

2017 Statewide Hurricane Full Scale Exercise

After-Action Report/Improvement Plan

19 September 2017

The After-Action Report/Improvement Plan (AAR/IP) aligns exercise objectives with preparedness doctrine to include the National Preparedness Goal and related frameworks and guidance. Exercise information required for preparedness reporting and trend analysis is included; users are encouraged to add additional sections as needed to support their own organizational needs.

The 2017 Statewide Hurricane Full Scale Exercise (2017 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: 12/15/17

By: Christie Luce

EXERCISE OVERVIEW

Exercise Name	2017 Statewide Hurricane Full Scale Exercise (2017 HurrEx)
Exercise Dates	May 1-4, 2017
Scope	This exercise was a full-scale exercise, planned for four days in duration across the Florida Department of Health Department, the State Emergency Operations Center, and throughout the state on the local level. Exercise play was limited to locations identified by the Planning Team with full or partial activation of the emergency operations centers, healthcare facilities, and select additional emergency support functions.
Mission Area(s)	Protection, Response, and Recovery
Capabilities	<ul style="list-style-type: none"> • Emergency Operation Coordination • Medical Surge • Emergency Public Information and Warning • Responder Safety and Health
Objectives	See page 3 and 4 for full list of objectives
Threat or Hazard	Hurricane
Scenario	<p>Hurricane “Grisales” was based on a modified version of Hurricane Eloise, which occurred in September of 1975. Hurricane Grisales was a Category 3 storm that impacted Regions 1 and 2.</p> <p>Hurricane “Coleman” was based on a modified version of Hurricane Donna, which occurred in August/September of 1960. Hurricane Coleman was a Category 4 storm that impacted Regions 3 through 7.</p>
Sponsor	Florida Division of Emergency Management
Participating Organizations	<p>Florida Department of Health</p> <p>See Appendix A for a full listing</p>

Point of Contact

Christina Stenberg, FDOH
Statewide ESF-8 Exercise Coordinator
(850) 617-1548
Christina.Stenberg@flhealth.gov

Bobby Bailey, FDOH
Exercise Program Manager
(850) 617-1501
Bobby.Bailey@flhealth.gov

Benny St John, FDOH
Training, Education, and Exercise Program Administrator
(850) 617-1547
Benny.StJohn@flhealth.gov

ANALYSIS OF CAPABILITIES

Aligning exercise objectives and capabilities provides a consistent taxonomy for evaluation that transcends individual exercises to support preparedness reporting and trend analysis. Table 1 includes the exercise objectives, aligned capabilities, and performance ratings for each Capability as observed during the exercise and determined by the evaluation team.

Objective	Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
Demonstrate ability to recruit, activate, deploy, track, and demobilize responders during an event to fulfill mission requests	Emergency Operations Coordination		X		
Demonstrate ability to screen, validate, assign, and track all ESF-8 mission requests through completion	Emergency Operations Coordination	X			
Demonstrate ability to procure, deploy, sustain, and recover equipment and resources to fulfill mission requests (i.e. SANPACs, oxygen, cots, medical supplies and equipment, etc.)	Emergency Operations Coordination		X		
Implement appropriate event-specific Crisis and Emergency Risk Communications (CERC) protocols to create and disseminate timely, accurate, and relevant incident information (rumor control, social media, etc.)	Emergency Public Information and Warning		X		
In response to an Incident Action Plan, initiate the resource logistics process, including identifying and rostering a Forward Operating Base(s) (FOBs) in the area(s) of operation(s)	Emergency Operations Coordination	Not Evaluated			
Implement ESF-8 planning processes in response to the event (EOC Action Plan)	Emergency Operations Coordination	X			

Objective	Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
Develop and maintain critical resource list for each operational period	Emergency Operations Coordination		X		
In accordance with Responder Management Standard Operating Procedure, ESF-8 ensures that responder safety and health guidelines are provided to responders prior to, during, and after an event	Responder Safety and Health				X
Evaluate the execution of financial tracking and analysis of the ESF8 response through incident close out	Emergency Operations Coordination		X		
In accordance with the Patient Movement SOP, Patient Movement Branch (PMB) will effectively process, coordinate, and track patient movement missions	Medical Surge	X			
Demonstrate the ability to transfer Operations Section Chief command as needed during an event	Emergency Operations Coordination	X			
Evaluate ability for ESF-8 to hire or reassign staff in response to an event	Emergency Operations Coordination	X			

Table 1. Summary of Capability Performance

Ratings Definitions:

Performed without Challenges (P): The targets and 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 targets and 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 targets and 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 targets and critical tasks associated with the Capability were not performed in a manner that achieved the objective(s).

The following sections provide an overview of the performance related to each exercise objective and associated Capability, highlighting strengths and areas for improvement.

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 hurricane threat while operating under the State Emergency Response Team (SERT). This statewide exercise involved participation from all Emergency Support Functions (ESFs) as well as state and county agencies.

Scope

This was a full-scale exercise, planned for four days. Exercise play was limited to the Department's headquarters and the SEOC. All deployments of personnel and resources were notional. No actual assets were physically deployed.

Summary

Hurricane Grisales began as a tropical disturbance in the central Caribbean Sea during the week of April 24, 2017. The storm continued to move towards the western Gulf coast of the U.S. as it strengthened into a tropical storm. The evening of April 30, 2017, Tropical Storm Grisales was upgraded to a Category 1 hurricane while located in the central Gulf of Mexico about 410 miles southwest of Pensacola. Moving north at about 12 mph, Grisales intensified through the day and made landfall Tuesday afternoon as a Category 2 storm in RDSTF Region 1. With the storm came large swaths of winds affecting the Panhandle and the Big Bend, and storm surge of four to seven feet along the Panhandle and three to five feet for Apalachee Bay. Some areas also experienced up to six to nine inches of rainfall as well as isolated tornadoes.

Hurricane Coleman developed near the Cape Verde Islands on April 20, 2017, spawned by a tropical wave emerging off the western coast of Africa. By April 21, 2017, it was named Tropical Depression #3 and became a tropical storm the next day. Coleman continued westward across the central Atlantic at roughly 20 mph and by April 23rd, reached hurricane status. Hurricane and Tropical Storm Watches were issued for Southeast Florida and the Florida Keys early on Saturday, April 29, 2017. By the evening of Sunday, April 30, 2017, Hurricane Warnings extended from the Keys up to the I-4 corridor in Central Florida. Coleman maintained Category 4 strength as it passed between the Bahamas and Cuba into the Florida Straits. The storm made landfall on Long Key (between Marathon and Islamorada) at 6:00 AM Tuesday, May 2, 2017, with winds near 140 mph and gusts to 175 mph. Coleman emerged into Florida Bay and made a second landfall in Florida near Cape Romano in Collier County at 4:00 PM Tuesday, May 2, with winds of 130 mph.

Objective 1: Demonstrate ability to recruit, activate, deploy, track, and demobilize responders during an event to fulfill mission requests

The strengths and areas for improvement for each Capability aligned to this objective are described in this section.

Capability: Emergency Operations Coordination

Strengths

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

Strength 1.1: The Staffing Unit displayed great adaptability during the exercise and took initiative to find personnel to supplement an understaffed team. Immediately after the exercise began, the Staffing Unit Leader determined the unit was ill equipped to respond to the scenario as they only had four personnel available. Due to this shortage of Staffing Unit personnel, staff from other units were enlisted to assist. Without the aid of personnel from the other units, the Staffing Unit would not have had enough people to manage the number of incoming missions. This process was completed quickly and efficiently to avoid delay in addressing incoming missions.

Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 1.2: Several ESF-8 personnel lacked the training or experience to fulfill their role independently.

Reference: ESF-8 Public Health and Medical SOP (Version 4.0); All ESF-8 job aides

Analysis: From day one of the exercise, personnel in the Logistics, Planning, and Finance Sections were filling roles they had insufficient experience or training in. Additionally, not every role had an experienced person to model from.

For example, the initial Staffing Unit Leader had not received training on their role, nor did they have real world experience. A previous Staffing Unit Leader, who is no longer employed within the bureau, was only available to assist for one of four days of the exercise. The Staffing Specialist with the most experience within the unit was only able to participate in the exercise briefly and, therefore, was not present to assist the less experienced responders. The other three Staffing Specialists stationed in the Staffing Unit had no training or experience in the staffing process. This lack of experience and training hindered the performance of the Staffing Unit. This included confusion on the recruitment and deployment process, as well as the responder management protocols and appropriate ESF-8 members to keep in the loop regarding deployments.

This is only one example of several instances observed throughout the exercise of ESF-8 personnel struggling in their role due to a lack of training or real-world experience.

Recommendation 1.2.1: Within 30 days of a new staff member being assigned to a unit, the Unit Leader will provide appropriate role specific training. In the case of a new Unit Leader, the Section Chief for that section will provide the training.

Recommendation 1.2.2: Provide position specific training at least quarterly to all ESF-8 responders listed on State ESF-8 Incident Action Plan regarding their emergency roles and responsibilities.

Recommendation 1.2.3: Update all ESF-8 job aides to reflect all duties to be accomplished before, during, and after an incident.

Area for Improvement 1.3: Lack of training and experience using the TEE Card PLUS system.

Reference: ESF-8 Public Health and Medical SOP (Version 4.0)

Analysis: Several personnel struggled to use the resource tracking system, TEE Card PLUS, which resulted in frustration, confusion, and wasted time. These issues arose from a lack of training. The system had only been introduced to the bureau a short time ahead of the exercise, so not all staff expected to use it were properly trained nor were they given the opportunity to gain hands on experience.

Most notably, a section of data in the TEE Card PLUS system was accidentally deleted when several staff entered the system simultaneously to make edits, not realizing this action would cause errors. This occurrence resulted in personnel spending time re-entering all the deleted information and slowed their response activities. A major concern is if the deletion had not been noticed. This could result in ESF-8 losing visibility on a deployed responder.

Recommendation 1.3.1: Identify all users of the system and their roles, both within and outside an incident.

Recommendation 1.3.2: Develop a guide and provide role specific training to appropriate ESF-8 staff on TEE Card PLUS system.

Area for Improvement 1.4: Demobilization was unable to be completed for deployed responders.

Reference: ESF-8 Public Health and Medical SOP (Version 4.0); State Demobilization Plan Template

Analysis: Deployed responders were not demobilized because the appropriate process was not followed. This occurred due to a lack of understanding on whether the demobilization paperwork should be sent to the responder or to their incident supervisor/team leader. In the end, no demobilization paperwork was completed for deployed responders because it was never sent out, even after prompting of Players by a Controller. Additionally, the Resource Unit Leader's personal cell phone number was

used as a point of contact instead of a shared phone which caused confusion and delayed information.

For example, on day four of the exercise, a Controller delivered an inject acting as a notionally deployed responder. The “responder” was a nurse who deployed to a Special Needs Shelter in Seminole County. The “responder” called the contact number listed on the Responder Order to inform ESF-8 the shelter was closing and she needed directions on what actions to take, specifically related to her demobilization. Note: the number listed as the Point of Contact on the Responder Order was the Resource Unit Leader’s personal cell phone number. Use of a personal cell phone caused confusion and a delayed response because the Resource Unit Leader did not play on day four. The “responder” called the Resource Unit Leader and was advised to contact the incident supervisor, as they should have the demobilization paperwork and should be able to provide instructions to the “responder”. In this case, the Incident Supervisor was the Shelter Manager. The SimCell Controller was acting as the Incident Supervisor/Shelter Manager, but they did not receive any demobilization paperwork. The “responder” then stated to the Resource Unit Leader that no demobilization paperwork was given to either the “responder” or the Incident Supervisor. At that time, the Resource Unit Leader informed the Controller they were not in the office nor playing that day so they did not have their resources available. They were unable to advise the “responder” on further action, but recommended speaking with the Demobilization Unit Leader. The “responder” then contacted the Demobilization Unit Leader to request guidance on how to proceed. The Demobilization Unit Leader gave the same advice to contact the “responder’s” Incident Supervisor for the demobilization paperwork.

No demobilization paperwork was found to be sent to any “deployed” responders, Incident Supervisors of “deployed” personnel, etc. The entire demobilization process was delayed, and ultimately not able to be completed due to the confusion surrounding who was responsible for sending out demobilization paperwork. Upon speaking with members of several units, it was learned that there was confusion on whether the demobilization paperwork should be sent to the deployed responders, along with their Responder Orders, or to the Incident Supervisor.

Recommendation 1.4.1: Evaluate the demobilization process in plans, policies, and procedures to clarify and streamline methodology. Topics to consider in the evaluation:

- Who should receive demobilization paperwork
- How to communicate the demobilization process to both Incident Supervisors (i.e. team leader, shelter manager, on-site supervisor, etc.) and the responder
- Who are the responsible parties for ensuring the demobilization steps are achieved during and after a response
- Notification procedures
- Courtesy copying responder orders to appropriate sections
- On-site versus deployed personnel demobilization

Objective 2: Demonstrate ability to screen, validate, assign, and track all ESF-8 mission requests through completion

The strengths and areas for improvement for each Capability aligned to this objective are described in this section.

Capability: Emergency Operations Coordination

Strengths

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

Strength 2.1: Throughout the exercise the Mission Unit performed excellently. Beginning day one of the exercise, the Mission Unit immediately assembled and began monitoring EM Constellation. As each mission was assigned to the Mission Unit, it was then assigned to an individual to be validated. The Mission Unit staff member reviewed the details of the request, then called the requestor back as needed.

For example, when Escambia County put in a request for oxygen to EM Constellation, the Missions Unit called the contact person back for more information. The Mission Unit staff member inquired for what purpose the oxygen was being requested. Once it was determined the oxygen was being utilized by individuals in a shelter, the Mission Unit staff member was able to inform the requestor that the amount of oxygen requested was inappropriate for the requestor's needs. They in turn negotiated several portable oxygen tanks for ease of use in the shelter instead of the oversized oxygen tanks that would be difficult to manage.

This validating process was used for all incoming missions, including requests for oxygen, bug spray, SANPACs, staffing, etc., to assure it was appropriate for ESF-8 and achievable. Once a mission was properly validated, it was assigned to the appropriate unit. Additionally, the Mission Unit continued tracking each mission request through the use of a spreadsheet through the entirety of the exercise.

Objective 3: Demonstrate ability to procure, deploy, sustain, and recover equipment and resources to fulfill mission requests (i.e. SANPACs, oxygen, cots, medical supplies and equipment, etc.)

The strengths and areas for improvement for each Capability aligned to this objective are described in this section.

Capability: Emergency Operations Coordination

Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 3.1: Travel arrangements for the deploying responders were slow to be completed.

Reference: ESF-8 Public Health and Medical SOP (Version 4.0); Travel Specialist Checklist

Analysis: From day one of the exercise, the Finance Section was not timely in completing travel for deploying responders. During an event the Travel Specialists should be identifying travel details (hotel, rental vehicle, etc.) as well completing travel documentation for deploying responders. When an Evaluator/Controller observed the Travel Specialists waiting to be assigned a task, they asked what the Travel Specialists were working on. The Travel Specialists then explained they had no travel tasks assigned verbally or through the Finance Section mailbox. When questioned later, the Staffing Specialists explained they had not courtesy copied the Finance Section mailbox as they were unaware the Finance Section needed to be included (*see Objective 1*). The Evaluator/Controller then prompted the Travel Specialists to see the Staffing Unit's mission board as it noted several staffing missions throughout the state. This inject was sufficient to prompt the Travel Specialists to begin travel arrangements for deploying responders.

Recommendation 3.1.1: Provide awareness cross training at least annually to all ESF-8 responders listed on State ESF-8 Incident Action Plan on how each section functions and coordinates.

Objective 4: Implement appropriate event-specific Crisis and Emergency Risk Communications (CERC) protocols to create and disseminate timely, accurate, and relevant incident information (rumor control, social media, etc.)

The strengths and areas for improvement for each Capability aligned to this objective are described in this section.

Capability: Emergency Public Information and Warning

Strengths

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

Strength 4.1: The BPR staff member and the Office of Communications representatives were timely and efficient in their response duties. When requested information was not readily available, they were quick to consult with the ESF-8 members located in the State Emergency Operations Center (SEOC) to obtain the appropriate details, then promptly returned contact with the requestor.

Background: Day one of the exercise, two representatives from the Office of Communications reported to the SEOC to work with ESF-14 and ESF-8. These representatives were timely and responsive to all information requests as well as in their efforts to address rumors. All mission requests or phone calls for information were responded to within one hour, even if the representative was not able to definitively provide an appropriate answer immediately. In the cases where additional information

was needed, the representative ensured the requestor was aware there would be a short delay and was updated on the mission when appropriate information was available.

For example, day four of the exercise, a rumor emerged that the Okeechobee County Health Department was destroyed and several employees were killed or missing. The Office of Communications representative received a phone call requesting confirmation on the status of the possibly dead or injured employees. The representative explained they were unable to confirm the information, but would return the requestor's call when more information was available. The representative also explained any confirmed deaths would be announced from the Governor's Office, not the Department of Health. Immediately after ending the phone call, the representative sought out the ESF-8 staff working the in SEOC to determine if any Okeechobee County Health Department employees were in fact confirmed dead or missing. The ESF-8 staff member reported that all Okeechobee County Health Department employees were accounted for and safe. The representative then called the requestor back to confirm all Okeechobee County Health Department employees were unharmed. Throughout the exercise the Office of Communications representatives worked closely with ESF-8 and ESF-14 to ensure information requests were fulfilled and rumors were addressed appropriately.

Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 4.2: Office of Communications representatives did not have a Florida specific, published plan for use during a response.

Reference: Public Health and Medical Emergency Operations Plan (2014) -Crisis & Emergency Risk Communication (CERC) Annex (2014)

Analysis: The Office of Communications and the BPR staff member completing PIO duties for ESF-8 did not have a published, finalized response plan to work from. Without a published, Florida specific, plan it is unclear what standards the Office of Communications is following during a response.

The Crisis and Risk Communications (CERC) Annex plan describes the process for dealing with emergency messaging during an event. At the time of the exercise, this plan was published in the ESF-8 Plans Repository. Shortly after the exercise begun, a Controller/Evaluator discovered through a conversation with the Office of Communications representative that the *CERC Annex* is no longer being used. When the Controller/Evaluator questioned which plan was being used instead, the representatives explained they were using the ESF-14 plan. The ESF-14 plan is a FEMA ESF-15 plan called *SOP July 2016 from Homeland Security*. When the Controller/Evaluator requested further details on this plan it was shown to be a comprehensive FEMA communications plan, but it is not a Florida specific. When the Controller/Evaluator inquired how this plan relates to the State of Florida's

communications response activities, a short list of priorities was produced by the Office of Communications representatives.

Additionally, the CERC Portal, which can also be found on the ESF-8 Dashboard, is not being kept up-to-date. This portal, which is used by county health departments (CHDs), contains templates for messaging and other PIO tools to be utilized during a response. Allowing upkeep of this tool to lapse impacts the CHDs who rely on the State to provide guidance during an incident.

Recommendation 4.2.1: In coordination with Office of Communications, determine appropriate communications plan and if the CERC Portal will be utilized. If yes, who will maintain the CERC Portal?

Area for Improvement 4.3: ESF-8 Public Information Officer (PIO) unclear on roles and responsibilities.

Reference: Public Health and Medical Emergency Operations Plan (2014) - Crisis & Emergency Risk Communication (CERC) Annex (2014); State ESF-8 Incident Staffing Plan

Analysis: The ESF-8 PIO was not clear on their roles and responsibilities as they were not assigned an Incident Supervisor, they were not contacted by the Office of Communications representatives when the incident began, they did not receive a job aide or other guidance, etc.

The State ESF-8 Incident Staffing Plan lists one member of the BPR as an ESF-8 PIO. The morning of day one, the BPR PIO was not clear on to who or where they should report. Later in the day on May 1, the Office of Communications representatives instructed the ESF-8 PIO to report to the SEOC. For the remainder of the exercise they reported to these representatives and ESF-14. The BPR PIO was instructed by the Office of Communications representatives not to release any information or documents without their approval. The BPR PIO expressed confusion as to what exactly their roles and responsibilities were as a PIO.

Recommendation 4.3.1: BPR and Office of Communications should establish emergency response personnel. Once these personnel are determined, update the State ESF-8 Incident Staffing Plan.

Recommendation 4.3.2: Create job aides outlining specific roles and responsibilities of ESF-8 PIO(s).

Objective 5: In response to an Incident Action Plan, initiate the resource logistics process, including identifying and rostering a Forward Operating Base(s) (FOBs) in the area(s) of operation(s)

The strengths and areas for improvement for each Capability aligned to this objective are described in this section.

Capability: Emergency Operations Coordination

NOT EVALUATED

Objective 6: Implement ESF-8 planning processes in response to the event (EOC Action Plan)

The strengths and areas for improvement for each Capability aligned to this objective are described in this section.

Capability: Emergency Operations Coordination

Strengths

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

Strength 6.1: Use of ESF-8 mailbox(s), EM Constellation, FL HAN, Email, Empower, Z drive, phone, face to face, EM Resource, etc., provided information flow to create a common operating picture within Units. Also, DEM Briefings and EM Constellation were constantly consulted to maintain situational awareness within and outside ESF-8.

Strength 6.2: Day four of the exercise, the ECO thoroughly reviewed the Incident Action Plan (IAP) to ensure completion of all actions. The information included in the IAP was then used to shape decision making and assignments. The ECO's use of the IAP indicated utilization as an actual tool rather than just completing a task for the sake of completion. Additionally, the IMT held morning and afternoon IAP briefings to maintain situational awareness and ensure appropriate decision making during an ever-evolving event.

Objective 7: Develop and maintain critical resource list for each operational period

The strengths and areas for improvement for each Capability aligned to this objective are described in this section.

Capability: Emergency Operations Coordination

Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 7.1: Critical resource forms incomplete and inconsistent.

Reference: ESF-8 Public Health and Medical SOP (Version 4.0);

Analysis: Each operational period (each day of the exercise) a new critical resource list was developed and disseminated. These forms did not list the number of critical

resources ESF-8 had, nor how quickly the resources were being used. Including accurate numbers for each resource improves situational awareness and allows for advance planning. Without a burn rate, resources may be allotted inappropriately.

Additionally, the resources listed were not specifically described. This included federal resources, state medical response team, nurses, equipment, etc. Without listing more specifically what these resources are, this form cannot be utilized fully for planning purposes or mission assignment.

Recommendation 7.1.1: Review and update SOP/SOG to include a broad definition for completing a Critical Resource List. Review and update all playbooks to include specific examples of critical resources likely found on a Critical Resource List.

Objective 8: In accordance with Responder Management Standard Operating Procedure, ESF-8 ensures that responder safety and health guidelines are provided to responders prior to, during, and after an event

The strengths and areas for improvement for each Capability aligned to this objective are described in this section.

Capability: Responder Safety and Health

Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 8.1: Inexperienced staff and supervisors did not consistently ensure safety information was provided to deploying responders.

Reference: Responder Management Standard Operating Procedures, pgs. 18-20; ESF-8 Logistics Section Coordinator Checklist

Analysis: Responder safety and health guidelines were not distributed to deploying responders consistently. Appropriate safety information could include weather reports, vaccination requirements, personal protective equipment (PPE) requirements, etc. While two Responder Orders did include a general informational sheet with such topics as recognizing heat stress, basic clothing, powerline hazards, etc., this was not sent along with all Responder Orders. It also did not include specific information to the situation. By not following these responder safety and health guidelines, deployed responders are put at risk of illness, injury, or death.

Background: Day one of the exercise, the Staffing Unit consisted of six team members. Two experienced Staffing Specialists and four staff who were new to the Staffing Unit. Day two of the exercise, one of the experienced Staffing Specialists and the Staffing Unit Leader were unable to continue playing in the exercise, leaving four people participating in the unit. Day three of the exercise, the other experienced Staffing

Specialist was unable to play for the remainder of the exercise, leaving the final three, inexperienced, Staffing Unit personnel.

Each day of the exercise, ESF-8 received missions requesting responders (including nurses, state medical response teams, environmental health assessment teams, etc.) to fulfill emergency duties. The Staffing Unit used appropriate channels to locate and deploy personnel for each mission. The responder safety and health practices outlined in the Responder Management SOP were not included in the Staffing Unit's process. Nor did the Logistics Section Chief ensure other members of ESF-8 followed these guidelines. These procedures include "assess[ing] the risks to the responders based on the occupational setting and specific emergency duty role...before the employee starts the assignment." This also includes "responders shall be notified of the assessed risk of emergency duty and informed of protective actions or interventions that can be taken to mitigate those risks." Information from this assessment would then be disseminated to all deploying responders. Providing this information to the responders would have been especially relevant due to post hurricane issues such as downed powerlines, contaminated water, sharp objects in flood waters, etc.

Day two of the exercise, DEM reported that the west coast was under threat of a tsunami. The possible dangers to responders after a tsunami include disease, water contamination, hazardous debris, among other issues. No responder safety guidelines were developed and/or distributed in an effort to protect any deployed assets.

Day four of the exercise provided another communication challenge. When an Evaluator asked the remaining Staffing Unit members if they had completed any assessments or provided responders with information regarding safety practices, they stated they were unaware those tasks were included in their duties. In an email exchange postexercise, one of the more experienced Staffing Unit Specialists confirmed they included a field safety information sheet with the two Responder Orders they deployed.

Recommendation 8.1.1: Update ESF-8 job aides with appropriate responder safety and health roles and responsibilities.

Recommendation 8.1.1: Train ESF-8 staff on responder safety and health procedures.

Objective 9: Evaluate the execution of financial tracking and analysis of the ESF-8 response through incident close out

The strengths and areas for improvement for each Capability aligned to this objective are described in this section.

Capability: Emergency Operations Coordination

Strengths

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

Strength 9.1: Finance Section collaborated together and worked through missions well. They are a strong team who knew they could depend on each other. This was especially needed considering the Finance Section Chief was inexperienced in the role.

Strength 9.2: Day one of the exercise, the staff in the Finance Section called the commonly used vendors to ensure the contact information was accurate and that the vendor was aware of possible impending orders. To ensure smooth transactions, the Finance Section staff requested the vendors physically come to DOH headquarters, room 301, if possible. A vendor from United Site Services was able to be physically present with the Finance Section staff. This was especially helpful to the Procurement Unit as they were able to quickly discuss the needs of the missions and have the vendor locate the requested resources.

Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 9.3: Communications issues between the Finance Section and other Sections.

Reference: ESF-8 Public Health and Medical SOP (Version 4.0); Job Aids

Analysis: Throughout the exercise there was a reoccurring issue regarding communication between the Finance Section and other Sections, specifically as to how the Finance Section should receive missions from other sections and how the Staffing Unit should coordinate with the Finance Section.

Day one of the exercise, the Mission Unit was relaying missions to the Finance Section by physically communicating the information to the Procurement Unit Leader. When the Finance Section Chief realized they were being bypassed in the process, they requested the Missions Unit instead send the mission information to the Finance Section mailbox. This process ensures a common operating picture, information and status tracking, and the ability of the Section Chief to track which staff is working the mission. Additionally, the Finance Section works far beyond when ESF-8 has ramped down and they need recorded information for financial analysis and tracking.

The other concern was the communication between the Staffing Unit and Finance Section. As the Staffing Unit was receiving and working missions to deploy responders, they were not passing along any information to the Finance Section. This hindered the Finance Section from completing travel arrangements and paperwork, as well as completing the hiring/reassignment process for non-DOH responders. This paperwork was not completed until after the Evaluator prompted Finance personnel to seek out missions on the Staffing mission board.

Finally, when the Patient Movement Branch was processing a mission for assets, no information regarding the use of expensive resources was communicated to the Finance Section. A medical helicopter was utilized to transfer a patient, but the result of the mission (several thousands of notional money) was not shared with the Finance

Section. This failure in the line of communication affects the ability track finances and pay vendors in a timely fashion. This is especially an issue if a procurement contract is not in place and the Finance Section does not have the information. Payment to the vendor will be delayed, payment will be made outside the executive order, and DOH will be scrutinized and admonished by the Division of Administration and Department of Financial Services.

Recommendation 9.3.1: Update all job aids to include specific communication procedures with Finance Section.

Objective 10: In accordance with the Patient Movement SOP, Patient Movement Branch (PMB) will effectively process, coordinate, and track patient movement missions

The strengths and areas for improvement for each Capability aligned to this objective are described in this section.

Capability: Medical Surge

Strengths

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

Strength 10.1: The Patient Movement Branch of the Operations Section was able to efficiently carry out patient evacuations. Throughout the exercise ESF-8 was able to coordinate with ESFs 4 and 9 to evacuate patients as requests came in.

For example, on day three, ESFs 4 and 9 requested assistance from ESF-8 with mission #286. This mission requested the full evacuation of a hospital in Manatee County. Three ALS Strike Teams, an AMBU bus, and two neonatal ICU transport units were requested. When ESFs 4 and 9 were unable to locate the requested ALS Strike Teams, they contacted ESF-8 for assistance. The Patient Movement Branch contacted the mission point of contact for further information. Through the vetting process, it was determined other assets could be substituted in for the ALS Strike Team. An AMBU bus and a team of skilled nurses was located instead. This solution was relayed back to ESFs 4 and 9. The members of the Patient Movement Branch had physical copies of the appropriate plans on hand and frequently referred back to these plans. They also monitored EM Constellation throughout the event to ensure they were kept aware of all patient movement missions, regardless if ESFs 4 and 9 needed assistance to maintain situational awareness.

Objective 11: Demonstrate the ability to transfer Operations Section Chief command as needed during an event

The strengths and areas for improvement for each Capability aligned to this objective are described in this section.

Capability: Emergency Operations Coordination

Strengths

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

Strength 11.1: The Operations Section Chief was unable to continue their duties, so a transfer of command was initiated. This transfer of command was smooth and efficient. The incoming Section Chief was briefed immediately by the outgoing Section Chief on all pertinent information, which allowed for the incoming Section Chief to continue the response activities without a long interruption.

Background: Day two of the exercise, the Operations Section Chief was (simulated) unable to continue performing their duties. The Deputy ECO was immediately chosen to replace the Operations Section Chief. The outgoing and incoming Operations Section Chiefs promptly met to discuss the transfer of command. The outgoing Operations Section Chief provided a briefing on the status of current missions, possible future missions, and the event's battle rhythm. After the briefing, the incoming Operations Section Chief gathered the command staff to inform that the transfer had occurred. Later that same day, the Planning Section Chief sent an email to the Planning, Logistics, Operations, and Finance mailboxes announcing the Operations Section Chief transfer of command. The transfer of command was clear and efficient. The transition was smooth and allowed for the incoming Operations Section Chief to resume and/or begin operations response activities quickly.

Objective 12: Evaluate ability for ESF-8 to hire or reassign staff in response to an event

The strengths and areas for improvement for each Capability aligned to this objective are described in this section.

Capability: Emergency Operations Coordination

Strengths

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

Strength 12.1: Day one of the exercise, the Finance Section drafted a staffing contract with a vendor for responders. When the Staffing Unit realized the regional points of contact were not able to fulfill the missions requesting medical responders, they informed the Finance Section of the shortage. The Procurement Unit immediately began

creating a staffing contract to hire responders from a vendor. Along with the Division of Administration, the Procurement Unit was able to fully develop and implement a staffing contract that was utilized with the Maxim Healthcare Services staffing vendor. This process was initiated and completed more quickly and efficiently than during previous events.

IMPROVEMENT PLAN

This IP has been developed specifically for the Florida Department of Health as a result of the 2017 Statewide Hurricane Full Scale Exercise conducted on May 1-4, 2017.

Capability	Issue/Area for Improvement	Corrective Action	Primary Responsible Organization	Organization Point of Contact	Start Date	Completion Date
Emergency Operations Coordination	1.2: Several ESF-8 personnel lacked the training or experience to fulfill their role independently.	1.2.1: Within 30 days of a new staff member being assigned to a unit, the Unit Leader will provide appropriate role specific training. In the case of a new Unit Leader, the Section Chief for that section will provide the training.	Florida Dept. of Health	All Section Chiefs	1 October 2017	1 October 2018
		1.2.2: Provide position specific training at least quarterly to all ESF-8 responders listed on State ESF-8 Incident Action Plan regarding their emergency roles and responsibilities.	Florida Dept. of Health	All Section Chiefs	1 October 2017	1 October 2018
		1.2.3: Update all ESF-8 job aides to reflect all duties to be	Florida Dept. of Health	Planning Section Manager	1 October 2017	1 October 2018

		accomplished before, during, and after an incident.				
Emergency Operations Coordination	1.3: Lack of training and experience using the TEE Card PLUS system.	1.3.1: Identify all users of the system and their roles, both within and outside an incident.	Florida Dept. of Health	System Integration Manager	1 October 2017	1 October 2018
		1.3.2: Develop a guide and provide role specific training to appropriate ESF-8 staff on TEE Card PLUS system.	Florida Dept. of Health	System Integration Manager	1 October 2017	1 October 2018
Emergency Operations Coordination	1.4: Demobilization was unable to be completed for deployed responders.	1.4.1: Evaluate the demobilization process in plans, policies, and procedures to clarify and streamline methodology. Topics to consider in the evaluation: who should be receiving demobilization paperwork, how the demobilization process should be communicated to both incident supervisors (i.e. team leader, shelter manager, on-site supervisor, etc.) and responder, who the responsible parties are for ensuring the demobilization steps are	Florida Dept. of Health	Planning Section Manager	1 October 2017	1 October 2018

		achieved during and after a response, notification procedures, courtesy copying responders orders to appropriate sections, and/or on-site versus deployed personnel demobilization.				
Emergency Operations Coordination	3.1: Travel arrangements for the deploying responders were slow to be completed.	3.1.1: Provide awareness cross training at least annually to all ESF-8 responders listed on State ESF-8 Incident Action Plan on how each section functions and coordinates.	Florida Dept. of Health	Planning Section Manager	1 October 2017	1 October 2018
Emergency Public Information and Warning	4.2: Office of Communications representatives did not have a Florida specific, published plan for use during a response.	4.2.1: In coordination with Office of Communications, determine appropriate communications plan and if the CERC Portal will be utilized. If yes, who will maintain the CERC Portal?	Florida Dept. of Health	Bureau Chief	1 October 2017	1 October 2018
Emergency Public Information and Warning	4.3: ESF-8 Public Information Officer (PIO) unclear on roles and responsibilities.	4.3.1: BPR and Office of Communications should establish emergency response personnel. Once these personnel are determined, update	Florida Dept. of Health	Bureau Chief	1 October 2017	1 October 2018

		the State ESF-8 Incident Staffing Plan.				
		4.3.2: Create job aides outlining specific roles and responsibilities of ESF-8 PIO(s).	Florida Dept. of Health	Office of Communications	1 October 2017	1 October 2018
Emergency Operations Coordination	7.1: Critical resource forms incomplete and inconsistent.	7.1.1: Review and update SOP/SOG to include a broad definition for completing a Critical Resource List. Review and update all playbooks to include specific examples of critical resources likely found on a Critical Resource List.	Florida Dept. of Health	Planning Section Manager	1 October 2017	1 October 2018
Responder Safety and Health	8.1: Inexperienced staff and supervisors did not consistently ensure safety information was provided to deploying responders.	8.1.1: Update ESF-8 job aides with appropriate responder safety and health roles and responsibilities.	Florida Dept. of Health	Planning Section Manager	1 October 2017	1 October 2018
		8.1.2: Train ESF-8 staff on responder safety and health procedures.	Florida Dept. of Health	Logistic Section Manager Training, Education, and Exercise Manager	1 October 2017	1 October 2018
Emergency Operations Coordination	9.3: Communications issues between	9.3.1: Update all job aids to include specific communication	Florida Dept. of Health	Planning Section Manager	1 October 2017	1 October 2018

	Finance Section and other Sections.	procedures with Finance Section.				
--	-------------------------------------	----------------------------------	--	--	--	--

APPENDIX A: EXERCISE PARTICIPANTS

Participating Organizations
Federal
National Guard
State
Agency for Persons with Disabilities
Department of Agriculture and Consumer Services
Department of Business and Professional Regulation
Department of Economic Opportunity
Department of Education
Department of Elder Affairs
Department of Environmental Protection
Department of Financial Services
Department of Financial Services
Department of Health
Department of Law Enforcement
Department of Lottery
Department of Management Services
Department of Military Affairs
Department of Transportation
Division of Emergency Management
Public Service Commission
Volunteer Florida
County
Bay
Collier
Columbia
Dixie
Duval
Escambia
Franklin
Hardee
Hernando
Highlands
Hillsborough
Holmes

Indian River
Jackson
Madison
Miami-Dade
Monroe
Okaloosa
Orange
Osceola
Palm Beach
Pasco
Putnam
Santa Rosa
St. Lucie
Washington