient Coordination Group. This is further complicated by the lack of staff to successfully perform both positions.

**Recommendation(s):**

1. Establish an administrative support position for the PMB to assist with setting up the workspace, establishing conference call lines, documentation, etc.
2. Establish a Deputy Branch Director position that can be staffed if needed.
3. Additional nurses should be identified to augment the Patient Coordination Group if necessary.
4. The roles of the Health Care Facility Analyst and Patient Coordination Group need to be revisited to address the overlap in responsibilities.

**Observation 11.4.1.8:** The manual patient tracking form is not a practical tool for tracking large numbers of patients.

**Reference:** Patient Movement Support SOG

**Analysis:** On day one of the exercise, the PMB received a mission to place 200 patients from Tampa General Hospital. The patient placement forms were used to provide the patients' information along with the request. The manual patient tracking form is not a practical tool for tracking large numbers of patients. The patient tracking form (Excel spreadsheet) was successfully completed for the patients as part of the Tampa General Hospital evacuation mission. Because the patients were only being moved notionally, the PMB was unable to include all tracking points (departure from sending facility, arrival at receiving facility, etc). Missions for the movement out of facilities other than Tampa General Hospital

did not contain individual patient information, and the PMB was therefore unable to track those movements by patient. Instead, the PMB documented the number of patients, by type, noting which facility they would be moved to. Entering the data in the patient tracking form was an arduous task. The Patient Tracking lead was able to format the spreadsheet on the fly, making modifications and locking the spreadsheet to protect patient privacy. The PMB enlisted the assistance of two administrative support personnel to assist in entering the data, which the Patient Tracking lead then combined into one master spreadsheet.

**Recommendation(s):**

1. Review the patient tracking form and eliminate all non-essential information. Ensure the patient tracking form is usable, and will not require modification at the time of the event.
2. Explore the use of a database tracking system (such as EMTrack) whereby multiple users can have access and real time data is available. This will eliminate concerns of version control.
3. Consider using a manual tracking system initially, and then transitioning the data into a spreadsheet or database. If individual patient placement forms are being used, the tracking data can be entered directly on the forms. The forms could be placed in file folders for each receiving facility and for those in transit. As time permits, this information could be aggregated.

**Observation 11.4.1.9:** Equipment deficiencies require further coordination and documentation.

**Reference:** Patient Movement Support SOG

**Analysis:** When the PMB was faced with multiple missions for hospital evacuations requiring the movement of hundreds of patients, ambulance resources became scarce. Although Florida has a large number of licensed ambulances, weather conditions and the wide impact to the state would be limiting factors. This would cause a delay in the time it would take to get transportation resources to the requesting facility. During the course of the exercise, the PMB also considered the use of Emergency Management Assistance Compact (EMAC), National Disaster Medical System (NDMS), Florida National Guard, and private resources to meet the demands of the missions. In all cases, the amount of time it would take to get the transportation assets was of concern. Depending on the reason for the evacuation (in this case – fire and structure collapse) an alternate care site or patient staging area would be required to house patients until the transportation resources arrived. Florida’s Patient Movement Plan relies primarily on the availability of ground ambulance assets for evacuation of Healthcare facilities. Ambulances are capable of transporting one -two patients per trip, making them a critical resource during mass casualty incidents (MCIs) and large-scale Healthcare facility evacuations. The AmbuBus Kit can be installed in transport vehicles such as a school or metro bus. Regardless of a locality’s size, there are always buses available for public or student transportation needs. The AmbuBus frame height, length and width can be adjusted and frames can be installed over, around, or in the absence of seats, vents and wheel wells. Tested assembly time is two-three hours (includes removing existing bus seats and installing frames). By incorporating these buses and the AmbuBus Kit into disaster plans, communities can be more prepared to respond to MCIs and support Healthcare facility evacuations. AmbuBuses would increase capability by establishing a vehicle to transport multiple patients at once. One AmbuBus could free up nine ambulance units and significantly increase the number of patients that could be moved per hour in a single vehicle.

**Recommendation(s):**

1. Document the process for obtaining medical equipment required for transport and having it sent to the receiving facility or staging area. This equipment would need to be available prior to the arrival of the ambulances.
2. Purchase and strategically place Ambubus conversion kits throughout the state.
3. Explore the use of private air ambulance services such as Air Methods and determine the timeframes in which these assets would be available.
4. Continue to work with the Department of Transportation to discuss the use of non-ambulance resources.

**Observation 11.4.1.10:** Accountability of resource requests may be a concern in a large incident.

**Reference:** Patient Movement Support SOG

**Analysis:** The PMB discussed the possibility that a facility requesting the movement of a large number of patients may become overwhelmed with the influx of transportation assets arriving at their facility and a staging area may need to be established. Depending on the resources available at the facility and within the county, it may be beneficial to have an ESF 8 liaison or small liaison team deploy to assist in the coordination of the resources in the field. The Ambulance Deployment Standard Operating Procedures (SOP) outlines the potential for having an ESF 8 liaison assist in the coordination of ambulance resources on-site. Having such a liaison would also be helpful in maintaining documentation for patient tracking. The Ambulance Deployment SOP notes that ambulances will be deployed in strike teams and task forces. The PMB acknowledged that there may be circumstances in which all ambulances within a strike team/task force may not be assigned to transport patients to the same facility and will therefore, not remain a team. All efforts will be made to ensure the teams are sent to the same general area.

**Recommendation(s):**

1. Meet with ESF 4/9 to further define coordination of deployed ambulance resources.
  - a. How will ESF 8 ensure the strike teams/task forces stay together?
  - b. Or, would they be willing to allow the ambulances to function as single resources?
  - c. How will accountability be maintained?

**Objective 12: The state ESF 8 shall activate and deploy strike teams within the timeline in the Team Typing Matrices appendix to the SOP upon receipt of mission.**

**Activity 4.2 Public Health Surveillance and Epidemiological Investigation**

**Strength**

**Observation 12.4.2.1:** Public Service Announcements (PSAs) and Media Outreach was effective.

**Reference:** Crisis and Risk Communications (CERC)

**Analysis:** Prior to the execution of the exercise, the planning team coordinated with the DOH Office of Communications to release a PSA through Bay County for the deployment of the Epidemiology Strike

Team due to the nature of the exercise activities (door to door mosquito borne illness surveys). The immediate work of the state and local PIOs provided coverage over three separate news stations including on air and web based PSAs to inform the community of the upcoming exercise. As a result, this led to additional news coverage on the strike teams as the teams conducted the field interviews and surveys. This practice promotes community awareness, preparedness and a sense of inclusion in the state epidemiology capability. The outreach allowed the Bureau of Epidemiology to market the surveillance and investigative capability providing greater service to the citizens of Florida. In future exercises, coordination with the DOH Office of Communications would be beneficial.

**Observation 12.4.2.2:** ‘Real-time’ in person interviews were conducted.

**Reference:** Epidemiology Plans

**Analysis:** The exercise activity to conduct “real-time” interviews provided the deployed strike team members, as well as the local epidemiologists/mosquito control, with a realistic experience conducting interviews. The behavior of the public is best replicated by real activities. The survey teams brought mosquito-borne illness prevention brochures to provide to the public, which enhanced the method of the survey by gaining the public trust and “breaking the ice.” The teams also alternated between providing the brochures prior to or after the survey noting that by handing out the brochures before asking the survey questions was the best approach. The planning team also set a goal of conducting 100 surveys and exceeded that goal. Overall, the practice resulted in a greater appreciation from the local community and beneficial training for the epidemiological staff. This coordination should be repeated in future exercises.

**Observation 12.4.2.3:** Local participants provided community knowledge value to the out of area strike team members.

**Reference:** Team Typing Matrices

**Analysis:** During the in person interviews with the public, the out of area strike team members acknowledged that the local members provided useful knowledge of the area they were deployed to. This included demographics, cultures, and customs that differ from where the deployed strike team members were from. Local mosquito control and CHD employees who participated in the activity enriched the survey by providing a sense of comfort to the home owners, understanding local concerns and knowing the way around Bay County. This practice may be useful in augmenting strike teams during a real event when the mission is relevant, in this case including mosquito control in the training was a relevant use of expertise and may want to be considered in the real events.

### **Area of Improvement**

**Observation 12.4.2.4:** Standard method of communication was ineffective.

**Reference:** Strike Team Leader Guide

**Analysis:** The Epidemiology Strike Team utilized handheld radios provided by the local CHD to communicate while conducting door-to-door interviews. Communications was difficult due to a number of reasons including unfamiliarity with the issued equipment, the range of the radios was not large enough, and conflicting frequencies. This impacts a team leader’s ability to maintain command and control of the personnel in the field. Secondary communication was identified through cell phones however, service may be intermittent through the field, as well as time consuming to place phone calls to multiple personnel in the field.

**Recommendation(s):**

1. Consider alternate methods of communication such as text messaging.

*Activity 4.3 Complete Disaster Behavioral Health (DBH) Assessment in Special Needs Shelter*

**Strength**

**Observation 12.4.3.1:** The Disaster Behavioral Health Strike Team supported the special needs shelter.

**Reference:** Asset Typing Matrices

**Analysis:** The team assembled at the shelter by 8:08 am on Wednesday morning. The team reviewed the DBH Global Assessment Form and applied the appropriate parts to the exercise assessment. The form was too detailed for the comparatively loose exercise play, but the team leader did assess resources through the Red Cross nurse on duty as part of developing her plan of action. The Department of Elder Affairs provided Just-in-Time Dementia training, which was outstanding and helped the team develop a support plan for special needs shelter (SpNS) staff. Without direction from on-scene shelter management, the team assessed staff and clients. Recommendations included support for staff who were working with dementia patients over time. This was a notional discussion based on projecting the need further into the future. The initial opening and registration of a SpNS would not be an appropriate time for a DBH assessment, but did provide an excellent setting for informed discussion.

**Public Information and Warning**

**Objective 13: The state ESF 8 Information Management Unit shall participate in a Joint Information Center ensuring effective and timely information processing, approval and dissemination.**

*Activity 5.1 Manage Emergency Public Information and Warnings*

**Strength**

**Observation 13.5.1.1:** In response to a need for public notification, the PIO provided overall management and coordination of Emergency Public Information and Warning capability.

**Reference:** Guidelines on Working with the Media during Disasters, DOH Crisis and Emergency Risk Communications Annex to EOP.

**Analysis:** During the several days of the exercise, plans were activated, procedures and policies for coordinating, managing, and disseminating public information and warnings were followed. Public information was disseminated according to the information outlined in the Incident Action Plan. The following tasks were accomplished:

- Identify public information needs of the affected area
- Coordinate internal information programs
- Critical incident information is obtained from IC/UC or EOC/IOF staff
- Coordinate external information programs
- Staff instructed on procedures for release of information
- Coordinate public emergency information

## Situational Assessment

**Objective 14:** *The state ESF 8 shall collect, analyze and disseminate information to support decision-making within each operational period.*

**Activity 6.2** *Collect, analyze and disseminate information*

### Area for Improvement

**Observation 14.6.2.1:** The Situation Unit staff relied on job action sheets, which lessened the overall situational awareness of the event.

**Reference:** ESF 8 SOP

**Analysis:** Throughout the duration of the exercise, the Situation Unit staff relied heavily on job action sheets or checklists to conduct unit activities. This limited the unit's ability to collect, analyze and disseminate information because of the rigidity of these documents. The intent for the unit is to "harvest information from the entire organization," which can be accomplished through utilizing the job action sheets as a tool to augment unit activities versus a finite set of rules. It was observed that the unit was uninformed of pertinent information aligning to the Situation Unit activities. On day two of the exercise there was disconnect in information sharing about widespread power outages including two counties reporting outages affecting over 75 percent of their respective populations. Although the unit leaders' managed to establish unit objectives and provide direction along with staff using the job action sheets, it appears that many of the staff required more direction to provide comprehensive situational awareness and an overall common operating picture. The unit provided briefings to the Planning Section Unit and the SEOC; however, no internal unit briefings were observed other than the initial briefing in the morning. Regular briefings can improve the level of interaction among staff members and help create a common operating picture of the incident both within the unit and throughout the designated area(s) of operation. These briefings also provide an opportunity to identify the priorities and objectives of the current operational period. Regular briefings are a good way to increase the level of situation awareness within the unit, which is a valuable means of identifying and clarifying work tasks, confirming/validating the information being received and processed, and testing assumptions and conclusions before transmitting them to other stakeholders involved in the incident.

**Recommendation(s):**

1. Establish a schedule for regular internal briefings in order to improve communications within the unit.
2. Provide systematic training to unit staff beginning with classroom training and building up to functional exercises for the unit.

**Observation 14.6.2.2:** The Situation Unit was disconnected from other operational aspects.

**Reference: ESF 8 SOP**

**Analysis:** The Situation Unit staff did not have consistent communication with external units. Early in the exercise the unit leader instructed staff to utilize other means of communications (primarily the phone) instead of email, which improved the flow of information subsequently improving the overall situational awareness as the exercise progressed. Despite the improvement in situational awareness, the unit could have been more engaged as intended in the ESF 8 SOP. This may be partly contributed to the isolation of the unit from the other units in the ESF 8 ICS organization and the inconsistent visibility of what is happening in the SEOC.

**Recommendation(s):**

1. Assign a liaison from the Situation Unit to the ESF 8 room in the SEOC.
2. Move the physical location of the Situation Unit into closer proximity of the other units.
3. Determine a communications process with primary, alternate and tertiary methods of communicating with external units.

# Chapter 4: Conclusion

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The exercise established a baseline of capabilities and identified gaps to improve capabilities. The activation of the Patient Movement Plan demonstrated the ability of the Patient Movement Branch to identify transportation resources, coordinate the placement of patients and track patients. The deployment of the Epidemiology, Disaster Behavioral Health, and Special Needs Strike Teams proved that DOH is capable of providing support to the field and strengthened relationships with partners at the local level. The Bureau of Preparedness and Response also demonstrated a successful activation of the COOP by relocating to the Logistics Resource Center on day four of the exercise. The continued cooperation at the local and regional levels with the state ESF 8 function led to the overall success in the statewide hurricane exercise.

Although some objectives were performed with challenges, the exercise was successful in showing where opportunities for growth and system maturity can occur at the state ESF 8 level. The exercise exposed a need to address the depth of the response staff in BPR with concerns for a staffing gap for large incident, 24-hour response activities, and prolonged events. Mission management was also a concern as some missions were delayed and even unfulfilled, though it was recognized the lack of follow up information available from the SimCell and the inconsistency in CHD play during the exercise hindered the follow up on missions. Furthermore, it was observed that response staff relied too heavily on the use of email instead of communicating verbally, either face-to-face or by telephone. Both participants and the exercise evaluation team identified the need and desire for additional position-specific and a systems-approach training.

Exercise strengths, dedication, expertise and experience, are the characteristics that will drive the teams to overcome obstacles and the uncertainty that is typical of a disaster environment. The State ESF 8 participation in the 2014 Statewide Hurricane Jones Exercise showed an overall success of the activation and execution of missions and displays the overall preparedness of DOH to continue assisting the public during natural disasters.

# Appendix A: Improvement Plan

This IP has been developed specifically for Florida Department of Health as a result of 2014 Hurricane Jones Exercise conducted on 19 – 22 May, 2014. The capabilities are organized in ascending alphabetical order.

Core Capability	Area for Improvement	Corrective Action	Capability Element <sup>1</sup>	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Operational Communication	Observation 2.1.1.2: There was confusion on how the PMB and ESF 8 Logistics Section would work together.	1. Discuss and resolve how communication will occur between PMB and Logistics for coordination with ESF 4/9.	Planning	Planning Unit	Planning Unit Manager	1 August, 2014	1 September, 2014
		2. Identify Logistics Liaison for PMB.	Organization	Planning Unit	Planning Unit Manager	1 August, 2014	1 September, 2014
Operational Coordination	Observation 5.2.3.1: The demobilization process was abbreviated due to the exercise timeframe.	1. For exercise design in the following year ESF 8 continues play until demobilization is completed.	Exercise	ESF 8 Unit	Emergency Coordination Officer	1 August, 2014	1 December, 2014
		2. Review and refine as needed the current demobilization process.	Planning	Planning Unit	Planning Unit Manager	1 August, 2014	1 November, 2014
	Observation 7.2.8.1: Staffing requests were processed with delay.	1. All units within the Logistics Section assigned to process missions in EMConstellation should be co-located to facilitate better communication and team cohesiveness.	Organization	Logistics Unit	Logistics Unit Manager	1 August, 2014	1 August, 2014

Core Capability	Area for Improvement	Corrective Action	Capability Element <sup>1</sup>	Primary Responsible Organization	Organization POC	Start Date	Completion Date
	Observation 7.2.8.2: There were instances that missions sat for long periods of time not getting updated or tasked.	1. Include the Mission Prioritization Tool in the ESF 8 SOP and include mission checks with tool by Logistics Section Chief every four hours in the operational period in ESF 8 SOP.	Planning	Logistics Unit	Logistics Unit Manager	1 August, 2014	31 May, 2015
	15.2.10.3: Some BPR employees were unaccounted for during the COOP process.	1. Bureau Leadership Team determines method for employee reporting/tracking in a COOP event.	Planning	ESF 8 Unit	COOP Coordinator	1 August, 2014	1 September, 2014
		2. Identify a responsible party to monitor accountability during a COOP event.	Organization	ESF 8 Unit	COOP Coordinator	1 August, 2014	1 September, 2014
	15.2.10.4: Equipment at the Logistics Resource Center requires trained staff to move.	1. Identify additional personnel and provide training to facilitate moving equipment at the LRC.	Organization, Training	ESF 8 Unit	COOP Coordinator	1 August, 2014	1 September, 2014
		2. Incorporate a roster into the BPR COOP.	Organization	ESF 8 Unit	COOP Coordinator	1 August, 2014	1 September, 2014
Planning	Observation 9.3.1.2:	1. Eliminate the use of the current mission tracking	Planning	Community Resilience Unit	Community Resilience	1 August, 2014	30 September,

Core Capability	Area for Improvement	Corrective Action	Capability Element <sup>1</sup>	Primary Responsible Organization	Organization POC	Start Date	Completion Date
	Duplication of effort in mission tracking.	log in the Resource Unit.			Unit Manager		2014
		2. Develop the process for establishing and maintaining the mission list in the Resource Unit.	Planning	Community Resilience Unit	Community Resilience Unit Manager	1 August, 2014	30 September, 2014
		3. Provide training to all unit members on new process.	Training	Community Resilience Unit	Community Resilience Unit Manager	1 August, 2014	30 September, 2014
	Observation 9.3.1.3: Field staff did not report their location to Personnel Tracking Specialist.	1. Ensure check-in procedures are included in deployment packets.	Planning	Responder Management Unit	Responder Management Unit Manager	1 August, 2014	1 November, 2014
		2. Clearly articulate the hand off between Staffing and Resource Units.	Planning	Responder Management Unit	Responder Management Unit Manager	1 August, 2014	1 November, 2014
		3. Establish a work group to discuss the process for communicating with deployed personnel.	Planning	Responder Management Unit	Responder Management Unit Manager	1 August, 2014	1 November, 2014
	Public Health and Medical Services	Observation 11.4.1.4: The Patient Movement Branch and the Logistics Section had some confusion on how they would work together in an	1. A Mission Specialist should be assigned to the PMB to work only patient movement missions, allowing the PMB direct access and coordination with ESF 4/9.	Organization	Medical Surge Unit; Logistics Unit	Medical Surge Unit Manager	1 August, 2014

Core Capability	Area for Improvement	Corrective Action	Capability Element <sup>1</sup>	Primary Responsible Organization	Organization POC	Start Date	Completion Date
	incident.						
	Observation 11.4.1.5: Lack of patient placement data will hamper the ability of the PMB to determine placement and transportation for patients.	1. The Individual Patient Placement Form (Attachment C2) should be updated to include bed type, trauma designation, and a choice for a non-ambulatory standard sized stretcher patient.	Planning	Medical Surge Unit	Medical Surge Unit Manager	1 August, 2014	31 May, 2015
		2. Determine who will be responsible for obtaining additional information about the patients when that information is not provided by the requestor.	Planning	Medical Surge Unit	Medical Surge Unit Manager	1 August, 2014	31 May, 2015
	Observation 11.4.1.6: Some staff assigned to the PMB did not have access to incident management systems required to conduct operational activities.	1. Ensure all PMB staff members have access to the state ESF 8 Operations Mailbox.	Planning	Medical Surge Unit	Medical Surge Unit Manager	1 August, 2014	31 May, 2015
		2. Ensure all staff assigned to the PMB can login to EMConstellation and are provided basic training on how to operate the system.	Planning	Medical Surge Unit	Medical Surge Unit Manager	1 August, 2014	31 May, 2015
		3. Ensure all staff assigned to the PMB have access to EMResource, have completed the online training, have their	Planning	Medical Surge Unit	Medical Surge Unit Manager	1 August, 2014	31 May, 2015

Core Capability	Area for Improvement	Corrective Action	Capability Element <sup>1</sup>	Primary Responsible Organization	Organization POC	Start Date	Completion Date
		username and password, and know the number to the Intermedix helpdesk.					
	Observation 11.4.1.7: The organization of the PMB did not completely support the function of the unit.	1. Establish an administrative support position for the PMB to assist with setting up the workspace, establishing conference call lines, documentation, etc.	Organization	Medical Surge Unit	Medical Surge Unit Manager	1 August, 2014	31 May, 2015
		2. Establish a Deputy Branch Director position that can be staffed if needed.	Organization	Medical Surge Unit	Medical Surge Unit Manager	1 August, 2014	31 May, 2015
		3. Additional nurses should be identified to augment the Patient Coordination Group if necessary.	Organization	Medical Surge Unit	Medical Surge Unit Manager	1 August, 2014	31 May, 2015
		4. The roles of the Healthcare Facility Analyst and Patient Coordination Group need to be revisited to address the overlap in responsibilities.	Planning	Medical Surge Unit	Medical Surge Unit Manager	1 August, 2014	31 May, 2015
	Observation 11.4.1.8: The manual patient tracking form is not a practical tool for tracking large	1. Review the patient tracking form and eliminate all non-essential information. Ensure the patient tracking form is usable, and will not require modification at the	Planning	Medical Surge Unit	Medical Surge Unit Manager	1 August, 2014	31 May, 2015

Core Capability	Area for Improvement	Corrective Action	Capability Element <sup>1</sup>	Primary Responsible Organization	Organization POC	Start Date	Completion Date
	numbers of patients.	time of the event.					
		2. Explore the use of a database tracking system (such as EMTrack) whereby multiple users can have access and real time data is available. This will eliminate concerns of version control.	Equipment	Medical Surge Unit	Medical Surge Unit Manager	1 August, 2014	31 May, 2015
		3. Consider using a manual tracking system initially, and then transitioning the data into a spreadsheet or database. If individual patient placement forms are being used, the tracking data can be entered directly on the forms. The forms could be placed in file folders for each receiving facility and for those in transit. As time permits, this information could be aggregated.	Planning	Medical Surge Unit	Medical Surge Unit Manager	1 August, 2014	31 May, 2015
	Observation 11.4.1.9: Equipment deficiencies require further coordination	1. Document the process for obtaining medical equipment required for transport and having it sent to the receiving facility or staging area.	Planning	Medical Surge Unit	Medical Surge Unit Manager	1 August, 2014	31 May, 2015

Core Capability	Area for Improvement	Corrective Action	Capability Element <sup>1</sup>	Primary Responsible Organization	Organization POC	Start Date	Completion Date
	and documentation.	This equipment would need to be available prior to the arrival of the ambulances.					
		2. Purchase and strategically place Ambubus conversion kits throughout the state.	Equipment	Medical Surge Unit	Medical Surge Unit Manager	1 August, 2014	31 May, 2015
		3. Explore the use of private air ambulance services such as Air Methods and determine the timeframes in which these assets would be available.	Equipment	Medical Surge Unit	Medical Surge Unit Manager	1 August, 2014	31 May, 2015
		4. Continue to work with the Department of Transportation to discuss the use of non-ambulance resources.	Planning	Medical Surge Unit	Medical Surge Unit Manager	1 August, 2014	31 May, 2015
	Observation 11.4.1.10: Accountability of resource requests may be a concern in a large incident.	1. Meet with ESF 4/9 to further define coordination of deployed ambulance resources.	Planning	Medical Surge Unit	Medical Surge Unit Manager	1 August, 2014	31 May, 2015
	Observation 12.4.2.4: Standard method of	1. Define redundant communications in the communications plan for field operations.	Planning	Data Management Unit	Data Management Unit Manager	1 August, 2014	30 June, 2015

Core Capability	Area for Improvement	Corrective Action	Capability Element <sup>1</sup>	Primary Responsible Organization	Organization POC	Start Date	Completion Date
	communication was ineffective.						
Situational Assessment	Observation 14.6.2.1: The Situation Unit staff relied on job action sheets which lessened the overall situational awareness of the event.	1. Establish a schedule for regular internal briefings in order to improve communications within the unit.	Planning	Situation Unit	Situation Unit Leader	1 August, 2014	31 May, 2015
		2. Provide systematic training to unit staff beginning with classroom training and building up to functional exercises for the unit.	Training	Situation Unit	Situation Unit Leader	1 August, 2014	31 May, 2015
	Observation 14.6.2.2: The Situation Unit was disconnected from other operational aspects.	1. Assign a liaison from the Situation Unit to the ESF 8 room in the SEOC.	Organization	Situation Unit	Situation Unit Leader	1 August, 2014	31 May, 2015
		2. Move the physical location of the Situation Unit into closer proximity of the other units.	Planning	Situation Unit	Situation Unit Leader	1 August, 2014	31 May, 2015
		3. Determine a communications process with primary, alternate and tertiary methods of communicating with external units.	Planning	Situation Unit	Situation Unit Leader	1 August, 2014	31 May, 2015

<sup>1</sup> Capability Elements are: Planning, Organization, Equipment, Training, or Exercise.

# Appendix B: Healthcare Coalition Objectives

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**Objective 1:** Demonstrate the ability to provide situational awareness and assistance with decision making processes for the allocation of resources by integrating into local and State ESF 8.

**Objective 2:** Demonstrate the ability to provide information sharing and resource decisions that assist Healthcare organizations by using a multi-agency coordination concept, during Public Health incidents.

**Objective 3:** Demonstrate the ability to utilize current interoperable communication systems and plans to receive and transmit timely, relevant, and actionable information to incident management during response and recovery from a medical surge incident.

**Objective 4:** Demonstrate the ability to determine a common operating picture by exchanging information during a medical surge incident.

**Objective 5:** Demonstrate the ability to track the status and transport of patients from EMS during medical surge incidents.

**Objective 6:** Demonstrate the ability to evacuate Healthcare facilities within a timeline determined by the local incident commander during a medical surge incident.

**Objective 7:** Evaluate the ability to conduct medical monitoring, patient tracking and coordination through analyzing bed availability data and receiving and processing requests for patient placement, using regional patient coordinators.

**Objective 8:** Evaluate Continuity of Operations (COOP) Plans for Healthcare facilities, organizations, and agencies, during a medical surge incident.

# Appendix C: Acronyms

Acronym	Definition
<b>A</b>	
AAR	After Action Report
AO	Area of Operation
ArcGIS	Geographic Information System used by DOH
AHCA	Agency for Healthcare Administration
ALFs	Alternate Living Facilities
APD	Agency for People with Disabilities
<b>B</b>	
BPR	Bureau of Preparedness and Response
BPHL	Bureau of Public Health Laboratories
<b>C</b>	
CBRNE	Chemical, Biological, Radiological, Nuclear, Explosives
CCOC	Command Control Operations Center
CDC	Center for Disease Control
CEMP	Comprehensive Emergency Management Plan
CERC	Crisis and Emergency Risk Communication
CHD	County Health Department
COOP	Continuity of Operations Plan
<b>D</b>	
DEM	Division of Emergency Management
DOD	Department of Defense
DOH	Department of Health
DHS	Department of Homeland Security
DHHS	Department of Health and Human Services
DPC	Disaster Preparedness Coordinators (Consultants)
<b>E</b>	
ECO	Emergency Coordinating Officer
EH	Environmental Health
EM	Emergency Management
EMS	Emergency Medical Services
EOC	Emergency Operations Center
EMAC	Emergency Management Assistance Compact
ESF	Emergency Support Function
ESS	Emergency Status System
<b>F</b>	
FDEM	Florida Division of Emergency Management
FDENS	Florida Department of Health Emergency Notification System
DOH	Florida Department of Health
FEMA	Federal Emergency Management Agency
FLNG	Florida National Guard
FNRMS	Florida Notification of Responders Management System
FOB	Forward Operating Base

<b>G</b>	
<b>GIS</b>	<b>Graphical Information System</b>
<b>H</b>	
<b>HAZMAT</b>	<b>Hazardous Materials</b>
<b>HFAT</b>	<b>Healthcare Facility Assessment Team</b>
<b>HSEEP</b>	<b>Homeland Security Exercise Evaluation Program</b>
<b>I</b>	
<b>IAP</b>	<b>Incident Action Plan</b>
<b>ICS</b>	<b>Incident Command System</b>
<b>IMB/U</b>	<b>Information Management Branch/Unit</b>
<b>IP</b>	<b>Improvement Plan</b>
<b>IRMS</b>	<b>Inventory Resource Management System</b>
<b>IRT</b>	<b>Incident Response Team</b>
<b>IT</b>	<b>Information Technologies</b>
<b>J</b>	
<b>JIC</b>	<b>Joint Information Center</b>
<b>JIS</b>	<b>Joint Information System</b>
<b>M</b>	
<b>MOU</b>	<b>Memorandum of Understanding</b>
<b>MRC</b>	<b>Medical Reserve Corps</b>
<b>N</b>	
<b>NIMS</b>	<b>National Incident Management System</b>
<b>NRF</b>	<b>National Response Framework</b>
<b>P</b>	
<b>PDF</b>	<b>Portable Document Format</b>
<b>PIO</b>	<b>Public Information Officer</b>
<b>PHEP</b>	<b>Public Health Emergency Preparedness</b>
<b>POC</b>	<b>Point of Contact</b>
<b>R</b>	
<b>RDSTF</b>	<b>Regional Domestic Security Task Force</b>
<b>S</b>	
<b>SEOC</b>	<b>State Emergency Operations Center</b>
<b>SERVFL</b>	<b>State Emergency Responders and Volunteers of Florida</b>
<b>SERT</b>	<b>State Emergency Response Team</b>
<b>SITREP</b>	<b>Situation Report</b>
<b>SLRC</b>	<b>State Logistical Resource Center</b>
<b>SOG</b>	<b>Standard Operating Guidelines</b>
<b>SOP</b>	<b>Standard Operating Procedure</b>
<b>SpNS</b>	<b>Special Needs Shelter</b>
<b>SRCC</b>	<b>State Regional Coordination Center</b>

# Appendix D: COOP Analysis

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## 2014 Hurricane Jones Exercise Bureau of Preparedness and Response Continuity of Operations Relocation Exercise

On May 21, during the 2014 Statewide Hurricane Jones Exercise, the Bureau of Preparedness and Response (BPR) ran a continuity of operations exercise on BPR staff working in building 4052 at the Capitol Circle Office Center (CCOC). The primary objective was to test whether staff engaged in day-to-day activities and supporting ESF 8 during the hurricane exercise was able to relocate to an alternate facility 12 miles away, establish communications and continue to perform day-to-day functions and support ESF 8.

Because of staffing issues within BPR and Information Technology, the relocation facility was pre-staged to receive the relocated staff. This included removing vehicles and trailers normally stored inside the building outside, setting up tables and chairs into work units and establishing wired and wireless connectivity to provide network communications. During a normal exercise of continuity, alternate site preparations for relocating staff would not occur until the decision to relocate was made. It takes about four hours to prepare the Logistics Resource Center (LRC).

At 1:00 p.m., notification was provided by the exercise staff that electrical power to the CCOC was lost resulting in the staff being unable to continue to provide essential functions. A copy of the message follows:

*"This is an exercise"*

*"The DOH Central Complex has lost power from damage to the nearby transformers. The facilities manager confirmed that all buildings in the Southwood complex are without power and will remain out of power until further notice.*

*Weather conditions have caused a delay in fixing the outage.*

*The buildings are accessible."*

*"This is an exercise"*

The bureau COOP coordinator called the Emergency Coordination Officer at the SEOC and informed them of the situation and requested permission to relocate activated ESF 8 staff supporting the hurricane exercise to the Logistics Resource Center (LRC). The bureau COOP Coordinator then contacted the Bureau Chief in their office, informed them of the situation and asked permission to relocate bureau staff to the LRC. Permission was given by both leaders. One more call was made to the Division COOP Coordinator to let them know BPR staff was relocating to the LRC. The building manager was also informed of the relocation and asked to keep an eye on the BPR offices.

Bureau staff working in building 4052 were called together and informed of the situation and asked to gather their things and safely report to the LRC. An Everbridge/ SERVFL notification was then sent to all staff with the following message:

*"Please read the entire notification that follows:*

*This is a continuity of operations notification for the Bureau of Preparedness and Response staff. Building 4052 has lost power and a decision was made to relocate staff currently working in building 4052 to the Logistics Resource Center (LRC) at 109 Hamilton Park Drive. This relocation **includes all BPR and ESF8 staff working in building 4052, but does not include any staff working in the SEOC.***

*Maps from building 4052 to the LRC are available, but essentially, travel west on Capital Circle to Pensacola St, turn right, travel approximately one mile, turn right onto Hamilton Park Drive, park behind the LRC. Do not park in any business parking spaces. You will be towed.*

You will not be returning to building 4052, so bring everything you will need to continue to support the hurricane exercise and perform day-to-day duties. This includes: your laptop computer, power supply, softphone, forms and documents, etc...everything, except monitors!

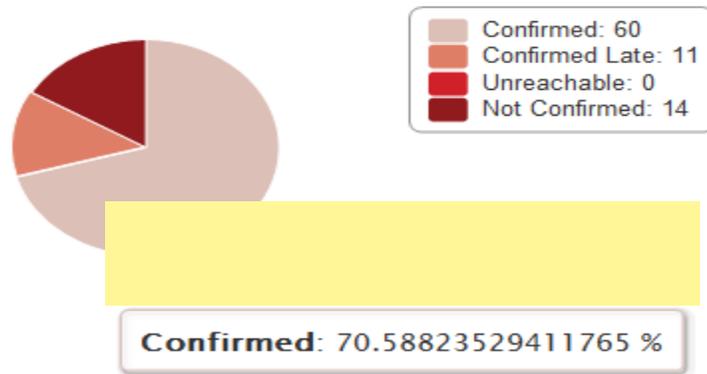
When you arrive at the LRC, sign in and report to Sherry Watt. Please follow her direction and help her complete setting up the LRC for COOP.

Once the set-up is complete, install your equipment in logical work groups, (e.g., Situation Unit, Resource Unit). Log-in to the network and send me an email ([kim.bowman@flhealth.gov](mailto:kim.bowman@flhealth.gov)) confirming your location and ability to perform your duties. Keep it short. Copy your response unit leader, your day-to-day supervisor and Kay Croy.

Remember to sign in and out as you come and go. Do not leave the LRC without informing your incident supervisor or unit supervisor.

Plan to depart for home from the LRC and to return to the LRC the morning of Thursday, May 22 by 8:00 a.m.. Additional instructions will be provided as necessary. Thank you."

The notification was sent to 85 BPR staff. Seventy-one staff (60 + 11, 84 percent) confirmed the notification. Of the 14 who did not confirm, most were excused via sick leave, annual leave, travel or were working at the SEOC on the hurricane exercise. Others reported they did not receive the message because they did not have access to work email or telephone because of the hurricane exercise. One person reported receiving the notification, but did not confirm it and showed up at the LRC as instructed. Another person reported receiving the notification, confirmed it, but did not follow the instructions to report to the LRC. This person was not accounted for by their supervisor and did not contact their supervisor.



Staff was requested email to the COOP once they arrived

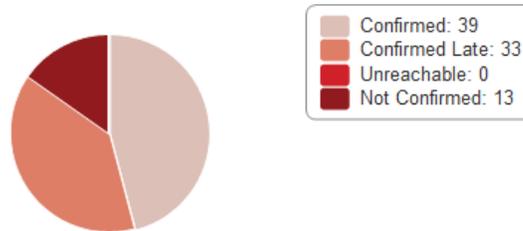
to send an coordinator at the LRC and

was connected to the DOH network. This would test the ability to communicate via email and confirm their safe relocation to the LRC. Confirming emails started coming in within 40 minutes of the notification demonstrating the ability to relocate and resume supporting the hurricane exercise promptly. By the time the BPR COOP coordinator reached the LRC, within one hour of the notification, all relocated staff was set-up and supporting the hurricane exercise.

Staff was given another assignment to demonstrate connectivity and the ability to support ESF 8 activities. Staff was requested to place a document in a folder on the z:/drive. All relocated staff completed this activity successfully. Staff maintained voice communication by mobile phone or Softphone (VOIP) devices.

Staff were dismissed at 5:00 p.m., or as soon as their ESF 8 duties were completed for the day. Staff was requested to report back to the LRC by 8:00 a.m. the next day. The COOP Coordinator reported the day's events to the ECO.

The morning of May 22, a notification was sent to BPR staff reminding them to report to the LRC. Seventy-two confirmed the notification. Staff not confirming the notification included those on leave, travel and working at the SEOC.



Assigned staff reported to the LRC as directed on May 22. They signed in and went right to work. A brief update on assignments, safety and the exercise was provided by the COOP Coordinator. At approximately 10:30 a.m., the ECO informed the COOP coordinator that the hurricane exercise was terminated.

A hot wash of the COOP activation was conducted. Staff reported a favorable experience and recommended future incidents be supported out of the LRC. The close interaction and communication between ESF8 support units was cited as the reason. The following were also reported:

- Softphones did not work well - softphones worked well
- Back exit door was not ADA compliant
- More white boards would be helpful (they would be provided during extended relocation)
- Networked printers would be helpful (this would be provided during extended relocation)
- Restrooms should be unisex due to the larger number of female staff

Hot washes were then conducted by the incident unit hurricane exercise evaluators. Staff was then dismissed to return to building 4052. Staff was asked to confirm their return by sending an email to the COOP coordinator, their unit manager and the Bureau Chief. Six staff remained to help restore the LRC to its pre-exercise condition.

Overall, the following observations were made:

- Everbridge/SERVFL worked well for this notification
- Notifications may be expanded to include voice delivery to close confirmation gap
- The importance of confirming notifications and following instructions needs to be emphasized
- Post BPR entrances with notification signs describing what is going on, where to report to and whom to contact
- Emphasize the necessity of reporting in on-time, signing in and out of the facility and reporting location and status to both the day-to-day and the incident manager
- LRC served well as a location to support approximately 100 staff with network communications
- Staff relocated and continued to provide essential functions admirably well.

Copies of the sign-in sheets, notification reports, etc... are available upon request.

The following check list was used to plan and manage the COOP relocation:

#### 2014 Hurricane Exercise BPR COOP Exercise Checklist

- Request permission to COOP to Logistics Resource Center (LRC).
- Notify Division COOP Coordinator and Division Director.

- Contact Sherry Watt (850-251-2858) to give her heads up we are relocating BPR to LRC. (She'll need 4 people to complete set-up in 2 hours)
- Request 4 people to help Sherry set-up LRC via Logistics Unit.
- Request IT support ([IRMRDPC@flhealth.gov](mailto:IRMRDPC@flhealth.gov)) to set-up LRC for relocation via Logistics Unit.
- Inform BPR staff via Everbridge/SERVFL we are relocating Bureau to the LRC.
  - Provide directions to LRC and reporting time. Give Sherry a 1 hour lead to get trucks and trailers out.
  - Staff is to park behind the LRC and not in parking used for local business.
  - Staff is to take their laptops, power supply and everything else they will need to operate out of the LRC. Including their softphones.
- Staff is to sign in at the LRC and organize in logical work pods, e.g., Situation Unit, Finance Section.
- Staff is to continue supporting exercise activities.
- Staff will send me a brief email describing their location, contact information and assignment. They will copy their unit supervisor and Kay Croy.
- Staff will name a word document file using the following format, *last name first initial.doc*, e.g., *bowmank.doc* and place it in the folder **2014 Hurricane Exercise COOP** located on the 'Z' drive.
- Staff will continue to work at the LRC until dismissed for the day. Staff will sign out.
- Staff will report to the LRC the next day, sign in and continue to support the exercise until dismissed.
- COOP Hot Wash.
- Staff will return to 4052.

## Procedures for Activating the Logistics Response Center for a COOP Event

1. If an event occurs that renders the Division of Emergency Preparedness and Community Support (DEPCS) staff primary office location unavailable for use, the Logistics Response Center (LRC) can be set up as a COOP site.
2. Upon instruction from the ESF8 Emergency Coordination Officer, or the Logistics Resource Manager, the Logistics Supervisor and/or the Logistics Specialist will begin setting up the LRC, to accommodate the necessary staff.
3. The Department of Health Information Technology (IT) office will be notified that the LRC is being set up as a COOP site and that it will need to set up the necessary equipment to enable DEPCS staff to access the DOH network and the Internet. IT will be advised of the number of computers and printers that are to be set up in the LRC. IT will also set up the telephones.
4. Copiers are to be leased, with delivery to occur within two to four hours, depending on the situation.
5. Trailers and trucks parked in the LRC will have to be moved before set up can begin. Caution: Only a person who is very experienced with a forklift should try to move the trailers with a forklift.
6. The next step is to sweep the floor of the LRC and move any pallets, supplies or equipment that is in the open area of the floor to other locations.
7. If time permits the floor of the LRC is to be mopped.
8. Tables and chairs are to be arranged into four quads (see footprint) with a separate table for the DEPCS Leadership.
9. DOH IT will set up the network cables and insure that all computers are functioning and can access the necessary networks, drives and the Internet. IT will also ensure the functionality of the telephones, whether hard-line or VoIP.
10. Any necessary office supplies, such as copy/printer paper, pens, pencils, note pads, Post-It Notes, etc., are to be brought to the COOP site by each staff member. In the event this does not occur, logistics staff will coordinate with the Finance and Administration Manager to ensure the necessary items are acquired.