

2016 COOP Terrorism/Hurricane “Kimo” Full Scale Exercise

After-Action Report/Improvement Plan



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The 2016 COOP Terrorism/Hurricane "Kimo" Full Scale Exercise (2016 HurrEx) After Action Report and Improvement Plan is in compliance with The Department of Homeland Security's Exercise and Evaluation Program (HSEEP) and will be used to enhance future Florida Department of Health response plans, trainings, exercises, incident and event responses.

Adopted on: 24 August 2016

By: Christie Ruce

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SECTION 1: EXECUTIVE SUMMARY

Purpose

The purpose of this full scale exercise (FSE) was to evaluate the Florida Department of Health's (the Department) ability to share information and coordinate resources throughout the state during a terrorism event and a pre-landfall hurricane threat while operating under the State Emergency Response Team's (SERT) Continuity of Operations Plan (COOP). The Emerald Coast Healthcare Coalition (ECHCC) coordinated with the Department to prepare the Regional Domestic Taskforce (RDSTF) Region 1 area of operations for an influx of people evacuating the expected path of the storm. The Department also exercised its ability to perform response support activities from an alternate location.

Scope

This exercise was a full-scale exercise, planned for four days in duration across the Tampa Bay area, the Department, ECHCC, the State Emergency Operations Center (SEOC), and two alternate sites. Exercise play was limited to locations identified by the Planning Team and ECHCC with full or partial activation of local and state emergency operations centers, healthcare facilities, and select additional emergency support functions.

Summary

Throughout the week of May 9, 2016, reports of credible threats in the North Florida and Florida Panhandle area were released by the North Florida Fusion Centers (NFFX) to authorized personnel. The Florida Division of Emergency Management (FDEM) monitored these messages along with trusted agents in order to prepare for a potential attack to an unknown area. On Thursday, May 12, 2016 a bombing occurred at the Escambia County courthouse, allegedly set by domestic terrorists. On Sunday, May 15, 2016 the NFFX released a Situational Awareness Brief of an imminent threat to the SEOC. The credible threat forced the SEOC to implement its COOP and relocate to its alternate location at the Camp Blanding Joint Training Center in Starke, Florida.

At the Department's Central Office in Tallahassee several improvised explosive devices (IEDs) were discovered within several vehicles in the parking lots on the evening of Monday, May 16, 2016 by the Florida Department of Law Enforcement (FDLE), which is adjacent to the Department's facilities. FDLE ordered a total evacuation (simulated) of the Capital Complex Office Center (CCOC) until investigations were complete. Emergency Support Function 8 (ESF8) members still located in Tallahassee, Florida were relocated to the Logistics Response Center (LRC) to continue with the response support activities.

Simultaneously, hospitals and public events in the RDSTF Region 1 area of operations were under siege by domestic terrorists attempting to disrupt multiple military and civilian soft targets. The RDSTF Region 1 area of operations also received hundreds of evacuees from the Tampa area due to the incoming hurricane.

While reacting to the information coming out of the NFFX, the 11th tropical depression of the season formed on May 15, 2016 at 2:00 p.m. near the Windward Islands. The depression moved toward the west, near 22 mph. This general motion continued and the storm strengthened during the next 24 hours. On Monday, May 16, 2016 at 5:00 a.m., the depression upgraded to the 11th tropical storm of the season. The depression moved toward the west-northwest, near 24mph. This general motion continued for the next 48 hours. Landfall occurred Thursday, May 19, 2016 at approximately 11:00 p.m.

SECTION 2: EXERCISE OVERVIEW

Exercise Name: 2016 COOP Terrorism/Hurricane “Kimo” Full Scale Exercise

Type of Exercise: Full Scale Exercise

Exercise Start Date: 16 May 2016

Exercise End Date: 19 May 2016

Location(s): Florida Department of Health Central Office
Logistics Response Center
Regional Domestic Security Task Force Region 1
Camp Blanding Joint Training Center

Sponsor: Florida Department of Health, Emerald Coast Healthcare Coalition, Florida Division of Emergency Management

Participating Organizations:

Regional	
Emerald Coast Healthcare Coalition	
State	
Agency for Persons with Disabilities	Department of Lottery
Department of Agriculture and Consumer Services	Department of Transportation
Department of Business and Professional Regulation	Division of Emergency Management
Department of Economic Opportunity	Public Service Commission
Department of Education	Volunteer Florida
Department of Elder Affairs	Department of Management Services
Department of Environmental Protection	Department of Military Affairs
Department of Financial Services	Department of Law Enforcement
Department of Health	

Mission Area(s): Preparedness; Response

Capabilities:

- Emergency Operations Coordination
- Information Sharing
- Medical Surge
- Public Health Surveillance and Epidemiological Investigations

Scenario Type: Bombing/mass shooting terrorism incidents and a hurricane

SECTION 3: ANALYSIS OF CAPABILITIES

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

Exercise Objectives	PHEP Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
1. Demonstrate the ability to activate and mobilize staff within specified requirements as outlined by the appropriate plan, policy, or procedure.	Emergency Operations Coordination		X		
2. Under field conditions, demonstrate the ability to establish and support interoperable communications between local response agencies, public health and medical resources, and deployed ESF8 personnel.	Emergency Operations Coordination	X			
3. Evaluate agency COOP Coordinators' preparedness by relocating them to an alternate facility.	Emergency Operations Coordination		X		
4. Demonstrate the ability to mobilize and deploy assets in accordance with the Mission Ready Package within identified timelines.	Emergency Operations Coordination			X	
5. Demonstrate the capability of ESF8 to perform mission essential functions from designated alternate COOP locations.	Emergency Operations Coordination	X			
6. Validate the ability of ESF8 to work with partnered systems to identify and report patient hospital bed counts.	Information Sharing	X			
7. Demonstrate ability to support ESF8's planning needs and EM Constellation requests through the creation of GIS maps.	Information Sharing	X			
8. Demonstrate that select groups can respond to an Everbridge alert notification within 1 hour of receipt and with an 80% response rate.	Information Sharing	X			
9. In accordance with the Patient Movement SOP, Patient Movement Branch (PMB) will effectively process, coordinate, and track patient movement missions.	Medical Surge	Not Evaluated			

Improvement Plan (AAR/IP)

Exercise Objectives	PHEP Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
10. Demonstrate the ability of Florida's hospitals to respond to a HAvBED Drill within the designated time parameters requested to report bed availability information for the required 12 bed types.	Medical Surge		X		
11. Demonstrate the ability to support health care coalitions and response partners in the expansion of the jurisdictions health care system (includes additional beds, staff, and equipment) to provide access to additional health care services (e.g. call centers, alternate care systems, EMS, emergency department services and inpatient services).	Medical Surge		X		
12. Assess behavioral health needs of specific groups or population and recommend appropriate intervention in accordance with the DBH Mission Ready Package.	Medical Surge	Not evaluated			
13. Activate and appropriately staff a State Medical Response Team (SMRT) Medical Surge Task Force Type II, in accordance with the Mission Ready Package.	Medical Surge		X		
14. Demonstrate the ability to identify the source of a case or outbreak of disease, injury, or exposure and its determinants in a population (e.g., time, place, person, disability status, living status, or other indices).	Public Health Surveillance and Epidemiological Investigations		X		

Ratings Definitions:

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

Table 1. Summary of PHEP Capability Performance

Improvement Plan (AAR/IP)

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

Emergency Operations Coordination

Objective 1: Demonstrate the ability to activate and mobilize staff within specified requirements as outlined by the appropriate plan, policy, or procedure.

Strengths:

The capability level can be attributed to the following strength(s):

Strength 1.1: Initial coordination between ESF8 Command Team was done quickly and efficiently.

Analysis: At approximately 8:00 a.m. on Monday, May 16, members of ESF8's Command Team were called to the SEOC for a weather and situation briefing. After all participants were dismissed, the ESF8 attendees immediately returned to the Department's Central Office to brief the entire Command Team on the situation and the Emergency Coordination Officer (ECO) called a meeting of the Command Team. The ECO activated ESF8 based on the information received and gave orders for the response. The ECO and Section Chiefs worked quickly and efficiently to determine the best course of action in light of the information received from the FDEM. Also, the Command Team met all benchmarks and milestones placed by the FDEM and were able to adhere to the COOP travel schedule.

Areas for Improvement:

The following areas require improvement:

Area for Improvement 1.2: Full activation of ESF8 was slow on the first day (Monday, May 16, 2016).

Analysis: The ESF8 activation process was not as efficient and coordinated for those outside the Command Team. There was confusion about whether all of ESF8 was activated until the morning of Tuesday, May 17, 2016 due to a clear command not being effectively communicated to ESF8 staff. Monday morning, May 16, the Command Team met to discuss the information given during the SERT briefing. After it was decided the Command Team would COOP to Camp Blanding (per the SERT's order) the ECO gave the order to activate ESF8 (*note: the SERT gave the order to COOP in response to the simulated terrorist threat in RDSTF's Region 1 area of operations. The intended goal of the COOP activation was to move the Governor to a less well-known location. The SERT's COOP activation was not due to a direct, known threat to the SEOC or to the CCOC. ESF8's activation of the COOP to move staff to the LRC was due to a simulated*

Improvement Plan (AAR/IP)

threat to the CCOC). While this order was clearly given to the Command Team, no distinct direction was given to the remaining personnel at the CCOC regarding what actions they were expected to perform. This resulted in confusion among staff members about what their roles and responsibilities were. Per the ESF8 SOP, once the ECO determined the need to activate ESF8, the Initial Activation Team will be briefed, and section coordinators will provide a list of staff notified and briefed to the Resource Unit Leader and the Staffing Unit Leader. Adding to the confusion, there were ongoing terrorist threats and attacks, while simultaneously COOPing a small group of staff members to Camp Blanding.

Recommendations:

Recommendation 1.2.1: Review and/or create plans and checklists to communicate response actions to ESF8 members, Bureau of Preparedness and Response (BPR) staff, and other partners. These plans and/or checklists should include how to inform staff of activations and of appropriate response actions.

Reference: ESF8 SOP and PHEP Capability #3

Objective 2: Under field conditions, demonstrate the ability to establish and support interoperable communications between local response agencies, public health and medical resources, and deployed ESF8 personnel.

Strengths:

The capability level can be attributed to the following strength(s):

Strength 2.1: All ESF8 staff demonstrated the ability to establish and support interoperable communications through multiple methods.

Analysis: Throughout the exercise, ESF8 staff demonstrated the ability to continue communications through means such as EM Constellation, EM Resource, email, landline telephone, cellular phone, Skype, Everbridge alerts, OneDrive, and text messages. This was true of staff while traveling, staff at Camp Blanding, and staff at the LRC. Even with total loss of connectivity (amid the average level of connectivity issues and poor network service), ESF8 staff were able to quickly find alternative methods of communication to work missions and to provide situational updates. Specifically, as an exercise artificiality, the internet was disconnected with the explanation to staff that there were unexplained connectivity issues. The ESF8 staff at the LRC took this in stride. Immediately, all staff began connecting their devices to Hotspot internet connections so they could continue working. Once the internet connection was restored approximately one hour and a half later, the ESF8 staff at the LRC

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either switched back to the Wi-Fi network or continued using the Hotspot until it was convenient to switch back.

Reference: ESF 8 SOP

Objective 3: Evaluate agency COOP Coordinators' preparedness by relocating them to an alternate facility.

Strengths:

The capability level can be attributed to the following strength(s):

Strength 3.1: More than 80% of the Department's CCOC COOP Coordinators responded to the Everbridge alert notification within one hour of the alert being sent. At least one coordinator for each division, office, or bureau responded, representing 100% of central office components. At least one coordinator for each division, office, or bureau relocated to the alternate site representing 100% of central office components.

Analysis: On May 17, 2016, at 11:00 a.m., an Everbridge notification was sent to 71 CCOC COOP Coordinators requesting their relocation to an alternate site at Central Office's campus for a COOP tabletop discussion exercise. Out of the 71 participants, 58 recipients (81 percent) responded within one hour of the Everbridge alert being sent. Out of the 71 participants, 5 recipients (7 percent) responded more than an hour after Everbridge alert was sent. Out of the 71 participants, 8 recipients (11 percent) did not respond at all. At least one coordinator for each division, office, or bureau responded to the alert, representing 100% of central office components. Additionally, at least one coordinator for each division, office, or bureau reported to the alternate site, representing 100% of central office components.

Reference: FDOH Continuity of Operations Plan 2015, Continuity Guidance Circular 1 (CGC1) Continuity Guidance for Non-Federal Entities.

Objective 4: Demonstrate the ability to mobilize and deploy assets in accordance with Mission Ready Package within identified timelines.

Areas for Improvement:

The following areas require improvement:

Area for Improvement 4.1: The Department's automated travel system, goTravel, was extremely difficult for staff to use, especially for SMRT personnel deployment.

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Analysis: BPR staff spent approximately a month and a half prior to the HurrEx with goTravel staff to add all participating SMRT team members to the travel system in preparation for the exercise. Once the exercise commenced, an Administrative Assistant II and a Grants Specialist were quickly identified to would complete travel for all team members and ESF8 staff, for the duration of the exercise. Another Administrative Assistant was also identified as support staff due to their familiarity with the system and with the SMRT team members' travel requirements. There were two initial issues: first, the Grants Specialist was not established as someone who could process travel on another's behalf (a "Preparer") in the goTravel system. Establishing these individuals as Preparers took approximately 24 hours. Second, neither the Administrative Assistant II nor the Grants Specialist were established as Preparers for the SMRT travelers. Adding a new traveler to a Preparer's queue can take several days, especially if the traveler is not a Department employee. These issues resulted in the backup Administrative Assistant taking on the role of primary travel representative for the exercise. When the backup Administrative Assistant began working through the travel requests for the SMRT travelers, a clear pattern of issues was identified. In some cases, the SMRT traveler would have no problem accessing the goTravel system and/or approving their own travel. In other instances, the SMRT traveler would not receive the goTravel invitation email, and therefore, could not approve their travel. The backup Administrative Assistant asked the SMRT member to check their email Inbox and Spam/Junk folder through a variety of internet browsers (Mozilla Firefox, Google Chrome, and Internet Explorer), as well as having the goTravel staff resend the invitation email to the travelers who experienced this problem. Additionally, the backup Administrative Assistant asked the SMRT travelers to clear their internet browser History, Cache, and Cookies in an attempt to fix the problem. While the aforementioned steps were occasionally successful in resolving the issue, for some travelers the invitation email was not received until after the exercise was completed. *NOTE: It is unclear if this is an issue with the goTravel system or an issue with the goTravel staff mistyping the travelers' email addresses when the traveler was being added to the system.* The third scenario that occurred for some SMRT travelers was that they would receive the goTravel invitation email, however once they logged into the goTravel system, their queue would not show a pending travel so the request could not be approved. These situations resulted in the backup Administrative Assistant spending much of their time calling back and forth between the SMRT travelers and the goTravel staff in an attempt approve the travel requests. These issues resulted in 15 travelers of 38 SMRT travelers not receiving full approvals on their travel requests until after they had already mobilized and deployed. By the end of the exercise, all 38 SMRT travelers had received full approval for their travel.

Recommendations:

Recommendation 4.1.1: The ECO should be given authority to waive use of the goTravel system during a response for an alternate internal method.

Improvement Plan (AAR/IP)

Recommendation 4.1.2: Travel policies should be updated to include the goTravel system. These policies include IOP 56-37-15: *Travel Justification and Authorization* and DOHP 56-37-13: *Travel Reimbursement*.

Recommendation 4.1.3: All response team members external to the Department must be added to the goTravel system within 45 days of being named as a new response team member.

Recommendation 4.1.4: A goTravel staff member should be assigned to work within ESF8 Finance and Administration Travel Unit during an activation.

Reference: State ESF 8 SOP; IOP 56-37-15: Travel Justification; Authorization and DOHP 56-37-13: Travel Reimbursement.

Objective 5: Demonstrate the capability of ESF8 to perform mission essential functions from designated alternate COOP locations.

Strengths:

The capability level can be attributed to the following strength(s):

Strength 5.1: ESF8 staff were able to successfully perform mission essential functions at the COOP location with short notice.

Analysis: On the evening of Monday, May 16, 2016, an Everbridge alert was sent to ESF8 staff ordering a move to the LRC the morning of Tuesday, May 17, 2016. All, except a few recipients of the Everbridge alert reported to the LRC as expected. Those who did not report to the LRC were pre-authorized. ESF8 staff were able to quickly set up and begin working missions with only a few connectivity issues. These issues were solved quickly by the Information Technology Specialist (IT) and staff were able to work from the network or from their mobile Hotspots. Additionally, the LRC was well stocked with supplies from a COOP supply cache so all staff were able to find any office supplies they needed. Furthermore, when the LRC staff were given the order to prepare the location for activation of the COOP for ESF8, they were able to work quickly and efficiently to create an appropriate workspace. This included sections for each of the response units and a makeshift "conference room." This worked well and contributed to the success of ESF8 in performing their response duties.

Areas for Improvement:

The following areas require improvement:

Area for Improvement 5.2: The Everbridge alert ordering the move to the LRC was not sent to all required staff.

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Analysis: The morning of Tuesday, May 17, 2016, it was discovered several members of ESF8 did not receive the Everbridge alert ordering the move to the LRC as part of ESF8 [Note: this includes the Department's Emergency Medical Services (EMS), Environmental Health (EH), and Epidemiology (Epi) staff]. These staff reported to CCOC as per usual, then began contacting others in ESF8 when they realized the BPR suite and third floor conference room were empty. When they managed to contact ESF8 staff at the LRC, they were told to check Everbridge for an alert notification. They reported receiving no notification ordering a move to the LRC. Additionally, some of the ESF8 members who reported to the LRC on time did not receive a notification, but knew to report to the LRC Tuesday morning as they were contacted by other ESF8 members Monday evening after the COOP activation Everbridge alert was sent out. This indicates a failure of ESF8 to communicate the activation all ESF8 staff. While many of these ESF8 members would not have been ordered to the LRC, ESF8 leadership does need to effectively communicate activations to partners for situational awareness, ensure response actions are taken, and for personnel safety.

Recommendations:

Recommendation 5.2.1: Based on the updates to the State ESF8 Incident Staffing Plan, the Everbridge contact lists should be reviewed and amended to include all BPR and ESF8 staff.

Area for Improvement 5.3: Sensitive information was left unsecured at the Department from exercise Day 1 to Day 2.

Analysis: The morning of Tuesday, May 17, 2016 an employee requested permission to return to the Department's Central Office to retrieve work materials. The employee was denied permission to return due to the CCOC being closed off for security purposes (Note: the closing off of CCOC was an exercise artificiality). The employee then specified these work materials were physical documents containing the purchasing card and social security numbers of the Department's travelers. Due to security concerns, the employee was then given permission to retrieve these documents.

Recommendations:

Recommendation 5.3.1: Retraining of employees on privacy and security measures for confidential information.

Recommendation 5.3.2: Create BPR policy on COOP privacy and security measures for confidential information (i.e. encrypted jump drive, etc.)

Reference: DOHP 50-19-15: Access Control of Social Security Numbers; IOP 56-44-16: Purchasing Card Guidelines.

Information Sharing

Objective 6: Validate the ability of ESF8 to work with partnered systems to identify and report patient hospital bed counts.

MET EXPECTATIONS

Objective 7: Demonstrate ability to support ESF8's planning needs and EM Constellation requests through the creation of GIS maps.

Strengths:

The capability level can be attributed to the following strength(s):

Strength 7.1: SERT Gator and Geographical Information Systems (GIS) software utilization.

Analysis: The Situation Unit was able to utilize mapping software daily to update ESF8 and other response members on the current situation. The maps were sent out via EM Constellation as well as saved to the ESF8 shared drive. The Situation Unit's daily updates depicted the current storm track through Florida. Additionally, the Planning Section was able to quickly produce a map of RDSTF's area of operation Region 1 available hospitals. A mission was submitted for a map to be created to include all the hospitals in Region 1 with bed availability. When the GIS Specialist received this mission they sought out further information for clarification. Once they had the intent of the mission clarified they explained clearly and quickly why it would be difficult and what alternatives could be produced. Once the requestor had decided which option they would accept, the GIS Specialist confirmed and gave a timeframe for when the map could be produced. The GIS Specialist was then able to produce the appropriate map within the timeline previously given and included an explanation on how to find bed availability and a contact person for further help. The ESF8 staff were able to use the SERT Gator and GIS software to fulfill missions and increase situational awareness.

Reference: ESF8: GIS Processor Position Checklist

Objective 8: Demonstrate that select groups can respond to an Everbridge alert notification within one hour of receipt and with an 80% response rate.

Strengths:

Improvement Plan (AAR/IP)

The capability level can be attributed to the following strength(s):

Strength 8.1: ESF8 ensured 100% accountability of BPR staff.

Analysis: On Tuesday morning, May 17, 2016, a majority of ESF8 staff reported to the LRC by 8:00 a.m. When the Command Team present at the LRC realized several ESF8 members were missing and had not yet checked in, an order was placed to locate these staff. Two ESF8 members contacted the missing staff via cellular phone, email, and text to find out their locations. Through these communication methods it was determined those missing were either currently traveling to the LRC or were pre-authorized to be in a different location. This determination for 100% accountability of BPR staff continued as a task executed by the present Command Team for the remainder of the exercise. During a real-life incident or exercise event, it is absolutely critical to know the whereabouts of ESF8 staff to ensure their health and safety. While the unaccounted for staff were in no real danger, it shows a commitment to BPR values that the Command Team and ESF8 members were resolute to maintain knowledge of all staff members' status and location.

Strength 8.2: Response rates to the Everbridge alert among Group 1 Responders, CHD Directors, and CCOC Central Leadership was more than 80% for each group.

Analysis: All groups had a more than 80% response rate within one hour of notification. Each group was individually tested on separate days and times. These drills were unannounced and sent out during business hours. The total number of response team members contacted through these series of drills was approximately 1,600 personnel. The high response rate was directly attributable to staff engagement and leadership interest.

Reference: Everbridge SERVFL Notification Drill Guidance.

Medical Surge

Objective 9: In accordance with the Patient Movement SOP, Patient Movement Branch (PMB) will effectively process, coordinate, and track patient movement missions.

OBJECTIVE NOT EVALUATED

Improvement Plan (AAR/IP)

Objective 10: Demonstrate the ability of Florida's hospitals to respond to a HAvBED Drill within the designated time parameters requested to report bed availability information for the required 12 bed types.

Areas for Improvement:

The following areas require improvement:

Area for Improvement 10.1: HAvBED reporting below the required 75% of Florida hospital participation.

Analysis: On May 19 at 9:01 a.m. the Assistant Secretary for Preparedness and Response (ASPR) made an email request to the State of Florida to submit bed availability data on 12 bed types. On May 19 at 9:02 a.m. Florida reported it would respond and report by individual hospital. On May 19, 2016, at 9:13 a.m., Florida hospitals were notified to begin reporting bed availability for 12 bed types in EM Resource. At 1:00 p.m. the exercise was concluded. Just 34% of the required 75% of Florida hospitals fully reported bed availability in each of 12 bed types during the exercise, however 69% participated in the drill. Hospital participation rate in HAvBED reporting decreased slightly during this exercise from previous exercises. The full participation rate has ranged from 31% to 42% during the current grant year. The Agency for Health Care Administration (AHCA) is tasked by the State CEMP Appendix VIII: ESF8 – Public Health and Medical Services to “Maintain and manage EM Resource for facility reporting during emergency responses to include bed availability, evacuation status, generator usage and patient/resident census (Chap. 408.821, F.S.)” The Department has initiated several actions recently to further improve the ability for hospitals to access EM Resource to report bed availability. Changes have been made in EM Resource to make it easier for hospitals to submit bed updates. This will help eliminate past errors in reporting that negatively affected the participation rate. The Florida Hospital Association (FHA) Director of Management Services has been added to the EM Resource State Advisory Group and Change Advisory Board. The contract with FHA has been updated to incorporate assistance and activities from FHA in educating and informing hospitals about the importance of reporting bed availability and participating in HAvBED reporting. The Healthcare Coalitions (HCCs) have been tasked with using their organizational structure to promote the use of EM Resource.

Recommendations:

Recommendation 10.1.1: The Department should work closer with AHCA to improve bed availability reporting.

Reference: State CEMP Appendix VIII: ESF8 – Public Health and Medical Services

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Objective 11: Demonstrate the ability to support health care coalitions and response partners in the expansion of the jurisdiction's health care system (includes additional beds, staff, and equipment) to provide access to additional health care services (e.g. call centers, alternate care systems, EMS, emergency department services and inpatient services).

Strengths:

The capability level can be attributed to the following strength(s):

Strength 11.1: ESF8 demonstrated the ability to support ECHCC through the recommendations given in response to missions and through the deployment response teams.

Analysis: The ECHCC requested assistance in managing incoming patients from the Tampa area as well as a foodborne illness outbreak. SMRT, Public Information Officers (PIOs), EH, and Epi teams were successfully mobilized and deployed to assist response efforts, per the ECHCC's request. This included assisting with real-world media relations where at least four media organizations (TV, Print) were represented. Tyndall Air Force TV and others developed broadcast packages to share with North Florida communities. This exercise provided an excellent opportunity for ESF8's Information Management Unit (IMU) PIOs to collaborate with the SMRT and their designated PIO for planning (before) and the execution of duties (during and after) the exercise. The IMU will continue to collaborate with the SMRT Team and PIO to improve the individual and collective capabilities. The SMRT Medical Surge Task Force Type II team was able to treat patients both from the foodborne illness outbreak, as well as those evacuated out of storm track locations. The SMRT successfully lessened the burden on the ECHCC from the medical surge created by the extra patients. The EH and Epi Strike Teams were able to successfully investigate the source of the foodborne illness by working with the ECHCC and the patients affected by the outbreak.

Reference: Mission Ready Package Workbook (Version 2.0)

Objective 12: Assess behavioral health needs of specific groups or populations and recommend appropriate intervention in accordance with the Disaster Behavioral Health (DBH) Mission Ready Package.

OBJECTIVE NOT EVALUATED.

Objective 13: Activate and appropriately staff a SMRT Medical Surge Task Force Type II, in accordance with the Mission Ready Package.

Areas for Improvement:

The following areas require improvement:

Area for Improvement 13.1: Mission Ready Packages do not clearly define what resources are included and the associated costs.

Analysis: The current Mission Ready Package (MRP) Workbook (Version 2.0) does not clearly define what each package includes which can cause confusion during a response. For example, the current entry for the SMRT Medical Surge Task Force Type II in the MRP Workbook states the teams consists of 36 doctors, nurses, and paramedics. However, it does not break down how many of the 36 will be doctors, how many will be nurses, or how many will be paramedics. Additionally, it does not expand on the other personnel involved such as Logistics staff. Without this definitive breakdown, ESF8 cannot be certain which teams are the best fit for the mission. Furthermore, the MRP Workbook does not include a breakdown of costs for each team. Considering the high costs of response efforts and the need for strict budgetary transparency, deploying a team without having a clear understanding of the costs involved could have negative consequences for BPR, and the state as a whole.

Recommendations:

Recommendation 13.1.1: Revise the MRP Workbook to expand on the capabilities of each resource as well as the costs associated. Furthermore, once the MRP Workbook revision is complete, add the Workbook to a single, online location (as opposed to multiple locations).

Reference: Mission Ready Package Workbook (Version 2.0)

Public Health Surveillance and Epidemiological Investigation

Objective 14: Demonstrate the ability to identify the source of a case or outbreak of disease, injury, or exposure and its determinants in a population (e.g., time, place, person, disability status, living status, or other indices).

Strengths:

The capability level can be attributed to the following strength(s):

Strength 14.1: Environmental Health (EH) and Epidemiology (Epi) teams were able to successfully demonstrate the ability to identify outbreak and its determinants during a response.

Improvement Plan (AAR/IP)

Analysis: Team members demonstrated varied levels of epidemiological knowledge. The team also showed the ability to adapt well to new instructions and information. Additionally, communication with other teams was consistently maintained. Pertinent data entry was found to be organized and completed in adequate time. Furthermore, this data was validated using technology and manual procedures.

Reference: Public Health Preparedness Capabilities: National Standards for State and Local Planning, March 2011. CDC/CSTE Competencies for Applied Epidemiologists in Governmental Public Health Agencies.

Area for Improvement:

The following areas require improvement:

Area for Improvement 14.1: Epi/EH Strike Teams not following emergency response protocols.

Analysis: On May 18, 2016, a foodborne outbreak was reported in RDSTF's area of operation Region 1. An EH Strike Team and an Epi Strike Team were requested to assist the local response effort to the outbreak at the Special Needs Shelter (SpNS) (*Note: SpNS was simulated; located at Bay Emergency Operations Center*). The Strike Teams reported to their instructed location to begin investigation. The Epi Strike Team requested the EH Strike Team to assist with conducting interviews. The EH Strike Team Leader agreed to assist the Epi staff in conducting the interviews. Soon after agreeing, the EH Strike Team Leader reconsidered and the team ultimately did not assist the EPI Strike Team in conducting interviews. The EH team leader recognized the EH emergency assessment would not have been completed in time. EH assistance with the EPI request would have resulted in the EH Strike Team not following response deployment orders nor trainings for EH Strike Team members during an emergency response. During a response, Strike Team members are expected to follow respective trainings, which includes understanding their deployment orders, as well as their roles and responsibilities when activated and deployed as a strike team.

Recommendations:

Recommendation 14.1.1: Further training and exercise on response roles both as individuals and as a Strike Team member.

Reference: Public Health Preparedness Capabilities: National Standards for State and Local Planning, March 2011. CDC/CSTE Competencies for Applied Epidemiologists in Governmental Public Health Agencies;

Appendix A: Improvement Plan

This IP has been developed specifically for the Florida Department of Health as a result of the 2016 COOP Terrorism/Hurricane “Kimo” Full Scale Exercise conducted 16-19 May, 2016.

Core Capability	Area for Improvement	Corrective Action	Primary Responsible Organization	Organization POC	Start Date	Completion Date
<p>Emergency Operations Coordination</p>	<p>1.2: Full activation of ESF8 was slow on the first day (Monday, May 16, 2016).</p>	<p>1.2.1: Review and/or create plans and checklists to communicate response actions to ESF8 members, Bureau of Preparedness and Response (BPR) staff, and other partners. These plans and/or checklists should include how to inform staff of activations and of appropriate response actions.</p>	<p>Florida Department of Health</p>	<p>Plans Section Chief</p>	<p>1 August 2016</p>	<p>1 February 2017</p>

<p>Emergency Operations Coordination</p>	<p>4.1: The Department's automated travel system, goTravel, was extremely difficult for staff to use, especially for SMRT personnel deployment.</p>	<p>4.1.1: In the absence of an Executive Order, the ECO should be given authority to waive use of the goTravel system during a response for an alternate internal method.</p>	<p>Florida Department of Health</p>	<p>Primary: Bureau Chief, Agency Representative Secondary: Finance Section Chief</p>	<p>1 August 2016</p>	<p>1 February 2017</p>
<p>Emergency Operations Coordination</p>	<p>4.1: The Department's automated travel system, goTravel, was extremely difficult for staff to use, especially for SMRT personnel deployment.</p>	<p>4.1.2: Travel policies should be updated to include the goTravel system. These policies include IOP 56-37-15: <i>Travel Justification and Authorization</i> and DOHP 56-37-13: <i>Travel Reimbursement</i>.</p>	<p>Florida Department of Health</p>	<p>Primary: Bureau Chief, Agency Representative Secondary: Finance Section Chief</p>	<p>1 August 2016</p>	<p>1 February 2017</p>

<p>Emergency Operations Coordination</p>	<p>4.1: The Department's automated travel system, goTravel, was extremely difficult for staff to use, especially for SMRT personnel deployment.</p>	<p>4.1.3: All response team members (SMRT, DBH, etc.) external to the Department must be added to the goTravel system within 45 days of being named as a new response team member.</p>	<p>Florida Department of Health</p>	<p>Primary: Responder Manager Secondary: MRC Coordinator</p>	<p>1 August 2016</p>	<p>1 February 2017</p>
<p>Emergency Operations Coordination</p>	<p>4.1: The Department's automated travel system, goTravel, was extremely difficult for staff to use, especially for SMRT personnel deployment.</p>	<p>4.1.4: A goTravel staff member should be assigned to work within ESF8 Finance and Administration Travel Unit during an activation (no Executive Order in place)</p>	<p>Florida Department of Health</p>	<p>Primary: Bureau Chief, Agency Representative Secondary: Finance Section Chief</p>	<p>1 August 2016</p>	<p>1 February 2017</p>

<p>Emergency Operations Coordination</p>	<p>5.2: The Everbridge alert ordering the move to the LRC was not sent to all required staff.</p>	<p>5.2.1: Based on the updates to the State ESF8 Incident Staffing Plan, the Everbridge contact lists should be reviewed and amended to include all BPR and ESF8 staff.</p>	<p>Florida Department of Health</p>	<p>ESF8 Planning Section Manager</p>	<p>1 August 2016</p>	<p>1 October 2016</p>
<p>Emergency Operations Coordination</p>	<p>5.3: Sensitive information was left unsecured at the Florida Department of Health from exercise Day 1 to Day 2.</p>	<p>5.3.1: Retraining of employees on privacy and security measures for confidential information.</p>	<p>Florida Department of Health</p>	<p>Finance and Admin Section Chief</p>	<p>1 August 2016</p>	<p>31 December 2016</p>

<p>Emergency Operations Coordination</p>	<p>5.3: Sensitive information was left unsecured at the Florida Department of Health from exercise Day 1 to Day 2.</p>	<p>5.3.2: Create BPR policy on privacy and security measures for confidential information (i.e. encrypted jump drive, etc.) during a COOP event.</p>	<p>Florida Department of Health</p>	<p>Finance and Admin Section Chief</p>	<p>1 August 2016</p>	<p>1 February 2017</p>
<p>Medical Surge</p>	<p>10.1: HAvBED reporting below the required 75% of Florida hospital participation.</p>	<p>10.1.1: Florida Department of Health will work closer with AHCA to improve bed availability reporting.</p>	<p>Florida Department of Health</p>	<p>Systems Integration Manager</p>	<p>1 August 2016</p>	<p>1 June 2017</p>
<p>Medical Surge</p>	<p>13.1: Mission Ready Packages do not clearly define what resources are included and the associated costs.</p>	<p>13.1.1: Revise the MRP Workbook to expand on the capabilities of each resource as well as associated costs. Furthermore,</p>	<p>Florida Department of Health</p>	<p>ESF8 Planning Section Manager</p>	<p>1 August 2016</p>	<p>1 May 2017</p>

		once the MRP Workbook revision is complete, add the Workbook to a single, online location (as opposed to multiple locations).				
Public Health Surveillance and Epidemiological Investigation	14.1: Epi/EH Strike Teams not following emergency response protocols.	14.1.1: Further training and exercise on response roles both as individuals and as a Strike Team member.	Florida Department of Health	<p>Primary: Environmental Health Preparedness Coordinator, Epidemiology Training and Communications Unit</p> <p>Secondary: Manager, Responder Manager</p>	1 August 2016	1 May 2017