



# **BIOSHIELD 2011**

**May 4, 2011 (Stage 1)**

**May 5, 2011 (Stage 2)**

**May 19, 2011 (Stage 3)**

**June 7-8, 2011 (Stage 4)**

# **AFTER ACTION REPORT/IMPROVEMENT PLAN**

**August 31, 2011**

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## Signature Page

The BioShield 2011 After Action Report and Improvement Plan is in compliance with Homeland Security's Exercise and Evaluation Program (HSEEP) and will be used to enhance future Department of Health response plans, trainings, exercises, and event responses.

Adopted on \_\_\_\_\_ by:

\_\_\_\_\_  
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## Executive Summary

The BioShield 2011 “**After Action Report and Improvement Plan**” is divided into three (3) functional areas (Parts) covering the four (4) stages of the exercise. The May 4 and May 5 (Activation and Notification) stages are combined into **Part 1** in this AAR/IP since in a real-world event they would be performed contemporaneously, not on two separate days. The May 19 event (Allocation and Apportionment) is discussed in **Part 2**. The capstone event, the operation of a Receipt, Stage, Store facility, is covered in **Part 3** of this report.

The Florida Department of Health’s (DOH) biological Functional Exercise BioShield 2011 was developed to determine effectiveness of the Strategic National Stockpile Appendix and related DOH plans in response to a biological event in two southern Florida counties. The following exercise activities and associated goals were selected:

### 1. BIOWATCH ACTIONABLE RESULT (BAR) CALL

- **Goal** - Determine who needs involved in the initial decision making group participating on the BioWatch Actionable Result conference call. Determine level of participation in what is a call generated by the local and federal officials.

### 2. NOTIFICATION/ACTIVATION TABLETOP EXERCISE

- **Goal** - Determine which State resources need to be activated. Ensure that procedures and protocols for activating the Technical Support Unit Medical Advisory Group (AG) are in place and are understood and utilized by Command and the Points of Contact for the AG.

### 3. ALLOCATION/APPORTIONMENT TABLETOP EXERCISE

- **Goal** - Implement activities within the AG from the Technical Specialist Unit to achieve their mission of providing timely guidance to command on the distribution of limited numbers of medical countermeasures when demand is greater than supplies.

### 4. RSS FUNCTIONAL EXERCISE

- **Goal** - Conduct Receipt, Stage, and Store (RSS) activities, including, but not limited to, the receipt of SNS materiel via simulated CDC shipments (three (3) semi-trailers worth of materiel from DOH stockpiles), inventory management, order receipt and processing.

The exercise planning team was composed of internal and external stakeholders. In addition to the Florida Department of Health, participants included the United States Marshals Service



(USMS); Florida Department of Law Enforcement; the Florida National Guard; Miami-Dade County Health Department; Centers for Disease Control and Prevention.

Exercise planning began in the fall of 2010. The major difficulty of planning this multi-level event was ensuring continuity from one exercise event to the next, along with the melding of exercise-types. For example, while an exercise component may have been designed as a Table Top Exercise (TTX), it also had components of a workshop or seminar as time was allowed for discussions pertaining to actions taken or not taken. The following objectives were developed for BioShield 2011:

**The four (4) stages of BioShield 2011 were:**

- May 4, 2011 (Stage 1) – The BioWatch Actionable Result (BAR) call held at the State Emergency Operations Center, Division of Emergency Management, Tallahassee, Florida;
  - a. The BAR call served as the starting point resulting in the activation and notification of the appropriate emergency response personnel to biological event. In coordination with the Florida Division of Emergency Management (DEM), DOH personnel, the Florida Department of Law Enforcement (FDLE) and DEM personnel participated in the call which originated in Miami where two (2) of the positive result occurred. The Emergency Coordination Officer (ECO) participated from Dallas, TX, where he and the DOH Planning Chief were attending a conference.
  - b. The ECO requested an Incident Action Plan (IAP) be developed to address the situation.
  - c. The ECO activated ESF8, and requested the State Emergency Response Team be activated as well.
- May 5, 2011 (Stage 2) - Florida Department of Health, at DOH Headquarters, Tallahassee
  - a. This event continued the activation and notification of appropriate DOH and ESF8 personnel along with DOH partners.
  - b. The IAP was held to set the goals and objectives for the first operational period.
  - c. The key event for this portion of the exercise was the conference call between the Division of Strategic National Stockpile at the Centers for Disease Control and Prevention (DSNS/CDC) and DOH leadership. Information provided by the Situational Awareness planning group was essential in documenting the status of the affected population, the state's response capability and projected shortfalls in medications, supplies and hospital/treatment centers capacities. This is necessary information to provide to the CDC when requesting Strategic National Stockpile assets.
- May 19, 2011 (Stage 3) - Florida Department of Health, Headquarters, Tallahassee
  - a. The focus of this event was the development allocation and apportionment guidelines for distribution state and federal pharmaceuticals and medical supplies, as well as treatment protocols and priorities for those affected by this incident.
  - b. A rostered medical AG was given one (1) hour to develop these guidelines for presentation to the ESF8 Command Group.



- c. While the AG was meeting, the Command Group met to develop a contingency protocol should the medical AG fail to reach a consensus in the allotted time.
- June 7-8, 2011 (Stage 4) - Florida Department of Health Strategic National Stockpile Receipt, Stage, Store facility Miami, FL.
  - a. The capstone event of BioShield 2011 was designed to accomplish the following:
    - 1. Validate operational procedures for operating a Receipt, Stage, Store (RSS) facility, as outlined in the Strategic National Stockpile Appendix to the Logistics Support Annex, and the RSS Operations Manual's "RSS Activation Steps." For example:
      - Activation of local Regional Emergency Response Advisor (RERA) to the RSS site
      - Procedure for the receipt of CDC assets
    - 2. Practice activities involved in warehouse operations.
      - The safe and efficient off-loading of trucks
      - Procedure for setting up office areas of the RSS
      - Layout of Push Package Lexan containers floor plan
      - Placement of Push Package containers
      - Placement of Managed Inventory pallets on the warehouse floor
    - 3. Test the capabilities of the new Inventory Resource Management System (IRMS) in an RSS setting.
      - Uploading of Push Package inventory.
      - Uploading of Managed Inventory
      - Effectiveness of using scanners in inventory process
      - Efficient order processing
    - 4. Train local health department personnel in warehouse operations, to include the use of IRMS.

## **Major Strengths**

Four (4) major strengths identified during this exercise are as follows:

- 1. The understanding of a comprehensive biological response by ESF8 and partner stakeholder leadership.
- 2. The relationships between local, state, federal officials and contractors (the BioWatch representative, and the inventory management company) to work together and problem solve.
- 3. Earlier training allowed participants to be competent in their exercise roles, and were then better able to train their Miami-Dade counterparts.
- 4. The presence of experienced warehouse staff on the RSS team, to include the RERAs.



## Major Weaknesses (Areas for Improvement)

Opportunities for improvement in Florida Department of Health's ability to respond to such an incident were identified.

1. Future exercises should not be strung out over a two-month period. Exercise events which are contemporarily performed in a real-world event should not be split into separate events. The events held May 4, 5 and 19 should be performed on the same day, not over a three (3) day period, which included a two-week break.
2. The lack of frequent training opportunities impedes success of the SNS program.
  - Participants suggested multiple training events throughout the year for all RSS team members in all operational activities.
3. The development of a pre-defined pick lists which would enumerate the items available from the SNS materiel, allowing them the ability to pick what they need.
4. The need to develop threshold levels for re-supply of materiel to ensure materiel will not run short.
  - Pharmaceuticals
  - Medical supplies
5. The lack of guidelines and training documents for use of the bar-code scanning portion of IRMS.

## Recommended Changes

1. Conduct all exercise stages in "real-world" time-phasing
2. Increase the number training events throughout the year to keep RSS skills sharp
  - Drills
  - Table Tops
  - Workshops
  - Seminars
3. Develop a Pick-List document for SNS materiel for the counties to use for orders
4. Work with ESF8 Command and set guidelines for re-order levels of materiel from DSNS
5. Create appropriate training documents for IRMS, to include barcode training.

## Conclusion

BioShield 2011 was a success. It met its objectives and provided a chance to learn through a series of different events that included a seminar, a table-top and a functional exercise. Each exercise stage focused on a specific area of the Strategic National Stockpile program and gave the participants an opportunity to interact with members of their team and to offer his or her insights on the program.



## Section 1: Exercise Overview

### Exercise Details

#### Exercise Name

BioShield 2011

#### Type of Exercise

Functional Exercise in four (4) stages:

- Stage 1: BioWatch Actionable Result call (table top)
- Stage 2: Activation/Notification (table top)
- Stage 3: Allocation/Apportionment (drill)
- Stage 4: Receipt, Stage, Store (RSS) operations functional exercise

#### Exercise Start Date (STARTEX)

May 4, 2011

#### Exercise End Date (ENDEX)

June 8, 2011

#### Duration

32 hours (over four (4) stages)

#### Locations

May 4, 2011 - State Emergency Operations Center, Florida Division of Emergency Management, Tallahassee, Florida;

May 5, 2011 - Florida Department of Health, Headquarters, Tallahassee

May 19, 2011 - Florida Department of Health, Headquarters, Tallahassee

June 7-8, 2011 - Florida Department of Health Strategic National Stockpile Receipt, Stage, Store facility Miami, FL.

#### Sponsor

Florida Department of Health

#### Program

Public Health Emergency Preparedness Cooperative Agreement BP-10

#### Mission

Respond and Protect

#### Target Capabilities:

1. Information Gathering and Recognition of Indicators and Warnings
2. Direct Medical Supplies Management and Distribution Tactical Operations
3. Activate Medical Supplies Management and Distribution
4. Repackage and Distribute
5. Demobilization



## Scenario Type Biological Event

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## Participating Organizations

Bioshield 2011 exercise participants include:

- Florida Department of Health
- Florida Division of Emergency Management (DEM)
- State Emergency Response Team (SERT)
- State ESF16 (Law Enforcement)
- State ESF8 Command, Section Leaders and Unit staff, DOH Executive Leadership and stake-holder partner agencies
- Executive Office of the Governor
- Statewide Bureau of Pharmaceutical Services staff
- Centers for Disease Control and Prevention, Division of Strategic National Stockpile
- Miami-Dade/Broward BioWatch Advisory Committee
- Miami Dade and Broward County CRI staff
- United States Marshals Service (USMS)



## Number of Participants

- May 4: BioWatch Actionable Result conference call
  - 19 Players
  - 1 Facilitator
  - 2 Evaluators
- May 5: Emergency Support Function 8 Activation/Notification
  - 34 Players
  - 1 Facilitator
  - 2 Evaluators
- May 19: Allocation and Apportionment
  - 24 players
  - 1 Facilitator
  - 2 Evaluator
- June 7-8: Receipt, Stage, Store operations
  - 31 on June 7
  - 76 on June 8 (including DOH Headquarters personnel, Miami-Dade County Health Department)
  - Controllers: 1
  - Evaluators: 4
  - Facilitators: 1
  - Observers: 15 (comprised of Broward and Palm Beach County Health Departments and Miami-Dade CHD partners)
  - Victim/Role Players: N/A



## Section 2: Exercise Design Summary

### Exercise Purpose and Design

BioShield 2011 was developed and conducted to test the Florida Department of Health's (DOH) ability to respond to a "No-Notice" biological event and to meet guidance and requirements from the Centers for Disease Control and Prevention (CDC) and the Public Health Emergency Preparedness (PHEP) Cooperative Agreement BP-10 grant.

The exercise was designed to test and validate policies and procedures outlined in the state's Strategic National Stockpile Appendix to the DOH Logistics Support Annex for activation of the Appendix as the result of a "No Notice" event. It was also meant to test various aspects of the Emergency Support Function 8 plans relating to the same event, to include Activation/Notification actions, Allocation and Apportionment problems, Crisis and Emergency Response Communications (an add on) and Strategic National Stockpile Receipt, Stage, Store (SNS/RSS) operations. The ability to use these elements is required in an SNS plan per CDC guidance.

Lessons learned from BioShield 2006 and the response to the H1N1 pandemic of 2009/2010 were critical in the exercise design and activities chosen to be tested. BioShield 2006 showed the importance of having available a backup inventory system. That year's exercise ground to a halt when the DOH computer system failed launch the inventory management system being used. As a result, a search was conducted to find a better electronic inventory management system, and to create Excel Spreadsheet and paper-based backup systems. Bioshield 2011 tested the newly developed Excel Spreadsheet and paper-based backup systems.

The H1N1 response demonstrated the need for an inventory management system as well as new inventory procedures to ensure a fast and reliable accounting of inventory receive. All of these "lessons learned" were tested during Bioshield 2011's exercise events.

### Scenario Summary

At approximately 6:00 p.m., EDT, the DOH Bureau of Laboratory Sciences, Miami Laboratory reported the presence of *Yersinia pestis* (Yp) in the first run of the BioWatch filters from two areas in Miami-Dade County and two more in Broward County. Yp is not endemic (naturally occurring) in Southeastern Florida.

This exercise tested the Florida Department of Health's ability to respond to a biological incident. The exercise was designed around the objectives of the Target Capabilities List (TCL) and activities listed below. Capabilities-based planning allows for exercise planning teams to develop exercise objectives and observe exercise outcomes through a framework of specific action items derived from the TCL. Additionally, each capability is linked to several corresponding activities and tasks to provide additional detail.



Based upon the identified exercise objectives above, the exercise planning team decided to demonstrate the following capabilities during the four stages of the exercise:

- **Stage 1: BioWatch Actionable Result (BAR) call (May 4)**
  - a. **Capability: Information Gathering and Recognition of Indicators and Warnings**
    1. **Objective:** Develop and maintain procedures, systems, and/or technology to process the inflow of gathered information from all sources in a timely fashion.
      - Participate in BAR call to obtain critical situation information
        - Define level of participation in what has been considered a local call
      - Utilize BAR call information to guide ESF8 decision making
      - Activate State ESF8 response structure
      - Activate the Allocation/Apportionment Group
    2. **Objective:** Maintain and update procedures and/or systems to process the inflow of gathered information from all sources in a timely fashion.
      - Identify who from DOH Headquarters should participate in the BAR call
      - Identify who will be on the allocation/apportionment group
        - Determine when this group will be pulled together
- **Stage 2: Notification/Activation Table Top Exercise (TTX) (May 5)**
  - a. **Capability: Direct Medical Supplies Management and Distribution Tactical Operations**
    1. **Objective:** Provide medical supply management and distribution support to incident response operations according to Incident Management Team (IMT) assignments in the Incident Action Plan (IAP)
      - Conduct effective initial activation briefing
      - Develop State ESF8 Incident Action Plan (IAP) for first operational period
      - Determine when the Strategic National Stockpile assets (Push Package and Managed Inventory) need to be requested
    2. **Objective:** Request Strategic National Stockpile assets from Centers for Disease Control and Prevention
      - Review Essential Elements of Information (EEIs) for requesting Push



### Package and MI from SNS

- Use established plans, procedures and protocols for communication with the CDC for requesting the SNS
  
- **Stage 3 - Allocation and Apportionment Table Top Exercise (TTX) May 19, 2011**
  - a. **Capability: Direct Medical Supplies Management and Distribution Tactical Operations**
    1. **Objective:** In response to a need for medical assets, provide overall management and coordination for Medical Supplies Manage and Distribution
      - Convene AG
      - Determine materiel and amounts to be ordered based on current and potential information and events
      - Demonstrate ability to use an AG to make timely and specific evidenced-based recommendations to support decision-making
      - Develop allocation and apportionment strategy (primary and contingency) for SNS materials
        - Demonstrate the ability to provide the essential elements of information that the AG needs prior to and during the allocation and distribution discussions
        - Decide what guidance is provided to the AG to direct and facilitate decision making in a one (1) hour time frame.
      - Decide how allocation/apportionment decisions will be made
      - Determine how the decision making for allocation/apportionment will be facilitated
    2. **Objective:** Validate procedures and protocols for transmitting allocation/apportionment information to the counties and the RSS Management Group
    3. **Objective:** Provide protective actions
    4. **Objective:** Provide recommendations to the Command Group for allocation and apportionment of pharmaceuticals and medical supplies
  - b. **Capability: Information Gathering and Recognition of Indicators and Warnings**
    1. **Objective:** Develop and maintain procedures, systems, and/or technology to process the inflow of gathered information from all sources in a timely fashion.



- Sit-Unit provides situational awareness brief to the Technical Specialist Unit AG
  
- **Stage 4 – Receipt, Stage, Store Operations**
  - a. **Capability: Activate Medical Supplies Management and Distribution**
    1. **Objective:** Establish medical supplies warehouse management structure
      - Deploy RSS team
    2. **Objective:** Activate warehousing operations for receipt of medical assets.
      - Determine where to open the Receive, Stage, Store (RSS) facility
    3. **Objective:** Assemble medical supplies warehouse teams
      - Teams report to RSS facility and check-in
        - Receiving/Picking Team
        - Inventory Management/Order Triage Unit
        - Shipping Unit
      - Teams prepare their respective areas for action
  - b. **Capability: Repackage and Distribute**
    1. **Objective:** Inventory medical supplies warehouse resource levels
      - Conduct inventory of received product and enter into Inventory Resource Management System (IRMS)
      - Arrange floor for easy access (e.g. like products grouped together)
    2. **Objective:** Provide Quality Control/Assurance for requested medical assets prior to shipping
      - Check to ensure product picked matches pick list
      - Check to ensure no open or damaged items are on pallet
      - Wrap pallet
      - Create appropriate shipping paperwork
  - c. **Capability: Demobilization**
    1. **Objective:** Execute plan to reduce medical supplies warehouse as distribution



needs ease

- Brief demobilization plans to RSS workers
- Provide appropriate demobilization paperwork to each worker
  - Provide proper handling instructions for the paperwork

### **Identified Problems/Issues with the Exercise Design:**

The lack of continuity by having the exercise spread out over four (4) stages was problematic. For instance, the Florida Department of Health central office activities held on May 4, 5, and 19, would have all been done within hours of, and in general simultaneously with each. This resulted in a breakdown of communication, resulting in a poor situation awareness briefing on May 19. If all components of the Activation/Notification activities had occurred in real-time, a smoother flow of information from one team to another almost certainly would have occurred.

According to the “Technical Specialist Coordination” component of the current ESF8 SOGS, “The Planning Section provides key data needed by convened AGs to make their recommendations”. That information (e.g. valid estimates of county morbidity and mortality rates, general location of cases) was not available for this exercise.- For example, while the Central Office was working within a “one-day” timeframe for its activities, the Miami-Dade County Health Department was looking farther ahead to its actions for their Points of Dispensing exercise in October. This resulted in their submitting a mortality rate that would exceed greatly any realistic 24-hour mortality rate for the given scenario. This mortality rate was given to the Technical Specialist Unit before the number could be verified or discussed.

Though Demobilization was handled well in this exercise, future exercise designers should keep in mind that an exercise with more participants may require a different approach. In this exercise, the number of personnel involved was small enough for one person to handle. A larger number of participants will require more personnel to hand out the paperwork, or a group briefing on demobilization activities.

The Central Office worked within a “one-day” timeframe for its activities while the Miami-Dade County Health Department (MDCHS) looked farther ahead in its actions for their Points of Dispensing exercise in October. This resulted in MDCHD submitting a death toll that would exceed greatly any 24-hour mortality rate. This death toll was given to the Technical Specialist Unit before the number could be verified or discussed. The number given should not have been used.



## Section 3: Analysis of Capabilities AAR PART 1

### Covering May 4-5, 2011 (EXERCISE STAGES 1 & 2)

#### BioWatch Actionable Result Call and ESF8 Activation/Notification

BioShield 2011 was comprised of four stages: conducting a Bio-Watch drill, two table-top exercises and ending with a Functional Exercise of the Receipt, Stage, Store operations. **Part 1** of the After Action Review discusses the performance of the exercised capabilities, activities, and tasks for the **May 4** and **May 5** activities. This combining of the two stages is done since the activities from those days would be accomplished within hours, not days.

Observations are organized by capability and associated activities. The capabilities linked to the exercise objectives of **BioShield 2011** are listed below, followed by corresponding activities. Each activity is followed by related observations, which include references, analysis, and recommendations.

#### Scenario Summary

At approximately 6:00 p.m., EDT, the DOH Bureau of Laboratory Sciences, Miami Laboratory reported the presence of *Yersinia pestis* (Yp) in the first run of the BioWatch filters from two areas in Miami-Dade County and two more in Broward County. Yp is not endemic (naturally occurring) in Southeastern Florida.

As a result of this finding the following actions were initiated:

1. A **BioWatch Actionable Result (BAR) May 4** – Call participants included members of the DOH BioWatch Designated List (BioWatch DDL), Miami BioWatch Advisory Committee (BAC), covering Miami-Dade and Broward counties, partner state agencies and county health officials from Broward and Palm Beach counties. At the conclusion of the local BAR call, the Emergency Support Function 8 Emergency Coordinating Officer (ESF8 ECO) determined evidence was sufficient to warrant activation of ESF8 staff and the State Emergency Response Team (SERT)
2. **Notification/Activation Tabletop Exercise (May 5)** – Based on the information garnered from the BAR call, the ECO activated ESF8 and recommended to the State Coordinating Officer that the SERT be activated. The ECO determined the following state ESF8 actions were necessary:
  - Activate and deploy DOH SNS staff resources to assist Miami-Dade/Broward counties
  - Confirm the need to request the SNS Push Package and Managed Inventory
    - Identify Essential Elements of Information needed for the call to CDC Division of Strategic National Stockpile (CDC/DSNS)



- Determine site for the Receipt, Stage, Store (RSS) facility to receive SNS material
- Activation of the Allocation/Apportionment Group
  - Group members previously identified
- Request the activation of the State Emergency Response Team (SERT) to assist in response
- Hold an ESF8 Incident Action Plan (IAP) meeting and develop an IAP for the first operational period

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## AAR Part 1 Exercise Stage 1 May 4, 2011

### Target Capability: Information Gathering and Recognition of Indicators and Warnings

#### Capability Summary:

The Information Gathering and Recognition of Indicators and Warning capability entails the gathering, consolidation, and retention of raw data and information from sources to include human sources, observation, technical sources and open (unclassified) materials. Unlike intelligence collection, information gathering is the continual gathering of only pure, unexamined data, not the targeted collection traditionally conducted by the intelligence community or targeted investigations. Recognition of indicators and warnings is the ability to see in this gathered data the potential trends, indications, and/or warnings of criminal and/or terrorist activities (including planning and surveillance) against U.S. citizens, government entities, critical infrastructure, and/or our allies.

#### Activity 1: BioWatch Actionable Result (BAR) call

1. The BioWatch Coordinator is notified via an alert sent by the BioWatch Advisory Committee (BAC). The BAC chairpersons activate the BAC when a positive result is reported to them by the Florida Department of Health's Bureau of Laboratory Services, Miami, FL as per written BioWatch protocol. The BAC alert includes the local county health department(s), Federal Bureau of Investigation, Weapons of Mass Destruction unit, as well as a host of other first responders in the affected area (brief listing found in Observation 1.1).
2. The BioWatch Coordinator in turn notified DOH personnel via a Florida Department of Health Emergency Notification Systems (FDENS) alert, utilizing a Distribution List (DL) created in FDENS.

**Observation 1.1: Area for Improvement:** The Florida Department of Health Central Office was unclear as to their role in the BAR call. The role of the local county health department in this call is clear. This is only the second time DOH headquarters has participated in the call, the first being a few months before the exercise, and at that time it was mainly an informational "this is what we do" call.

1. The BAR call is a conference call of the local BioWatch Advisory Committee (BAC). This committee is comprised of, but not limited to:
  - Miami Dade CHD staff (Epi; Communications; Preparedness);
  - Miami-Dade County Emergency Management
  - Miami-Dade Fire Rescue;
  - City of Miami Fire Department;
  - Miami-Dade Police;



- Miami FBI Weapons of Mass Destruction (WMD) unit ;
- United States Environmental Protection Agency, Atlanta:
- US Dept. of Agriculture Animal and Plant Health Inspection Service (USDA APHIS);
- State BioWatch Coordinator (Florida and Georgia)

*NOTE:* The BioWatch program is neither a DOH nor an ESF8 function, but a program of the US Department of Homeland Security (DHS). BioWatch maintains biological sampling stations in multiple, undisclosed locations throughout the United States, including select areas of Florida. The sampling plates are gathered daily from the sensor and tested for a number of biological organisms which have been identified as potential bio-terror agents.

### References 1.1:

1. Florida Department of Health Emergency Operations Plan (EOP)
  - Emergency Notification Annex
2. Miami-Dade County Health Department BioWatch Preparedness and Response Plan
3. Broward County Health Department BioWatch Preparedness and Response Plan
4. BioWatch Standard Operating Procedures (Draft)

**Analysis 1.1:** The May 4, 2011 call was the first time that DOH headquarters in Tallahassee participated in a “functional” BAR call. As a result, DOH headquarters was not sure at what level it could or should participate in the discussions. DOH leaders were unclear if they could ask questions to guide decision making at the state level. As a result, Planning felt they did not have enough information in key areas such as the level of medications available at local CHDs, pharmacies or hospitals, the affected population and what was needed from DOH. However, Command was sufficiently comfortable with the information provided to activate the ESF8.

### Recommendations 1.1:

1. Develop a DOH BioWatch document clearly defining DOH’s level of participation.
  - Collaborate with Regional BioWatch program coordinator and with BioWatch Advisory Committee
  - Identify participants from the Florida Department of Health Central Office in Tallahassee, or elsewhere, should be on this call.

### **Activity 2: Maintain and update procedures and/or systems to process the inflow of gathered information from all sources in a timely fashion.**

1. Identify who from DOH Central Office should participate in the BAR call
2. Identify who will be on the AG

**Observation 2.1:** Well done – DOH Planning personnel and command staff worked on defining who should participate in the call prior to the event date. This greatly reduced the number of headquarters DOH personnel participating on the May 4 call. In an earlier introductory call to what a BAR call included the entire BioWatch Designated List of 37 people taking part.



Prior to the exercise, the Planning - Technical Specialist Unit (TSU) Leader and Medical Coordinator met to formalize Technical Specialist Coordination operational guidelines, update the existing technical specialist listing, and identify potential members of future specialized advisory group members. As a result, the TSU has up-to-date listings for a number of highly qualified and specialized personnel that can be convened quickly as individuals or as an Advisory Group (AG) to assist with response objectives.

#### **References 2.1:**

1. Florida Department of Health Emergency Operations Plan (DOH/EOP)
  - ESF8 Standard Operating Procedures
  - Technical Specialist Unit guidelines

**Analysis 2.1: Artificiality:** In a real-world event the Technical Specialist Unit Coordinator would be tasked with selecting and convening the appropriate personnel for that specific incident. The Command Group would specify a time-frame for beginning deliberations to determine actions to be taken. Command would also specify the length of time to come to a decision.

#### **Recommendations 2.1:**

1. Maintain DOH BioWatch guidelines and Designated Lists
  - Update procedures and personnel listings as needed
2. Assure TSU Roster and Designated Lists are updated regularly, according to establish procedures.



## **AAR/IP Part 1 (Exercise Stage 2) May 5, 2011**

### **Target Capability: Activate Medical Supplies Management and Distribution**

**Capability Summary:** Provide medical supply management and distribution support to incident response operations according to Incident Management Team (IMT) assignments in the incident action plan (IAP)

#### **Activity 1: Activation/Notification of ESF8**

**Observation 1.1:** Area for improvement: ESF8 staff that were activated for the BAR call via an alert sent through the Florida Department of Health Emergency Notification System (FDENS) did not receive the alert.

#### **References 1.1:**

1. Emergency Support Function 8 Public Health and Medical Standard Operating Procedure (ESF8/SOPs)
  - Emergency Notification Annex
2. Logistics Support Annex to the DOH EOP
  - Strategic National Stockpile Appendix

**Analysis 1.1:** Among the issues identified, the FDENS alert was sent out as “Sensitive” resulting in recipients being unable to open it. Also, the message did not indicate this was an “exercise.” Additionally, there was debate as to how long to wait for acknowledgement from recipients before finding alternative personnel to replace those who did not respond.

#### **Recommendations 1.1:**

1. Provide training on the use of FDENS for all personnel who utilize the system for alerting purposes.
2. Develop contingency plans for activating secondary contact.
3. Validate the accuracy of the FDENS data base. Have the Points of Contact (POCs) review that their staff are registered in FDENS and remove staff no longer with DOH.



## **Target Capability: Direct Medical Supplies Management and Distribution Tactical Operations (continued)**

### **Activity 2: Conduct a State ESF8 Incident Action Plan (IAP) Meeting for the first Operational Period**

**Strength 2.1:** The Situation Status unit did a good job of pulling together needed information, making touches with the local health departments and the state SNS Coordinator for information on affected populations and the state pharmaceutical cache. The IAP covered appropriate areas of concern, including activation of the Allocation and Apportionment Group, Crisis and Emergency Risk Communications (CERC) and contingency development for RSS/SNS activations.

**Observation 2.1:** The Situation Status unit collected adequate data for the first IAP.

### **References 2.1:**

1. Florida Department of Health Emergency Operations Plan (DOH/EOP)
  - II. Concept of Operations: D. Information Collection and Dissemination
2. Emergency Support Function 8 Public Health and Medical Standard Operating Procedure (ESF8/SOPs)
  - Situational Awareness/Situation Unit Procedures
  - Technical Specialist Coordination
  - Emergency Notification
3. DOH/EOP
  - Logistics Support Annex
    - a. SNS Appendix
4. Crisis and Emergency Risk Communications (CERC) Annex to the DOH EOP
5. Miami-Dade SNS/CRI Plan
6. Broward SNS/CRI Plan

**Analysis 2.1:** The Situation Unit of the Planning Unit did a great job gathering and disseminating information to ESF8 partners. The Incident Action Plan (IAP) meeting was well structured. Adding to ESF8's situational awareness was participating in the Miami-Dade CHD Executive Committee conference call.



### **Recommendations 2.1:**

1. The Situation Unit and the state SNS Coordinator need to refine further the process through which the unit may obtain SNS-related information when the SNS Coordinator is unavailable.

**Activity 3:** Request SNS assets from the CDC and activate the SNS appendix (personnel and Receipt, Stage, Store warehouse in an appropriate location).

**Observation 3.1:** Area for improvement: The Team Room of the Division of Strategic National Stockpile (DSNS) of the CDS was called to request SNS assets and to discuss the request process. Team Room personnel were helpful in describing the process of requesting the SNS. This process differed from the one described in the Appendix, though the Essential Elements of Information (EEI) were correct as outlined in the Appendix. Team Room personnel advised that it was not necessary to make request specifying need for the Push Package or Managed Inventory. Rather, they stated that the Essential Elements of Information was what DOH needs to report. From EEIs and information learned from follow-up questions from DSNS, CDC would decide the appropriate level of response of SNS pharmaceuticals and supplies. DOH may still request specific medications or supplies, but the decision of Push Package vs. Managed Inventory is the CDC's.

### **References 3.1:**

1. Florida Department of Health Emergency Operations Plan
  - Logistics Support Annex
  - SNS Appendix

**Analysis 3.1:** As with any program, changes occur that are not necessarily passed on to those who affected by the change. In this case, a process change for requesting the SNS from DSNS had not been given to the Florida Department of Health SNS program coordinator.

### **Recommendations 3.1:**

1. Update appropriate sections and attachments in the SNS Appendix to reflect changes in SNS request protocol.



## Section 3: Analysis of Capabilities (cont.)

### AAR PART 2

#### Covering May 19, 2011 (EXERCISE STAGE 3) Allocation/Apportionment

#### Target Capability 1: Direct Medical Supplies Management and Distribution Tactical Operations

##### Capability Summary:

In response to a need for medical assets, provide overall management and coordination for Medical Supplies Management and Distribution

**Activity 1: Utilize a medical AG coordinated by the Planning -Technical Specialist Unit (TSU) to make specified recommendations to support decision-making.**

1. Demonstrate ability to use a TSU to make timely and specific evidenced based recommendations to support decision-making
  - Develop allocation and apportionment strategy (primary and contingency) for SNS materials
  - Determine the essential elements of information that the TSU needs prior to and during the allocation and distribution discussions
  - Decide what guidance is provided to the TSU to direct and facilitate decision making in a one (1) hour time frame.
  - Decide how allocation/apportionment decisions will be made
  - Determine how the decision making for allocation/apportionment will be facilitated
  - Determine quantity of materials needed based on current and future events
2. Validate procedures and protocols for transmitting allocation/apportionment information to the counties and the RSS Management Group
3. Provide protective actions
4. Provide recommendations to the Command Group for allocation and apportionment of pharmaceuticals and medical supplies



**Artificiality:** Personnel for TSU were selected prior to the exercise. Selection was based upon “Public Health and Medical Response: Technical Specialist Listing” Attachment H.

**Strength 1.1:** Well done. The TSU was composed of personnel with the appropriate job skills. The TSU was given one (1) hour to complete their tasks. They asked for additional information they deemed necessary such as plume models, weather conditions.

**Observation 1.1:** Expectations for the Technical Specialist Unit were not clearly understood.

**References 1.1:**

1. Florida Department of Health Emergency Operations Plan
  - Biological Incident Annex
  - Logistics Support Annex
    - Strategic National Stockpile Appendix
2. State ESF8 Public Health and Medical Standard Operating Procedure
  - ESF8 Initial Activation
  - Situational Awareness/Situation Unit Procedures
  - Technology Specialist Coordination
3. Miami-Dade SNS/CRI Plan
4. Broward SNS/CRI Plan
5. Bureau of Statewide Pharmaceutical Services antibiotics cache
6. Florida Population Data
7. Plume Models
8. County Profiles
9. BioWatch Standard Operating Procedures (Draft)

**Analysis 1.1:** Generally, AGs are convened to address population-based issues, and the group has some time to deliberate. When the decisions to be made are relatively simple and time is of the essence, a smaller cache of technical specialists are utilized to support decision-making.

**Recommendations 1.1:** Utilize future trainings and exercises to clarify triggers for and distinctions between using individual technical specialists and AGs to support decision-making.



**Activity 2:** Provide guidance on distribution of pharmaceuticals and treatment protocols based on information provided. Determine a “fall-back” protocol should an Advisory Group (AG) fail to perform as needed in the time allotted. Determine what groups of people to treat based on information available and certain assumptions made regarding the pathogen and available state stockpiles of medications.

**Strength 2.1:** Well done. Within the time-frame of one (1) hour, the AG was able to present to the group a course of action as to:

1. Treatment protocols
  - First treated
    - Hospitalized/sick people
    - Post-exposure prophylaxis
    - Pre-exposure prophylaxis
    - First Responders
2. What medications and what quantity to send to what area
3. Protective actions
4. Messaging (general public and healthcare professionals)
5. Veterinarian messaging

Concurrent with the AG meeting, the command group met to develop contingency protocol should the AG fail to come to a consensus in the allotted time. The decision was made to provide available materiel in pro rata fashion, based on population. In this instance, 52% of materiel would go to Miami-Dade, with the remaining 48% going to Broward. However, no follow-up meetings were scheduled.

**Observation 2.1:** AG members voiced concerns the command group would supersede their recommendations with their own.

#### **References 2.1:**

1. Emergency Support Function 8 (ESF8) Public Health and Medical Standard Operating Procedure
  - Technical Specialists Coordination
2. Medical AG Recommendations/2011 Bioshield EXERCISE
  - AAR/IP Attachment “A”

**Analysis 2.1:** Despite some initial challenges related to the information available the AG was able to perform within the allotted time period. In post-exercise comments, members of the group voiced two prominent concerns:

1. The hour allotted would be their only chance to make decisions and recommendations
2. The AG was concerned the command group would use its own decision on allocation, and not that of the AG.

**Recommendations 2.1:** Ensure rostered technical specialists and EFS8 Command staff are both clear on their respective roles.



**Recommendations 2.2:** Develop an exercise with a more detailed scenario to illustrate effective utilization of a medical AG.

DRAFT



## Section 3: Analysis of Capabilities AAR PART 3

### Stage 4 Covering June 7-8, 2011 (Exercise Stage 4)

#### RSS Operations

#### Capability: Activate Medical Supplies Management and Distribution

##### Capability Summary:

Upon identification of medical resource shortfalls and/or SNS deployment, activate warehousing operations.

**Activity 1:** At 9:52 a.m. on June 1, 2011, a no notice FDENS alert was sent to the personnel informing them of when and where to report to travel to the RSS site. Information on appropriate dress and heat precautions were also given.

**Observation 1.1:** Area for improvement. Of the 12 people activated through FDENS, nine (9) responded within the allotted one (1) hour time limit. Follow up with the three (3) revealed all three had attempted to reply, but could not figure out how to do so from their Blackberry cell phones, which was how they received the message.

##### References 1.1:

1. Florida Department of Health Emergency Operations Plan
  - Logistics Support Annex
    - Strategic National Stockpile Appendix
2. FDENS report of June 1, 2011 alert

**Analysis 1.1:** FDENS has never reached 100% in any of its drills, whether it was for the RSS or other users. The average of the fully roistered RSS role in FDENS has always hovered around 70%. The failure has almost completely been due to the alert recipient “user error.”

##### Recommendations 1.1:

1. Conduct refresher FDENS training for RSS team members
2. Increase the times per quarter that FDENS is tested for RSS-rostered personnel.
  - The Centers for Disease Control and Prevention, Division of Strategic National Stockpile (CDC/DSNS) requires only the quarterly testing of an SNS program’s alerting system. This is only four (4) times per year. Recommend doubling this to eight (8) drills per year for the RSS FDENS roster. Monthly testing would be better.



**Activity 2:** Establish the RSS – Perform operations necessary to prepare the RSS site to receive SNS materiel and begin distribution as per orders received.

**Strength 2.1:** Well done. On Monday, June 6, members of the RSS command team, three (3) tractor-trailers of simulated RSS materiel, and other exercise participants including seven (7) Regional Emergency Response Advisors (RERAs) set out for the Miami-Dade County RSS location, traveling from all the state's regions. The team traveling from Orlando to Miami-Dade was provided a security escort by the United States Marshals Service (USMS), the Orange County Sheriffs Office and the Miami-Dade Police Department at certain points along the way. The USMS took advantage of BioShield 2011 to exercise their convoy security plan.

All parties arrived at their assigned locations without incident. The group from Tallahassee drove straight to the hotel then reported to the RSS. The RERAs, the team from Orlando, which included two RERAs as part of the convoy, and the tractor-trailers reported to the RSS site. There the local RERA signed for the trailers, simulating the chain of custody transfer process from the CDC to DOH.

**Observation 2.1:** The use of an RSS facility outside of Tallahassee was extremely important and afforded the SNS program a chance to address the logistics of moving people and materiel from different locations to a single location, miles from their point of origin.

**References 2.1:**

1. Florida Department of Health Emergency Operations Plan
  - Logistics Support Annex
    - Strategic National Stockpile Appendix

**Analysis 2.1:** The use of an RSS facility outside of Tallahassee was extremely important (previous RSS events had been held exclusively in Tallahassee). This afforded the SNS program the chance to work out the logistics of moving people from different locations and agencies, as well as materiel to a single location, miles from their point of origin.

**Recommendations 2.1:** Continue to conduct RSS exercises at RSS sites in other locations.



## Capability: Repackage and Distribute

### Capability Summary

After delivery of medical assets to warehouse facility, repackage pharmaceuticals and other assets and distribute to Points of Distribution (PODs) and other health facilities.

**Activity 1:** Receive inventory and process orders at the RSS (Inventory Management)

**Strength 1.1:** Well done. It took less than five (5) minutes to download the pipe delimited computer file of the Push Package contents into the Florida Department of Health's Inventory Resource Management Systems (IRMS). With the aid of the hand-held scanners the receipt, inventory and uploading the Managed Inventory into IRMS took about 45-minutes. Order processing was an overall success.

#### References 1.1:

1. Florida Department of Health Emergency Operations Plan
  - a. Logistics Support Annex
    - o Strategic National Stockpile Appendix
2. RSS Operations Manual

**Observation 1.1 and 1.2:** Personnel do not regularly practice the skills needed for RSS IRMS program operations including forms completion.

**Observation 1.3:** Inventory Management staff had concerns about how to make inventory allocations when processing orders and to set re-order thresholds.

#### Analyses 1.1- 1.4:

**1.1 – Push Package:** Upload of the Push Package into IRMS took less than five (5) minutes. When the internet is offline, warehouse personnel use an Excel spreadsheet as the inventory backup version a form created by DOH logistics. It took DOH personnel using this spreadsheet only 30 minutes to download and format the inventory.

**1.2 – Managed Inventory:** Receipt and inventory of the Managed Inventory (MI) took about 45 minutes to upload into IRMS, as at this time the MI does not come from CDC in a Pipe-delimited file. This process was greatly enhanced by the use of hand-held, wireless barcode readers. The manual process of inventory and data entry into the Excel spreadsheet took nearly 1.5 hours. This manual data entry process was complicated by failure of the receiving unit's personnel to write legibly on the intake form. This resulted in lost time as the date entry person had to stop what she was doing and track down people to get clarification.

**1.3 – Order Processing:** Per Inventory Management personnel, the major issues were:

- 1.3.1: Whether the IRMS "allocation wizard" should be used to make allocations;
- 1.3.2: The setting of reserve (hold-back) amounts;



- 1.3.3: From where the orders to the inventory unit would come;
- 1.3.4: Bottles vs. cases – which method to use in filling orders;
- 1.3.5: Information flow from QA back to the inventory unit.

**1.4 – Quality Assurance/Shipping:** Material movement broke down at the QA/shipping area. When pallets with picked product arrived at QA there was no accompanying paperwork for QA to check against. The paperwork was kept by the pickers to pick the remainder of the order. The result was a back up of orders at QA as they could not be processed for shipping and moved to that area.

#### **Recommendations 1.1- 1.4:**

**1.1.1:** Develop quarterly training for Inventory Data Management personnel. Skills necessary for the efficient use of the IRMS program and the Excel spreadsheet are fleeting if not used regularly. Warehouse personnel for the Bureau of Preparedness and Response (BPR) use IRMS on a daily process for all warehouse operations. Warehouse personnel for the Bureau of Statewide Pharmaceutical Services also use IRMS daily. However, others who are identified as inventory data management personnel for an RSS do not, and skills learned in this exercise will wither by the next exercise, or real-world event. A training program is an absolute necessity and should cover IRMS and the Excel spreadsheet.

**1.1.2:** Develop training program on use of forms. This training should stress not only what information is needed on the forms, but the importance of writing legibly on the form itself. Just in Time Training (JITT) should mirror this training.

**1.2:** Purchase or build IRMS “go-kits.” These IRMS “go-kits” allow the use of IRMS even when there is no internet access. Once internet connectivity is attained, the information stored on a user’s computer is uploaded to the home system.

**1.3.1:** Determine if the IRMS “allocation wizard” should be used (discuss with Planning Coordinator and Unit Leaders, e.g., Situation Status, Advanced Planning and Technical Specialists) for initial allocations and/or to determine the “re-order” threshold

**1.3.2:** Determine “reserve” levels as a constant (e.g., 10% of product regardless of event type)

**1.3.3:** Clarify from where orders originate and process for those orders in getting to the inventory unit.

**1.3.4:** Bottles vs. cases: The CDC supplied inventory documents list both the number of cases per pallet, and the number of bottles per case. At this time, one (1) bottle = one (1) regimen. We need to set the pick list to cases only, as cases will never be opened. As an example, should a request for 50 regimens (bottles) be received, a case of 100 bottles is sent.

**1.3.5:** Clarify paperwork flow from QA to inventory control

**1.4:** Develop a system where inventory sheets for a pallet are generated so that each pallet



may be processed at QA without having to wait for the complete to order to be pulled. Each pallet should have its own packing sheet.

**Activity 2:** Train local SNS/CRI staff on single local drop site actions. In 2010 the Florida Department of Health's Bureau of Preparedness and Response adopted the concept of delivering SNS materiel requested by a county to a single drop site, rather than multiple Points of Dispensing as previously planned. Modeling had shown delivery to multiple locations was untenable for any incident, whether it was SNS related or not. The counties were informed of

this and advised the change would take effect in 2012. Local health departments advised they would need training on this concept.

Prior to Bioshield 2011, SNS program staff developed training on the single drop site concept. This training program was presented to Miami Dade, Broward and Palm Beach County CRI staff and their partners. BioShield 2011 was used to reinforce the classroom training and to refine a training program to be delivered to the rest of the counties. A DOH videographer was present at the exercise to record the day's activities. The Bureau of Preparedness & Response and DOH Office of Communications will develop a training video that will become part of the single drop site training program for SNS/CRI planners.

**Observation 2.1:** Well done. The training was well received. MDCHD already has adopted IRMS as their inventory resource management system, and this was their first time to train and use it. Palm Beach and Broward counties have expressed interest in IRMS and the training program for distribution site operations.

#### **References 2.1:**

1. RSS Operations Manual

**Analysis 2.1:** The capability offered the state and counties by use of a common inventory management system is immeasurable. The use of IRMS at the county level will help local CHDs to process POD orders more efficiently. All 64 CHDs SNS/CRI staff could benefit from training on single local drop site procedures.

#### **Recommendations 2.1:**

1. DOH should work with the other county health departments to get them on-line with IRMS.
2. Complete Tier 2 approval processes for the distribution site training then provide the training to the county health departments as they request it.

## **Capability: Demobilization**

### **Capability Summary:**

Inventory, reorganize, and reconstitute stockpiles to return to pre-incident levels, and release personnel from Medical Supplies Management and Distribution duties.



**Activity 1.1:** Provide accounting of materiel and load trucks for return shipment. Provide staff with appropriate information for demobilization activities.

**Observation 1.1:** Well done. On the last day of the exercise, the appropriate travel paperwork was handed out when participants signed-in at the RSS. Directions were provided on handling of the paperwork and process to be used when turning in the documents. This process might not work in all responses. Inventory and reloading of the three (3) trucks was performed within one (1) hour with all materiel accounted.

**References 1.1:**

1. Florida Department of Health Emergency Operations Plan
  - Logistics Support Annex
    - Strategic National Stockpile Appendix

**Analysis 1.1:** Demobilization planning begins as soon as operations start. In this case, the demobilization process was discussed briefly at the beginning of the exercise during the initial team briefing. At the end of the exercise, individuals received further instruction on the demobilization process. Not all exercise or real-world events will involve this small of a number of personnel, therefore demobilization procedures need to be flexible to meet an event's needs.



## SECTION 4: CONCLUSION

The Bioshield exercise provided a large number of headquarter and local staff the opportunity to test and validate procedures (new or old) and identify areas for improvement, thus enhancing the capabilities of the Strategic National Stockpile (SNS), program of the Florida Department of Health.

The exercise provided members of the Bureau of Preparedness & Response, as well as other Florida Department of Health (DOH) units a chance to see how a positive result from a BioWatch sensor would initiate response actions, including the activation of Emergency Support Function 8 (ESF8), the State Emergency Response Team (SERT) and activation of the State Emergency Operations Center to support an SNS response.

Several areas for improvement were noted related to the BAR call and include defining DOH's role during BAR calls, determining which DOH personnel need to participate in BAR calls, and correcting the staff activation and alerting process. These items are to be addressed in the ESF8 Standard Operating Procedures.

The Technical Specialist Unit (TSU) received feedback it can use to fine-tune its operational guidelines. Exercise participants also now have a better feel for what the TSU and its Advisory Groups (AG) do.

Operating the Receipt, Stage, Store (RSS) facility from the site in Miami-Dade provided multiple benefits for the state, especially the opportunity to test the new Inventory Resource Management System (IRMS) recently acquired for use in an SNS activation. Despite a few glitches, IRMS software performed as advertised and shortened process time for receipt, order picking and shipping procedures. It also identified the need for ongoing trainings, as well as user manuals in order to assist staff in using IRMS. With the success of IRMS came the awareness that these software skills need to be practiced more often. As a result of this awareness, drills utilizing IRMS will be developed and given to those whose RSS job would entail using IRMS, as well as the backup systems.

Another area for improvement is Quality Assurance (Q/A). A "traffic jam" occurred at QA when pallets were delivered, but the attendant paperwork was not left with the pallet. The reason was simple: the pickers still needed the Pick List to complete their order. Without any paperwork, QA had nothing to check the pallet contents against, and thus could not prepare it for shipment. This subject will be part of the review of the SNS plan this year.

The Miami-Dade County Health Department (MDCHD) had already expressed interest in IRMS, and prior to the exercise had contracted with Upp Technology to acquire training and equipment. The exercise not only provided MDCHD the chance to see how IRMS works, MDCHD personnel also received training from DOH inventory management specialists. They were also trained on warehouse procedures such as setting up the warehouse and processing orders.



## APPENDIX A: Improvement Plan

Target Capability	Observation	Recommendation	Corrective Action Description	Capability Element	Primary Responsible Agency	Agency POC	Start Date	Completion Date
<b>AAR Part 1 Review: May 4, 2011 BioWatch Actionable Result call (BAR) – Stage 1</b>								
<b>Information Gathering and Recognition of Indicators and Warnings</b>	<b>Activity 1:</b> <u>BioWatch Actionable Result (BAR) call</u> <b>Observation 1.1:</b> BAR Call (participation) – Central Office was unclear as to their role.	<b>1.1:</b> Develop a DOH BioWatch document clearly defining DOH's level of participation.	<b>1.1:</b> Develop standard Operating Procedures (SOPs) defining the role for Florida Department of Health participation in BAR calls.	Planning	Florida Department of Health, Bureau of Preparedness and Response	Ron Burger, State BioWatch Coordinator	Started Aug. 2, 2011	Sept. 30, 2011



Target Capability	Observation	Recommendation	Corrective Action Description	Capability Element	Primary Responsible Agency	Agency POC	Start Date	Completion Date
<b>Information Gathering and Recognition of Indicators and Warnings</b>	<p><b>Activity 2.1:</b>  <u>Maintain and update procedures and or systems to process the inflow of gathered information from all sources in a timely fashion</u></p> <p><b>Observation 2.1.1:</b>            Planning and the medical Advisory Group (AG) pre-identified who from the Central Office should participate.</p>	<p><b>2.1.1:</b> Maintain DOH BioWatch guidelines and Designated Lists, updating as needed. Maintain TSU roster and Designated Lists, updating as needed.</p>	<p><b>2.1.1:</b> Develop ESF8 Systems Standard Operating Procedures</p>	Planning	Florida Department of Health, Bureau of Preparedness and Response	Samantha Cooksey, ESF8 Systems Unit Lead	May 6, 2011	May 9, 2011
<b>AAR Part 1 Review: May 5, Activation/Notification – Stage 2</b>								
<b>Activate Medical Supplies Management and Distribution</b>	<p><b>Activity 1:</b>  <u>Activation/Notification of ESF8</u></p> <p><b>Observation 1.1:</b>            ESF8 staff activated for the BAR call via the Florida Department of Health Emergency Notification System (FDENS) did not receive the alert.</p>	<p><b>1.1:</b> Develop FDENS Standard Operating Procedures (SOP) as related to ESF8 activation (e.g. templates) for those who issue the alerts.</p>	<p><b>1.1:</b> Enhance FDENS training</p>	Planning	Florida Department of Health, Bureau of Preparedness and Response	Kristen Green, Knowledge Management Unit (KMU) Lead	Aug. 10, 2011	Oct. 31, 2011



Target Capability	Observation	Recommendation	Corrective Action Description	Capability Element	Primary Responsible Agency	Agency POC	Start Date	Completion Date
<b>Activate Medical Supplies Management and Distribution</b>	<b>Observation 1.2:</b> Concern about the lack of contingency should someone not respond.	<b>1.2:</b> Develop contingency plans for activating secondary contact.	<b>1.2:</b> Develop ESF8 activation-alert SOPs.	Planning	Florida Department of Health, Bureau of Preparedness and Response	Samantha Cooksey, ESF8 Systems Unit Lead	May 6, 2011	May 9, 2011
	<b>Observation 1.3:</b> FDENS roster validity	<b>1.3:</b> Validate the accuracy of the FDENS data base. Have the Points of Contact (POCs) review that their staff are registered in FDENS and remove staff no longer with DOH.	<b>1.3:</b> Develop ESF8 SOPs for roster maintenance.	Planning	Florida Department of Health, Bureau of Preparedness and Response	Melanie Black, Planning Unit Lead	May 6, 2011	May 9, 2011



Target Capability	Observation	Recommendation	Corrective Action Description	Capability Element	Primary Responsible Agency	Agency POC	Start Date	Completion Date
Activate Medical Supplies Management and Distribution	<p><b>Activity 2:</b> <u>Conduct a State ESF8 Incident Action Plan (IAP) meeting for the first Operational Period</u></p> <p><b>Observation 2.1:</b> The Situation Status unit collected adequate information for the first IAP.</p>	<p><b>2.1:</b> The Situation Unit and the state SNS Coordinator need to refine further the process through which the unit may obtain SNS-related information when the SNS Coordinator is unavailable.</p>	<p><b>2.1:</b> Develop a process for the SNS technical specialist to provide SNS information to the Situation Unit.</p>	Planning	Florida Department of Health, Bureau of Preparedness and Response	Samantha Cooksey, ESF8 Systems Unit Lead	May 6, 2011	May 9, 2011
Activate Medical Supplies Management and Distribution	<p><b>Activity 3:</b> <u>Requesting SNS from the CDC and activate SNS Appendix</u></p> <p><b>Observation 3.1:</b> A process change for requesting the SNS from DSNS had not been given to the Florida Department of Health SNS program coordinator.</p>	<p><b>3.1:</b> Update appropriate sections and attachments in the SNS appendix.</p>	<p><b>3.1:</b> Make appropriate changes to SNS Appendix as it relates to the request processes</p>	Logistics	Florida Department of Health/Bureau of Preparedness and Response (DOH/BPR)	Charlie Gaylor, BPR Medical Logistics, SNS Coordinator	Aug. 10, 2011	Dec. 31, 2011



Target Capability	Observation	Recommendation	Corrective Action Description	Capability Element	Primary Responsible Agency	Agency POC	Start Date	Completion Date
<b>AAR Part 2 Review: May 19, Activation/Notification – Stage 3</b>								
<b>Direct Medical Supplies Management and Distribution Tactical Operations</b>	<b>Activity 1: Utilize a medical Advisory Group (AG) to make <u>specific recommendations to support decision making.</u></b> <b>Observation 1.1:</b> The task provided to the AG was very elementary for the given scenario and required a one (1) hour turn-around.	1.1: Clarify roles and expectations of all AGs.	1.1: Develop exercise objects to test the AGs..	Planning	Florida Department of Health, Bureau of Preparedness and Response	Samantha Cooksey, ESF8 Systems Unit Lead	Aug. 10, 2011	Sept. 1, 2011

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Target Capability	Observation	Recommendation	Corrective Action Description	Capability Element	Primary Responsible Agency	Agency POC	Start Date	Completion Date
Direct Medical Supplies Management and Distribution Tactical Operations	<p><b>Activity 2:</b> <u>Provide guidance on distribution of pharmaceuticals and treatment protocols based on information provided. Develop a contingency protocol should an Advisory Group (AG) fail to perform as needed in the time allotted.</u></p> <p><b>Observation 2.1:</b> The AG felt the command group would supersede their recommendations.</p>	<p><b>2.1:</b> Ensure the AG and EFS8 Command both are clear on their respective roles.</p>	<p><b>2.1:</b> Clarify the ESF8 SOP to include the one hour frame for making initial recommendations, as well as a contingency protocol should the AG fail to make the necessary recommendation(s).</p>	Planning	Florida Department of Health, Bureau of Preparedness and Response	Samantha Cooksey, ESF8 Systems Unit Lead	Aug. 10, 2011	Sept. 1, 2011



Target Capability	Observation	Recommendation	Corrective Action Description	Capability Element	Primary Responsible Agency	Agency POC	Start Date	Completion Date
<b>AAR Part 3 Review: June 7- 8, 2011 RSS Operations – Stage 4</b>								
<b>Activate Medical Supplies Management and Distribution</b>	<p><b>Activity 1: <u>FDENS alert to RSS personnel</u></b></p> <p><b>Observation 1.1:</b> Of the 12 people activated through FDENS, nine (9) responded within the allotted one (1) hour time limit. Follow up with the three (3) revealed could not figure out how to do so from their Blackberry phones, which was how they received the message.</p>	<p><b>1.1.1:</b> Conduct Refresher FDENS training for RSS team members;</p> <p><b>1.1.2:</b> Increase the number of FDENS drills and refresher training for RSS personnel to increase knowledge and ability in responding to an FDENS alert.</p>	<p><b>1.1.1:</b> Integrate RSS Activation into existing notification and activation procedures</p> <p><b>1.1.2:</b> Address corrective actions to quarterly SNS drills</p> <p><b>1.1.3:</b> Register RSS Management Team in SERV-FL</p>	Training	Florida Department of Health, Bureau of Preparedness and Response	Charlie Gaylor, BPR Medical Logistics unit, SNS Coordinator	Aug. 10, 2011	August 9, 2012



Target Capability	Observation	Recommendation	Corrective Action Description	Capability Element	Primary Responsible Agency	Agency POC	Start Date	Completion Date
<b>Activate Medical Supplies Management and Distribution</b>	<b>Activity 2: <u>Establish the RSS</u></b> <b>Observation 2.1:</b> The use of an RSS facility outside of Tallahassee was extremely important. It afforded the program a chance to address the logistics of moving people and materiel from different locations to a single location miles from their point of origin.	<b>2.1:</b> Continue to conduct RSS exercises at approved RSS sites.	<b>2.1:</b> Develop 2012 SNS exercise objectives	Training	Florida Department of Health, Bureau of Preparedness and Response	Jon Erwin, Medical Logistics Unit lead (acting)	Aug. 10, 2011	Aug. 9, 2012

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Target Capability	Observation	Recommendation	Corrective Action Description	Capability Element	Primary Responsible Agency	Agency POC	Start Date	Completion Date	
Repackage and Distribute	<b>Activity 1: <u>Receive, inventory and process orders at the RSS (inventory management)</u></b> <b>Observation 1.1.1 and 1.1.2:</b> Personnel do not regularly practice the skills needed for RSS IRMS program operations including forms completion.	<b>1.1.1 (Push Package) and 1.1.2 (Managed Inventory):</b> Develop procedures and training for RSS staff on IRMS and the Excel spreadsheet and paper system.	<b>1.1.1:</b> Assure RSS staffing roster includes IRMS experts for inventory management; Develop IRMS quick reference guide  <b>1.1.2:</b> Establish manual process for inventory management should IRMS be off-line	Training Logistics	Florida Department of Health, Bureau of Preparedness and Response	Charlie Gaylor, SNS Coordinator;	Aug. 10, 2011	Aug. 9, 2012	
			<b>1.2:</b> Have IRMS workgroup determine contents for Florida IRMS "go-kits" to allow working offline	<b>1.2:</b> Procure IRMS "go-kits"	Logistics	Florida Department of Health, Bureau of Preparedness and Response	Sherry Watt, Logistics Program Manager	June 8, 2011	July 1, 2011
					Logistics	Florida Department of Health, Bureau of Preparedness and Response	Sherry Watt, Logistics Program Manager	Aug. 10, 2011	Aug. 9, 2012



Target Capability	Observation	Recommendation	Corrective Action Description	Capability Element	Primary Responsible Agency	Agency POC	Start Date	Completion Date
Repackage and Distribute	<b>Activity 1.3: <u>Order Processing</u></b> <b>Observation 1.3.1:</b> Inventory Management staff had concerns about how to make inventory allocations when processing orders and to set re-order thresholds.	<b>1.3.1</b> Develop policies for use of IRMS "allocation wizard" in conjunction with the Technical Specialist Unit in determining distribution and threshold levels for re-ordering.	<b>1.3.1</b> Train resource unit personnel on IRMS to provide necessary data for planning functions.	Logistics	Florida Department of Health, Bureau of Preparedness and Response	Sherry Watt, Logistics Program Manager	Aug. 10, 2011	Oct. 31, 2011
	<b>Observation 1.3.2:</b> Inventory Management staff concerned about process for setting reserve amounts.	<b>1.3.2:</b> Develop policies for setting reserve levels of product (pharmaceuticals, supplies, etc)	<b>1.3.2:</b> Determine and incorporate pharmaceutical reserve levels into Mass Prophylaxis Plan	Planning	Florida Department of Health, Bureau of Preparedness and Response; Pharmacy	Melanie Black, Planning Unit Lead; Brandon Brantley, Pharmacy Lead	Aug. 10, 2011	Aug. 9, 2012



Target Capability	Observation	Recommendation	Corrective Action Description	Capability Element	Primary Responsible Agency	Agency POC	Start Date	Completion Date
<b>Repackage and Distribute</b>	<b>Activity 1: <u>Order Processing</u></b> <b>Observation 1.3.3; 1.3.4; 1.3.5; 1.4:</b> Inventory Management staff had question concerning order origination and transmittal to RSS; difference in terminology between federal, state and local entities; information flow from QA to inventory management; Paperwork needs of QA/shipping to prevent traffic-jam at shipping.	<b>1.3.3; 1.3.4; 1.3.5; 1.4:</b> Provide clarification on the ordering and information flow processes.	<b>1.3.3; 1.3.4; 1.3.5; 1.4:</b> Develop RSS SOGs in support of SNS Appendix.	Logistics	Florida Department of Health, Bureau of Preparedness and Response	Charlie Gaylor, BPR Medical Logistics, SNS Coordinator	Aug. 10, 2011	Dec. 31, 2011
<b>Activate Medical Supplies Management and Distribution</b>	<b>Activity 2: <u>Train Local CHD</u></b> <b>Observation 2.1:</b> All 64 CHDs SNS/CRI staff could benefit from training on single local drop site	<b>2.1:</b> Offer training on IRMS and single point distribution management to other CHDs.	<b>2.1.1:</b> Complete Tier 2 approval processes for the distribution site training	Logistics	Florida Department of Health, Bureau of Preparedness and Response	Charlie Gaylor, BPR Medical Logistics, SNS Coordinator	Aug. 10, 2011	Sept. 30, 2011



Target Capability	Observation	Recommendation	Corrective Action Description	Capability Element	Primary Responsible Agency	Agency POC	Start Date	Completion Date
	procedures.		2.1.2: Deliver training to remaining 11 CRI counties	Logistics	Florida Department of Health, Bureau of Preparedness and Response	Charlie Gaylor, BPR Medical Logistics, SNS Coordinator	Aug. 10, 2011	Aug. 9, 2012

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## **APPENDIX B: Participant Feedback Summary**

Overall, exercise participants perceived BioShield 2011 as a good learning experience. Not only for the area in which they work, but the exercise provided participants a chance to learn how other sections perform their duties. This should lead to better cooperation in the future.

This year's exercise involved departments outside of the Florida Department of Health (DOH). For example, the Florida Division of Emergency Management (DEM), and the United States Marshals Service (USMS) were major players. As a result, the acronyms used by DOH were unfamiliar to those outside of DOH. It was suggested that a glossary of acronyms defining what they are be included in the players' manuals.

A PDF of all comments is available for review on the DOH SNS/CRI/Chempack Sharepoint on the SNS/CRI Resources page.

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## APPENDIX C: Exercise Events Summary Table

**Table C.1: Exercise Events Summary**

Date	Time	Scenario Event, Simulated Player Inject, Player Action	Event/Action
May 4, 2011	0930-1200	BioWatch Actionable Result conference call	The Miami Bio lab is reporting four (4) sensor plates collected from BioWatch sensors in four different locations – two (2) in Dade County and two (2) in Broward County
May 5, 2011	0800-1200	Activation activities for Emergency Support Function 8; Participation in the Miami-Dade CHD executive call; Division of Strategic National Stockpile (DSNS) call by DOH.	At the conclusion of the BAR call, the Emergency Coordination Officer activated ESF8. DOH headquarters personnel participated in the executive call of the MDCHD, where the request was made of the state to ask the CDC for Strategic National Stockpile assets. DOH called the Team Room of DSNS to request SNS assets. This call was a chance for DOH to learn more about what CDC needs in the form of information, and related processes.
May 19, 2011	1300-1600	A Technical Specialist Advisory Group (AG) was convened. The Command Section also met.	The TSU was charged with making recommendations for treatment and protective actions to be taken in the affected areas. They then made those recommendations to the Command group for action. While the TSU was meeting, the Command Section also was met to develop contingency plans.
June 7-8, 2011	0800-1700	Receipt, Stage, Store operations and training of local CHD personnel	This was the big event. DOH personnel received Push Package and Managed Inventory from the "CDC." Activities included here were: appropriate receipt procedures, off-loading of tractor-trailers, and staging of the product on the warehouse floor. Later, orders were received and picked by warehouse staff. During these activities, members of the MDCHD shadowed DOH personnel to learn how to perform warehouse work, and how to use the Inventory Resource Management System (IRMS) currently used by DOH and recently purchased by MDCHD. Additionally, personnel from the Broward and Palm Beach County Health Departments were there as observers, and have asked to get onto IRMS.



## APPENDIX D: Acronyms

Acronym	Meaning
AG	Advisory Group
AAR	After Action Report
BAC	BioWatch Advisory Committee
BAR	BioWatch Actionable Result (biological sensors have a positive reaction)
BCHD	Broward County Health Department
BPR	Bureau of Preparedness and Response
BSPS	Bureau of Statewide Pharmaceutical Services
CDC	Centers for Disease Control and Prevention
CERC	Crisis and Emergency Risk Communications
CHD	County Health Department
CRI	Cities Readiness Initiative
DEM	Florida Division of Emergency Management
DHS	Department of Homeland Security
DL	Distribution List
DOH	Florida Department of Health
DSNS	Division of Strategic National Stockpile
EEI	Essential Elements of Information
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
Epi	Epidemiology
ESF	Emergency Support Function
FDENS	Florida Department of Health Emergency Notification Network
FDLE	Florida Department of Law Enforcement
HSEEP	Homeland Security Exercise and Evaluation Program
IAP	Incident Action Plan
IMT	Incident Management Team
IP	Improvement Plan
IRMS	Inventory Resource Management System (by Upp Technology, Inc.)
MDCHD	Miami-Dade County Health Department
PBCHD	Palm Beach County Health Department
PHEP	Public Health Emergency Preparedness cooperative agreement
QA	Quality Assurance
RERA	Regional Emergency Response Adviser
RSS	Receipt, Stage, Store (refers to location for SNS operations)
SEOC	State Emergency Operations Center
SERT	State Emergency Response Team
SNS	Strategic National Stockpile



Acronym	Meaning
SOP	Standard Operating Procedure
TCL	Target Capability List
TSU	Technical Specialist Unit
TTX	Table Top Exercise
USDA APHIS	United States Dept of Agriculture Animal and Plant Health Inspection Service
USMS	United States Marshals Service
WMD	Weapon(s) of Mass Destruction
Yp	Yersinia pestis

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