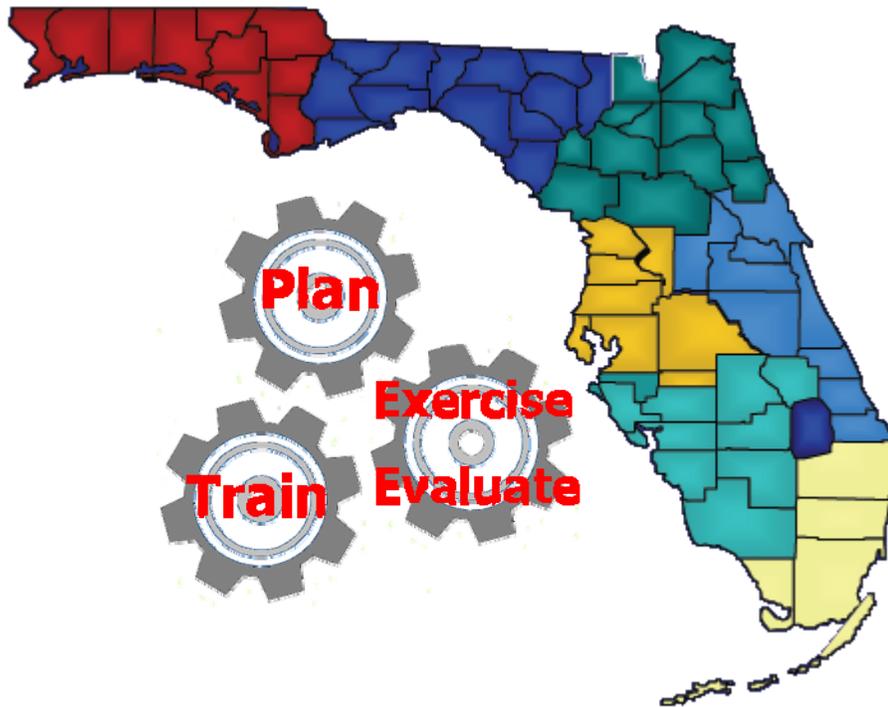




Florida Department of Health Multi-Year Training and Exercise Plan



2011-2013

Prepared by

Office of Public Health Preparedness

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PREFACE

The Florida Department of Health (DOH) has consistently promoted a robust program for developing innovative exercises that integrate the roles of hospitals, emergency medical services, emergency management, county health departments, and law enforcement into terrorism and natural disaster scenarios. Training and exercises provide Florida's health communities, medical communities, and emergency response partners the means to practice and improve current emergency operations plans and validate new plans.

Florida DOH complies with provisions of the Homeland Security Exercise and Evaluation Program (HSEEP) to ensure consistency in exercise program development and management. Florida DOH has designated Exercise Program Manager and Training Program Coordinator positions within the Office of Public Health Preparedness (PHP).

The Exercise Program Manager and Training Coordinator serve as Health and Medical Co-Chairs on the Florida State Working Group (SWG) for Domestic Preparedness Training and Exercise Committee. The SWG fosters inter-agency collaboration and partnerships in the development and execution of plans, operations, equipment, training and exercise programs. The SWG Exercise and Training Committee foster statewide consistency in policy and guidance for the integration of training and exercise programs. The Exercise Program Manager participates on the Florida DOH Disability Task Force to ensure that the needs of persons with disabilities and other vulnerable populations are integrated into exercise programs.

The Exercise Program Manager and Training Program Coordinator serve on the Training and Exercise Support Team (TEST). TEST members provide training and exercise advice and assistance to 16 Target Capability Teams that are based on the Department of Homeland Security (DHS) Target Capabilities List. Target Capabilities are incorporated into the Florida DOH Public Health and Medical Preparedness (PHMP) Strategic Plan.

This Multi-Year Training and Exercise Plan (MYTEP) provides a formal structure to advance health and medical community preparedness in Florida. It is based on the State of Florida MYTEP, the DHS Universal Task List and Target Capabilities List, HSEEP, and the DOH PHMP Strategic Plan.

Florida DOH follows training and exercise guidance provided by the Florida Division of Emergency Management (DEM) and the SWG. Additional training and exercise guidance is provided by the Department of Health and Human Services (DHHS), Assistant Secretary for Preparedness and Response (ASPR), and Centers for Disease Control and Prevention (CDC) cooperative agreements.

The DOH MYTEP is administered by the Offices of PHP and Emergency Operations in coordination with the Florida PHMP Strategic Plan TEST.

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TABLE OF CONTENTS

Preface	iii
Points of Contact	iv
Purpose	6
Continuity: Building on 2009	7
2009 Accomplishments.....	7
Current Year: 2010	13
2010 Training Priorities	13
2010 Exercises	13
Moving Forward: 2011 – 2013	17
2011 – 2013 Training Priorities	17
2011 – 2013 Exercise Priorities	20
Methodology and Improvement Tracking	23
Multiyear Training and Exercise Calendar	24
Calendar Abbreviations	24
Year 2011 Training Schedule	25
Year 2012 Training Schedule	25
Year 2013 Training Schedule	26
Year 2011 Exercise Schedule	27
Year 2012 Exercise Schedule	27
Year 2013 Exercise Schedule	27
Appendix A: Acronyms and Abbreviations	28

PURPOSE

The purpose of the DOH MYTEP is to provide a supporting training and exercise strategy to the Florida PHMP Strategic Plan (2007 – 2010), hereafter cited as the “Strategic Plan.” Specifically, the Strategic Plan identifies training and exercises as Strategy 1.8 under Objective 1 – Planning:

Establish a training and exercise system that complies with National Incident Management System (NIMS) standards, supports identified individual and team competencies, tracks training experiences and evaluates training, exercises and real world events for continuous improvement.

The Training and Exercise Support Team (TEST) supports 16 Strategic Plan Target Capability Teams (TCT). Within DOH, TEST is responsible for coordinating the MYTEP among the Capability Teams. The TCT membership includes DOH staff and subject matter experts (SMEs) from agencies serving local communities. As TEST members advise TCTs on training and exercise policies and programs, they ascertain gaps in plans, equipment, and training that forecast future training and exercise needs and priorities. The coordination among TEST and the TCTs serves the practical purpose and intent of the HSEEP requirement for a MYTEP Workshop. In addition, DOH participates in the annual State MYTEP Workshop in coordination with the Florida DEM.

The MYTEP provides a course for DOH to navigate the overarching priorities described in the Strategic Plan. Each MYTEP priority is linked to associated target capabilities and previous after action report and improvement plans (AAR/IP), as applicable. The Strategic Plan (2007 – 2010) is undergoing review and revision for 2011-2013, and the revised Strategic Plan is expected to be published in July 2010. Although priority realignment in some associated target capability programs may occur, no significant changes in the overarching Training and Exercise programs are expected.

The 2010 training and exercise priorities cited in this MYTEP include those previously approved by the Strategic Plan Oversight Committee (SPOT) for the grant year ending August 2010 and those approved for funding through grant year August 2011.

Training and exercise projects that extend into 2012 and 2013 will be developed based on TEST coordination with the TCTs, the identification of Capability Team gaps, and SPOT funding approval. This MYTEP and the training and exercise calendar will be amended as these new training and exercise projects are approved. See *System for Gap Identification and Exercise Feedback*, page 8.

The training and exercise calendar is reviewed quarterly and updated, as needed, to include new training and exercise projects. All Florida DOH divisions, bureaus and CHDs are encouraged to provide input into this MYTEP and the training calendar as they develop and plan exercises and major training events. Exercise event sponsors are responsible for posting exact dates and summary information on the HSEEP NEXS.

The MYTEP is posted to the PHP and Emergency Operations Internet site for Training and Exercises: <http://www.floridashealth.com/prepare/training.htm>.

CHDs are expected to participate in the development of county MYTEPs that support regional plans and are incorporated into the State of Florida MYTEP.

CONTINUITY: BUILDING ON 2009

It is important to put the 2011-2013 MYTEP into context. In 2009, planning, training and exercise development continued to focus on pandemic influenza preparedness at the county and local level.

2009 Accomplishments

H1N1 Pandemic Influenza Response

In April 2009, the Pandemic Influenza real world event that the health and medical communities had been planning, training and exercising for arrived in the US and Florida. It was different from the origins and intensity that had been predicted. H1N1 Pandemic Influenza response curtailed many formal training and exercise programs that were scheduled in the DOH 2009-2011 MYTEP for 2009.

Establishing a System for Gap Identification and Exercise Feedback

The 2009 top priority was to establish a system for identifying gaps in plans and training programs that could be evaluated through carefully designed exercises. The system was based on TCT input with TEST support and affected training program and exercise development for 2009 and beyond. This system is currently in use.

DOH TCTs identify potential planning, equipment, and training program gaps based on the Strategic Plan and exercise AAR/IPs provided by TEST. (See Figure 1.)

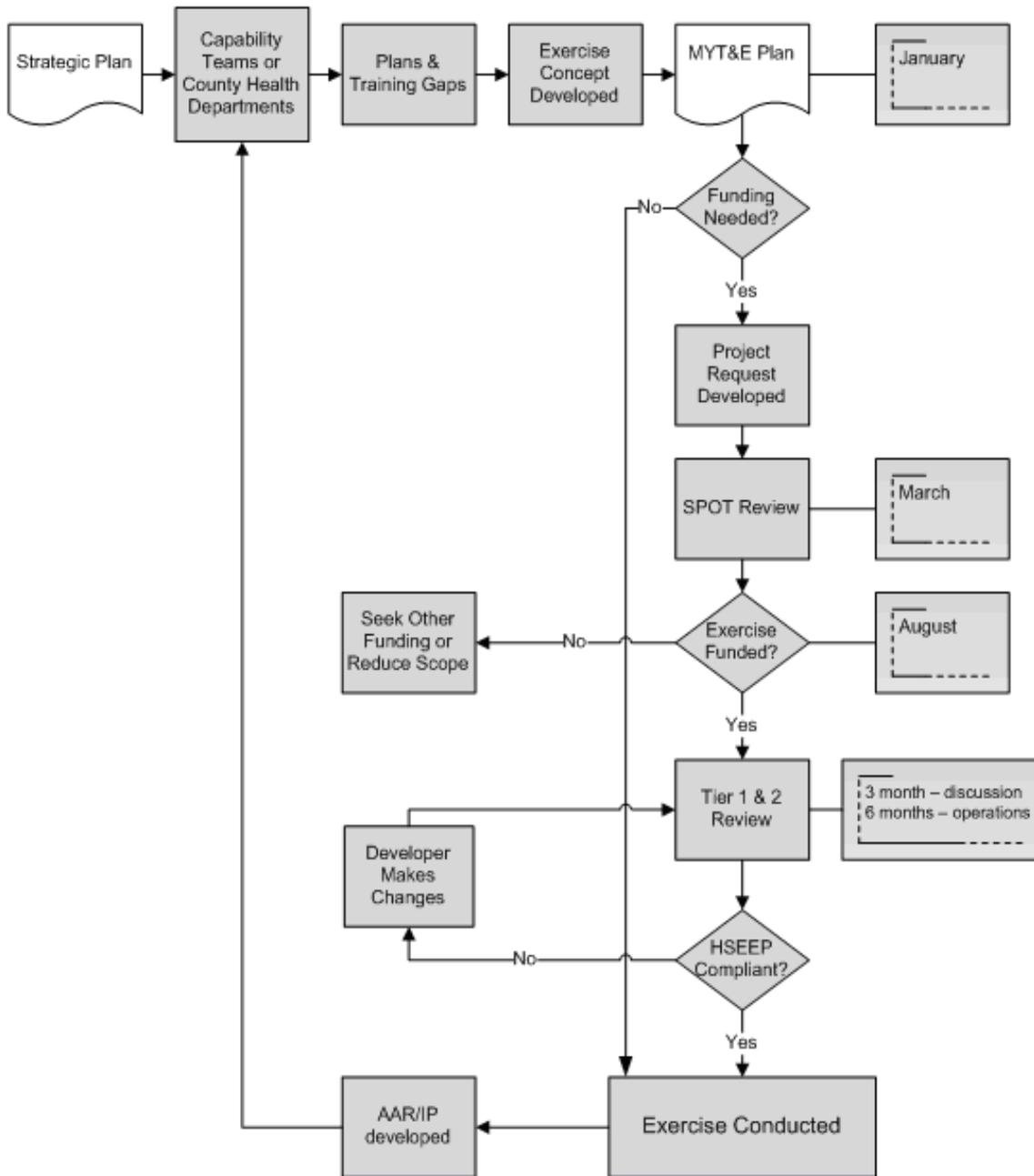


Figure 1 Gap Identification and Exercise Feedback

The gaps identified by the TCTs are collected and consolidated by TEST and documented in the MYTEP. If funding was needed, a project request is generated by the TCT exercise project owner and submitted to SPOT for review and approval.

After the project is approved for funding and funding is received, the exercise is reviewed by the Tier 1 and 2 Training and Exercise Committees to ensure that it complies with HSEEP.

The exercise project owner is required to submit the exercise AAR/IP to the exercise participants and to TEST as one of the conditions for accepting funding. TEST provides copies of the exercise

AAR/IPs to the appropriate TCTs. The TCTs review the AAR/IPs for gap analysis and revisions to plans and training programs, as needed. This cycle starts in January for the next year.

In 2009, TEST held 13 Tier 1 and Tier 2 reviews for approval of new curricula and 6 reviews for approval of new exercises. The Tier 1 and Tier 2 review process requires exercise sponsors to provide a copy of their AAR/IPs to TEST. The TCTs are required to review the strategic plan to ascertain planning, training and exercise gaps. This was accomplished in preparation for identification of the 2010 – 2011 grant years.

2009 Priorities

The training strategies identified for 2009 were programmed along four priority paths:

1. Assuring new employees are well-grounded in all aspects of their work positions through the Learning Management System (LMS), *PHP Training Catalog Guidelines* and Trak-it.
2. Building Emergency Support Function (ESF) 8 (Health and Medical) response roles.
3. Increasing and training staff for deployable strike teams.
4. Continuing HSEEP training to strengthen compliance across exercise planning, conduct and evaluation.

The DHS HSEEP Internet site offers on-line basic instruction in HSEEP terminology and procedures – IS 120A. This is recommended as a prerequisite for the HSEEP three-day standard course and the HSEEP *Mechanics Manual* Training. In 2008, DOH introduced the HSEEP *Mechanic's Manual*, which distills the content of the four HSEEP volumes into a user-friendly reference for distribution to county-level and internal staff. A four-hour HSEEP *Mechanics Manual* training program was approved as a standardized training course through the DOH two-tier training approval process and incorporated into a workshop.

TEST continued to support HSEEP Compliance Training Workshops in 2009 using the *Mechanics Manual* presentation format. To conserve travel funding, this training has been developed in a Live Meeting format for distance learning opportunities.

Exercise priorities for FY 2009 included:

- A workshop series evaluating pandemic influenza response and mutual aid beyond county and state boundaries.
- A full-scale exercise evaluating Strategic National Stockpile (SNS) receipt and distribution of medications and equipment resulting from a major hurricane event.
- A full-scale exercise evaluating laboratory response to a criminal chemical sabotage incident that incorporated emergency management, law enforcement and resources from the Department of Agriculture and Consumer Services (DOACS).
- A Mass Fatality incident functional exercise requiring activation of the Florida Emergency Mortuary Operations Response System (FEMORS).
- A full-scale Special Needs Shelter (SpNS) Disaster Strike Team deployment exercise.

- Continued support for hospital exercises.
- A continued series of the Florida Department of Health Emergency Notification System (FDENS) call-down drills.
- A series of workshops evaluating ESF 8 planning section functions in response to simulated all hazard events.
- Continued workshops and tabletop exercises to maintain staff experience and response to Continuity of Operations Plans (COOP) scenarios.

As previously stated, many of these exercises were not held because the exercise objectives were actualized during the real world H1N1 Influenza Pandemic response. Those exercises that were held in 2009 are summarized below.

Pandemic Influenza *Formidable Footprint* Workshops – This workshop series focused on the sudden introduction of an influenza virus with evidence of significant human-to-human transmission (WHO Phase 4) into a multi-county area. The basic workshop scenario premise was that these areas would form along a medical and health care corridor, or *footprint*, of a concerned public response. The DOH PHP sponsored six specific scenario-driven workshops. In one exercise, influenza pandemic cases crossed state borders into Alabama, and in two exercises, influenza pandemic cases crossed into Georgia counties.

Each workshop scenario began with rapid initial case containment, followed by strong community containment measures to prevent, or at least reduce, potential pandemic spread. The medical and public health communities, in concert with emergency management, were challenged to quickly get control of the situation, request resources and manage outcomes utilizing consistent and measured risk communication.

The exercises included “Breaking News” videos to add realism and urgency to the discussions. Exercise AAR/IPs and a list of topics to continue discussions beyond the workshops are posted to blog sites.

The real world H1N1 Pandemic Influenza event progressed along a timeline different from the exercise scenarios. The exercises provided valuable insights into coordination and management of public information and resources.

Laboratory Chemical Exposure Full Scale Exercise – The DOH Bureau of Laboratories (BOL) Tampa Lab hosted a full-scale exercise to establish a learning environment for players to exercise emergency response plans, policies and procedures, as they pertained to chemical exposure. The exercise scenario was the deliberate contamination of water at a theme park with an arsenical pesticide. The exercise evaluated:

- The time needed for the Florida Poison Information Center Specialist to notify the Poison Information Center Director and/or federal and state public health officials of cases with a high index of suspicion.
- The capability of the on-call reporting system to effectively receive and disseminate information to public health personnel during a chemical exposure, according to Bureau of Epidemiology (BOE) procedure.

- The ability of the BOE to share information on suspected or confirmed cases of immediately, notifiable conditions among public health personnel and other key stakeholders, during a chemical exposure event.
- The time needed by the BOL to receive, analyze and report clinical sample results to the Bureau of Epidemiology during a chemical exposure event, according to State of Florida Comprehensive Laboratory Response Plan (CLRP) procedure.
- The time needed by the BOL to receive, analyze and report environmental sample results to water supply during a chemical exposure event, according to the Environmental Protection Agency (EPA) methodology.
- The ability of the Florida BOL to communicate sample transport procedures to hospital laboratories during a chemical exposure event occurring during or after routine work hours.

Mass Fatality FEMORS Functional Exercise TOTO – The Mass Fatality TOTO Exercise was based on a tornado scenario. This was a stand-alone, functional exercise designed to establish a player learning environment to evaluate emergency response plans, policies, and procedures as they pertain to fatality management response. Subject matter experts (SMEs) and local representatives from state and local agencies took part in the planning process and exercise conduct and evaluation. This exercise focused on the following objectives:

1. *Incident Command System (ICS) / Unified Command (UC)* to evaluate the local decision-making process and the capability to implement the ICS, and examine the FEMORS program's ability to employ various ICS functions.
2. *Fatality Management response* to evaluate five key elements:
 - Command and Control (Medical Examiner Jurisdiction).
 - Disaster Site Recovery Center (DSRC) for body documentation and transport.
 - Disaster Portable Morgue Unit (DPMU) for body storage and processing.
 - Victim Information Center (VIC) for missing person report tracking.
 - Morgue Identification Center (MIC) for positive identification of victims.

Full-Scale SpNS Disaster Strike Team Deployment Exercise – This exercise built on two associated workshops that train SpNS strike teams in ESF 8 Plans, Operations, and Logistics in the issuance of deployment orders and Standard Operating Guidelines (SOG) for strike team convoy deployment and support. The full-scale exercise began in six regions, with a strike team call-down and organization at a regional staging area prior to actual convoy deployment to a distant location.

This exercise focused on the following objectives:

1. *Incident Command System/Unified Command* to evaluate the local decision-making process and the capability to implement the ICS in organizing a staging area and deploying a convoy.

2. Convoy Operations:

- Safety Briefings.
- Communications and control measures.
- Adherence to convoy SOGs.
- Timely arrival at the deployment destination.
- Redeployment from the convoy destination to local staging areas and recovery.

Hospital Exercises. DOH, through the ASPR Cooperative Agreement funding, encourages Florida hospitals to accept financial support for the conduct of exercises in coordination with local response partners. In 2009, ASPR priorities for hospital exercises evaluated: Interoperable Communication, Emergency System for Advanced Registration Volunteer Health Professionals (ESAR-VHP), Bed Tracking System, Fatality Management and Hospital Evacuation. This financial support also requires the involvement of vulnerable populations in hospital exercises. In 2009, 106 hospitals submitted after AAR/IPs for ASPR exercises they conducted. However, many used real world H1N1 Influenza Pandemic response in lieu of all hazards based scenarios to complete ASPR requirements.

CURRENT YEAR: 2010

2010 Training Priorities

The training strategies and priorities for 2010 continued to be based on those identified for 2009:

1. Assuring new employees were well grounded in all aspects of their work positions through the LMS, *PHP Training Catalog Guidelines* and Trak-it.
2. Building ESF 8 (Health and Medical) response roles.
3. Increasing and training staff for deployable strike teams.
4. Continuing HSEEP training to strengthen compliance across exercise planning, conduct and evaluation.

TEST continued to work with the Planning TCT to encourage planners to write job action sheets (JASs) in plans and Standard Operating Guidelines (SOGs) to identify knowledge, skills and abilities needed for each identified action role as Training Priority 1. These JASs are the basis for determining associated training gaps and needs required to make the plan or SOG actionable in an exercise or real world event.

Response to the H1N1 Pandemic Influenza provided opportunities to develop SOGs and JASs for the DOH Incident Management Team (IMT) in units that were organized for H1N1 response (e.g., the Information Management Branch). The IMT evolution, as well as other Pandemic response initiatives, is being incorporated into a H1N1 AAR/IP to be published by June 30, 2010. In addition, the December 2009 Training Needs Assessment conducted among DEM staff confirmed the continuing need for ICS and ESF 8 training as Training Priority 2.

Deploying a NIMS type strike team, instead of individuals in a disaster response, assures that staff are consistently trained in accordance with their deployment mission. Team mission training is Priority 3.

HSEEP training assures integration and connectedness among planning, training, and exercising. It is Training Priority 4.

2010 Exercises

Bioterrorism Prevention Exercise

Florida DOH, in coordination with the Florida Department of Law Enforcement (FDLE), DOACS, the Florida Department of Environmental Protection (DEP) and DEM will conduct two related 14-day exercises designed to respond to a domestic terrorist organization with a biological agent capability.

The exercise is titled *Reducing the FEE*. FEE is an acronym for the Florida Environmental Existentialists, the Universal Advisory terrorist organization used in the exercise. The exercise title has a deliberate double meaning. It is a unique initiative that reduces travel and administrative costs while providing exercise play that mimics the unfolding of real events in near real time.

Exercise play consisted of a series of simulated intelligence and activities concerning the terrorist organization, presented on an Internet meeting site accessible to participants 24/7. Local exercise participants were encouraged to play as interagency and hospital teams to maximize information sharing and response that they input into the Internet site. A team of controllers reviewed the input from the participants and updated new play on a daily basis.

Reducing the FEE provides a model for challenging exercises that conserves resources and funding costs.

Corresponding National Priorities: Strengthen information sharing and collaborative capabilities; strengthen medical surge and mass prophylaxis capabilities; strengthen planning and citizen preparedness capabilities

IP References: None. New initiative

Associated Capability: Target Capability Common Capability – Planning, Intelligence and Information Sharing and Dissemination; Target Capability Prevention Mission – Information Gathering and Recognition of Indicators and Warning; Target Capability Protect Mission – Epidemiology Surveillance and Investigation; Target Capability Respond Mission – Isolation and Quarantine, Emergency Public Information and Warning, Medical Surge, Mass Prophylaxis.

Training Courses and Exercises that Support this Priority and Associated Capabilities: ICS 700, 100, 200, 300 and 400; Forensic Epidemiology Investigations, CBRNE, Food and Waterborne Illnesses and EHTER- Strike team.

Strike Teams Exercise

To further enhance strike team preparedness in 2010, DOH and selected CHDs will conduct day-long field exercises, titled *Turbulent Tide*, in each region of the state, focusing on procedures, cross-disciplinary cooperation and coordination within these strike teams.

There are eight regional Environmental Health (EH) Strike Teams (Region 5 has two teams), seven regional Epidemiology (Epi) Strike Teams, seven SpNS Teams, two Nursing Teams (still in pilot) and a host of Florida Medical Reserve Corps (MRC) personnel that respond to emergencies and disasters. These teams regularly train and exercise individually to meet and maintain the capability. A joint exercise, held in each Regional Domestic Security Task Force (RDSTF), will include all partners and allow each group to simulate the coordination of a real-world response

The purpose of this exercise is to place DOH regional public health responders in a post-flood/wind disaster where they will have to perform the full range of tasks required when activated, along with coordination between teams to treat victim injuries and identify and contain disease.

Corresponding National Priorities: Expand regional collaboration; implement NIMS and the National Response Framework (NRF); and strengthen information sharing and collaborative capabilities.

IP Reference: The scheduled 2010 Strike Team Exercise was superseded by the H1N1 Pandemic Influenza response.

Associated Capability: Target Capability Common Capability – Planning; Target Capability Protect Mission – Epidemiology Surveillance and Investigation; and Target Capability Respond Mission – On-site Incident Management, Environmental Health and Mass Care.

Training Courses and Exercises that Support this Priority and Associated Capabilities: Members of all strike teams are required to have Incident Command System (ICS) courses 100, 700 and 200. Team Leaders need ICS 300 and 400, in addition to these common training requirements:

Depending on the Asset Type:

Epidemiology Investigation Teams require Field Investigator Response and Surveillance Training (FIRST) and Intermediate Field Investigator Response and Surveillance Training (I-FIRST).

Environmental Health Strike Teams require Environmental Health Preparedness Orientation; Environmental Health Training in Emergency Response; Food and Waterborne Disease Outbreak Investigation; Radiological Incident Response for County Government; IS-301 Radiological Emergency Response; First Response to Radiological Accidents and Weapons of Mass Destruction; Advanced Course for Radiological Response; and S301 Radiological Emergency Response Operations.

Special Needs Shelter Leaders require IS 241 Decision Making and Problem Solving.

Regional Disaster Behavioral Health Assessment Strike Teams require stress inoculation/resiliency training and psychological first aid training. Approved courses for these team members include: Psychological First Aid Training for Terrorism and Disaster; All Hazard Disaster Behavioral Health Training; Disaster Behavioral Health for Healthcare Professionals; Disaster Behavioral Health First Aid Specialist Training Basic (B-FAST); Disaster Behavioral Health First Aid Specialist Training with Children (C-FAST); Disaster Behavioral Health First Aid Specialist Training for Responders (R-FAST); and Disaster Behavioral Health First Aid Specialist Training with Special Needs Populations (S-FAST).

Laboratory Exercise

In 2010, the DOH BOL will host a full-scale chemical exposure response exercise in coordination with the DOH Bureau of Environmental Public Health Medicine, DOH Division of Emergency Medical Operations (DEMO), DOH Office of Communications, DOACS, Miami-Dade CHD, DEP, CDC, the Federal Bureau of Investigation (FBI) and hospitals located in south Florida. The exercise goals include: plume modeling, communications and specimen collection, packaging and shipping.

Corresponding National Priorities: Strengthen information sharing and collaboration.

IP Reference: 2009 Chemical Exposure Full-Scale Exercise and annual proficiency testing, as prescribed by the Laboratory Response Network (LRN).

Associated Capability: Target Capability Common Capability – Planning and Communications; Target Capability Protect Mission – Laboratory testing.

Training Courses and Exercises that Support this Priority and Associated Capabilities:

Sentinel Laboratory LRN Training includes: training in basic clinical microbiological rule-out procedures; how to refer samples to the state LRN reference labs; pandemic influenza; introduction to packaging and shipping; and the CDC Select Agent Program. This training is exercised/evaluated through the College of American Pathologists Laboratory Preparedness Exercise (CAP LPX) that includes a challenge twice a year to the Sentinel Hospital Laboratories.

Additional training includes: Infectious Substances Packaging and Shipping Training; First Responder Laboratory Awareness and Sample Collection Training; Chemical Terrorism Awareness Training; and Collecting Clinical Samples after a Chemical Terrorism Event.

Hospital Exercises

DOH, through ASPR Cooperative Agreement funding, encourages Florida hospitals to accept financial support for the conduct of exercises in coordination with local response partners. In 2008, ASPR priorities for hospital exercises are evaluating: Interoperable Communication, ESAR-VHP, Bed Tracking System, Fatality Management, Hospital Evacuation, Alternative Care Site, Mobile Medical Assets and Pharmaceutical Caches. This financial support requires the involvement of vulnerable populations in hospital exercises. The PHP Exercise Program Manager will continue to offer HSEEP training to hospital training and exercise staff.

Corresponding National Priorities: Strengthen information sharing and collaborative capabilities; implement the NIMS and NRF; strengthen communications capabilities; and strengthen medical surge and mass prophylaxis capabilities.

IP Reference: Previous hospital AAR/IPs.

Associated Capability: Target Capability Common Capability – Planning, Communications, and Community Preparedness and Participation, Target Capability Protect Mission – Epidemiology Surveillance and Investigation, Target Capability Respond Mission – On-site Incident Management, Medical Surge, and Medical Supplies Management and Distribution and Mass Fatality.

Training Courses and Exercises that Support this Priority and Associated Capabilities: The Florida Disabilities Task Force produced and distributed a DVD for hospital medical discipline training titled, “When Disaster Strikes: Best Practices for Supporting People with Disabilities” to all hospitals to educate staff and further encourage vulnerable population exercise involvement.

MOVING FORWARD: 2011-2013

2011-2013 Training Priorities

Preparedness Training by Target Capability

Training priorities are reviewed annually by PHP Training and Exercise Team, in coordination with TEST and DOH Strategic Plan TCTs. Based on gaps identified by TCTs, courses have been proposed for the years 2011-2013 that build on the Training Priorities established in 2009 and 2010, as listed on page 12. In January 2010, eleven TCTs submitted plans and requests for funding preparedness training. SPOT assigned training and exercise priorities; these are identified in the Executive Summary. These training priorities are summarized in Table 1.

Capability	Course subject
Planning	Florida Planning 101
Environmental Health/CBRNE	Radiation Food and Waterborne illnesses Poison Center/Essence Environmental Health Training in Emergency Response (EHTER) - Strike team Forensic Investigations
Information Dissemination	Crisis and Emergency Communication JIC/JIS
Epidemiology	Grand Rounds
ESF 8 Systems	Distance Learning for Emergency Rooms Patient Management Resource Tracking
Community Surge	CBRNE, Pandemic Influenza Medical surge
Hospital Surge	Alternate Medical Treatment Sites. HSEEP training for hospital training and exercise staff
Fatality Management	FEMORS strike team
Community Preparedness	Volunteer shelter staffing MRC mission essential Disaster Protocols for EMS
Laboratory	Packaging and shipping Sentinel Lab LRN First Responder sample collection
Mass Prophylaxis	SNS Cities Readiness Initiative (CRI)

Table 1 Capability Team Training Priorities

The continuation of the 2009 and 2010 for 2011-2013 is addressed by two training policies; DOH Training Policy and DOH Asset Typing Policy, discussed below. Particular attention will be given to Training Priority 3, in the development of a credentialing framework during the years 2011 through 2013. Priority 4, HSEEP training is held as requested, in person or via Live Meeting.

In addition, the TCTs re-focused 2010 and 2011 – 2013 training to include a broader population of the PHMP community, as indicated in Table 1.

Preparedness Training for Department of Health Employees

On-going training for DOH employees includes mandatory courses for orientation of new employees, required training for their positions, and training for licensing or credentialing employees for deployment. Every new employee receives a set of mandatory courses according to DOH *Training Policy 180-1-09*:

http://dohiws.doh.state.fl.us/Divisions/Perf_Improvement/Policies/TrainingPolicy.pdf. Courses are entered into Trak-It, a key tool of the DOH LMS.

Priority 1: Assure new employees are well grounded

Mandatory training – Educational courses that all employees must complete within a specified timeframe, as required by statute or rule. Examples include Code of Ethics, Equal Opportunity, Information Security and public health preparedness classes mandated by the Homeland Security Act of 2002:

- Public Health Preparedness Orientation
- Introduction to Incident Command (ICS 100)
- IS 700.a - National Incident Management System, An Introduction

Priority 2: Building ESF 8 Response Roles:

Required training – Job-related educational courses that certain groups of employees are required to complete based on the nature of their work.

DOH *Public Health Preparedness Asset Typing Policy 310-01-06* provides expectations for each individual to receive competency-based training to perform necessary tasks during response to an all hazards incident. These duties will be documented in their position description and in response plan JASs.

The Five-Year NIMS Training Plan (February 2008) found at the hyperlink provided <http://www.fema.gov/emergency/nims/NIMSTrainingCourses.shtm#item5> describes desired levels of training for response staff based on their role.

		Levels of Training				
		Awareness	Advanced	Practicum		
Components of NIMS	Preparedness	IS-700	IS 800 IS 705			
	Communications & Info Management		IS 704			
	Resource Management		IS 703 IS 706 IS 707			
	Command & Management		ICS	ICS 100 ICS 200	ICS 300 ICS 400	Position-specific courses
			MACS	ICS 701		
			Public Info	ICS 702		
Ongoing Management & Maintenance						

Table 2 NIMS Training Requirements

Priority 3: Increasing staff for deployable strike teams

Training for Licensures or Certifications – Licensed/certified employees are required to complete training courses as specified by the appropriate professional board or Florida Statutes under which they are licensed (e.g., Board of Nursing). Employees holding licenses or other credentials are responsible for ensuring that required courses are completed as specified in their license agreements.

DOH Policy 310-01-06 provides for standardization of each typed asset (individual or team) and a system of credentialing which assures demonstrated competency. By the end of May 2011, a credentialing framework will be in place that will develop a qualified and prepared public health workforce. This framework must meet or exceed the national guidance. The Five-Year NIMS training plan provides national level direction on credentialing.

Personnel credentialed to serve on complex multi-jurisdictional incidents nationwide (incidents that require responders to hold credentials under the National Emergency Responder Credentialing System) must be qualified within a system that meets or exceeds the national qualification guidance.

The Training Catalog Guidelines and Listings for County Health Departments provides for the list of training courses required by strike team type as well as courses approved by the Tier 1 and 2 processes.

Rapid (Just-in-Time) Training Curriculum

DOH staff will not be deployed without attestation of completion of Priority 1 Training cited above. Priority 1 training is available on-line and does not require in-person training. The preference is to

deploy staff as strike teams rather than individuals. DOH staff will not be deployed in strike teams without required mission training.

If a rare occasion arose when individual augmentation to CHDs to support a rapidly expanding outbreak epidemiology investigation is needed, the following courses are available on-line through Trak-it as epidemiology refresher courses: Basic Epidemiology; Epidemiology in Action; Epidemiology and Prevention of Vaccine-Preventable Diseases; Epidemiology Specialties- Forensic Epidemiology; and Principles of Epidemiology.

Declarations of Isolation and Quarantine are typically decided at the CHD level. The DOH Isolation-Quarantine Plan is available to all staff on the DOH SharePoint site. County Isolation Quarantine Plans would be briefed to arriving epidemiology staff by the CHD Director/Administrator or the Incident Commander.

Links to current and upcoming training

A training calendar for all preparedness disciplines is found at:

<http://www.floridadisaster.org/TrainingCalendar/index.asp>.

Training is listed on a public calendar for PHMP.

http://www.google.com/calendar/embed?src=at6g9lfmt1rbj94indahv2igkc%40group.calendar.google.com&ctz=America/New_York OR
<http://calendar.doh.state.fl.us/main.php?calendar=PHMPTraining>

By the end of 2010, these two calendars will be combined.

2011-2013 Exercise Priorities:

Exercise priorities reflect needs identified by the TCTs (See Table 1) and will support priorities to be established in the 2011- 2013 Strategic Plan. In addition, CDC requires developing and conducting HSEEP-compliant exercises that evaluate SNS Deployment and Laboratory Response Network capabilities. ASPR provides guidance for Hospital Exercises. Exercise priorities include:

- **Bioterrorism Workshop.** This exercise will build on the 2010 *Reducing the FEE* exercise. The purpose of the exercise is to continue emphasis on bioterrorism prevention and response through intelligence and information sharing and dissemination. Objectives will include:
 - To evaluate DOH and State CEMP, State Agency and local Terrorism and Biological Plans [Target Capability -- Planning].
 - To evaluate interagency responsibilities and procedures in a terrorism/bioterrorism event for sharing and transfer of intelligence information [Target Capability: Intel and Info Sharing and Dissemination].

Expected exercise participants will include state and county representatives for Florida DOH, DEP, FDLE, DOACS, and DEM.

- **SNS Functional Exercise.** The purpose of this exercise is to evaluate receipt and distribution of medications and equipment resulting from a major emergency response event. Objectives will include:
 - To evaluate DOH Emergency Preparedness and Response and CHD procedures for receiving SNS medical supplies and pharmaceuticals establishing points of distribution, and dispensing items at the local level. [Target Capability – Medical Supplies Management and Distribution.]

Expected exercise participants will include state and county representatives for Florida DOH and DEM.

- **Laboratory Response Network Full Scale Exercise.** The purpose of this exercise is to evaluate to a laboratory response to a criminal chemical exposure event. Objectives will include:
 - To evaluate DOH Bureau of Health Laboratories in establishing sampling requirements and provide analysis results in a criminal or terrorist event. [Target Capability – Laboratory Testing.]

Expected exercise participants will include state and county representatives for Florida DOH, DEP, FDLE, DOACS, and DEM.

- **Mass Fatality Incident Functional Exercise.** The purpose of this exercise is to evaluate FEMORS capability to respond to a mass fatality incident. Objectives will include:
 - To evaluate FEMORS response to a mass fatality incident by locating and identifying human remains in coordination with local hospitals, county medical examiners and law enforcement, and local emergency management and local counseling services. [Target Capability – Fatality Management.]

Expected exercise participants will include state and county representatives for Florida DOH, county law enforcement and medical examiners, local hospitals, and local emergency management.

- **Disaster Strike Team Full Scale Exercise.** The purpose of this exercise is to evaluate that capability of Florida RDSTF strike teams to deploy and fulfill their basic missions as an augmentation to an incident or Multi-agency Coordination System (MACS) command. Objectives will include:
 - To evaluate basic missions associated with each NIMS-typed team. In Florida these include Epidemiology, Environmental Health, Special Needs Shelter, and Behavioral Health. [Target Capabilities – Epidemiology Surveillance and Investigation, On-site Incident Management, Environmental Health, Mass Care, and Medical Surge]

Expected exercise participants will include state, regional, and county representatives for Florida DOH, local incident command, Multi-agency Coordination System, and emergency management.

- **Hospital Discussion and Operations-Based Exercises.** DOH provides support to Florida hospitals that accept ASPR exercise funding. However DOH does not direct the objectives, type or scheduling of hospital exercises conducted.
- **FDENS Call-Down Drills.** The purpose of this series of exercises is to evaluate response to Florida's Health Alert Messaging System using high priority messaging. This system is designated as FDENS. Most FDENS drills are unannounced. Objective will include:
 - To evaluate timed response to an emergency health and medical messages to persons registered in the FDENS system. [Target Capabilities – Emergency Public Information and Warning]

Expected exercise participants will include state, and county representatives for Florida DOH, local hospitals, participating medical providers, law enforcement and emergency management.

- **Florida ESF 8 Planning Section Workshops.** Florida DOH conducts internal workshops with ESF 8 partners to assure staff is trained to respond to all hazard events. Objective will include:
 - To evaluate response to an emergency health and medical aspects of all hazards events. [Target Capability – Emergency Operations Center Management]

Expected exercise participants will include state, and county ESF 8 representatives and SERT.

- **COOP Plans Workshops and Tabletop Exercises.** Florida DOH conducts internal workshops to maintain staff experience in continuing operations in the events that render premises unusable or disease outbreaks affecting large numbers of staff. Objective will include:
 - To evaluate staff response to an emergency evacuations and relocations or reduction in mission functions due to disease impacts on assigned staff. [Target Capability – Restoration of Lifelines.]

Expected exercise participants will include DOH staff.

METHODOLOGY AND IMPROVEMENT TRACKING

Florida DOH maintains a two-tier system for approving new training courses and exercise programs. Florida DOH is promulgating the approved *PHP Training Catalog Guidelines and Listings for County Health Departments* for approved training courses. An exercise catalog is being compiled with examples of successfully conducted exercises.

Florida DOH Central Office and CHD trainers are instructed to use Trak-it software to record individual training. All exercises sponsored by Florida DOH Central Office are recorded in HSEEP NEXS System and the Corrective Action Program (CAP) System. County and local-level exercise planners are rigorously encouraged to do the same. All are encouraged to submit lessons learned and candidate best practices to the national Lessons Learned Information System (LLIS).

Exercises are intended to progress from discussion-based through operations-based formats and from local through, multi-jurisdictional, domestic security task force regions, state, and multi-state. As new plans are developed or current plans are updated and revised, planners are encouraged to hold training sessions and workshops to educate appropriate staff on new or revised provisions and advance to more complex and challenging exercises until familiarity and practice become routine.

Training and exercises to be conducted through 2010 were developed through guidance from the CDC, ASPR, SWG, DEM, DOH, SPOT, and Florida RDSTF Health and Medical CoChairs. The intent for 2011 - 2013 is to continue to build on training and exercise programs that were accomplished during 2010 while incorporating new initiatives and continuing to ensure HSEEP exercise compliance.

Training and exercises for 2011-2013 will continue to be developed based on gaps identified by the TCTs and in the 2011-2013 Strategic Plan. These will be collected and consolidated by TEST and then documented in the MYTEP. If funding is needed, a project request will be generated by the TCT exercise project owner and submitted to SPOT review and approval.

The Master MYTEP Schedule for Health and Medical training and exercises projected for 2011, 2012 and 2013 is provided in the calendar tables on the following pages. The training and exercise strategy is based on after action reports, improvement plans, lessons learned from previous year exercises and gaps identified by Capability Teams. Mandatory training courses for DOH employees are not included on the training schedule.

These projected calendar timeframes are expected to change as exercise and training program planning is formalized, and support requirements are identified and funded. The calendar lists only the month training or exercise event to be conducted. The exercise sponsor is responsible for posting exact dates on NEXS.

MULTIYEAR TRAINING AND EXERCISE CALENDAR

Calendar Abbreviations:

AMTS – Alternative Medical Treatment Site

BT -- Bioterrorism

CBRNE – Chemical, Biological, Radiological, Nuclear, Explosive

CERC – Crisis and Emergency Risk Communications

COOP Continuity of Operations Plan

CRI – City Readiness Initiative

EHTER – Environmental Health Team Emergency Response

FDENS – FDOH Emergency Notification System

FEMORS– Florida Emergency Mortuary Response

FSE – Full Scale Exercise

GOV – Governor’s

LRN – Laboratory Response Network

MRC -- Medical Response Corps

REAC/TS – Radiation Emergency Assistance Center/Training Site

SNS – Strategic National Stockpile

WKS -- Workshop

WMD – Weapons of Mass Destruction

YEAR 2011 Training Schedule

Dept/Team if applicable	First Quarter			Second Quarter			Third Quarter			Fourth Quarter		
	Jan	Feb	Mar	Apr	May	June	Jul	Aug	Sep	Oct	Nov	Dec
Planning Team			Florida Planning 101									
Environmental Health CBRNE Team	REAC/TS (Rad Train) Food & waterborne seminar	Poison Center/Essence	REAC/TS	Food & waterborne seminar	REAC/TS	Strike Team (EHTER/Field GIS and PC)	Food & waterborne seminar	REAC/TS	Food & waterborne seminar	REAC/TS	Food & waterborne seminar	REAC/TS
Information Dissemination Support		Tiered Crisis and Emergency Communications				CERC training			JIC/JIS			
Epidemiology Capability Team	Grand Rounds	Grand Rounds	Grand Rounds	Grand Rounds	Grand Rounds	Grand Rounds	Grand Rounds	Grand Rounds	Grand Rounds	Grand Rounds	Grand Rounds	Grand Rounds
ESF 8 Systems Team		Distance Learning for the ER staff		Distance Learning for the ER staff		Distance Learning for the ER staff	Patient Mgt EM Resource EM Tracking	Distance Learning for the ER staff		Distance Learning for the ER staff		Distance Learning for the ER staff
Community Surge Team	CBRNE, Pan Flu and medical surge course to EMS CBRNE, Pan Flu and medical surge course to EMS	CBRNE, Pan Flu and medical surge course to EMS	CBRNE Pan Flu and medical surge course to EMS	CBRNE Pan Flu and medical surge course to EMS CBRNE, Pan Flu and medical surge course to EMS			All Hazards response for Federally Qualified Health Centers CBRNE, Pan Flu and medical surge course to EMS	CBRNE, Pan Flu and medical surge course to EMS		CBRNE, Pan Flu and medical surge course to EMS	CBRNE, Pan Flu and medical surge course to EMS	CBRNE, Pan Flu and medical surge course to EMS
Hospital Surge Teams			AMTS live videoconf			AMTS live videoconf				AMTS live videoconf		
Fatality Mgmt Team				FEMORS Team								
Community Preparedness Team			Volunteer Shelter staff		MRC mission essential	Volunteer Shelter Staff			Volunteer Shelter Staff			Volunteer Shelter Staff
Lab Team	Pack & ship classes Sentinel lab LRN First Responder Sample Collection	Pack & ship classes Sentinel lab LRN First Responder Sample Collection	Pack & ship classes Sentinel lab LRN First Responder Sample Collection	Pack & ship classes Sentinel lab LRN First Responder Sample Collection	Pack & ship classes Sentinel lab LRN First Responder Sample Collection	Pack & ship classes Sentinel lab LRN First Responder Sample Collection	Pack & ship classes Sentinel lab LRN First Responder Sample Collection	Pack & ship classes Sentinel lab LRN First Responder Sample Collection	Pack & ship classes Sentinel lab LRN First Responder Sample Collection	Pack & ship classes Sentinel lab LRN First Responder Sample Collection	Pack & ship classes Sentinel lab LRN First Responder Sample Collection	Pack & ship classes Sentinel lab LRN First Responder Sample Collection
Mass Prophylaxis	SNS/ CRI training		SNS/ CRI training		SNS/ CRI training		SNS/ CRI training		SNS/ CRI training		SNS/ CRI training	

YEAR 2012 Training Schedule

Schedule includes all training programs included in 2011 in addition to the new one listed

Dept/Team if applicable	First Quarter			Second Quarter			Third Quarter			Fourth Quarter		
	Jan	Feb	Mar	Apr	May	June	Jul	Aug	Sep	Oct	Nov	Dec
Environmental Health CBRNE Team		Forensic Investigations										

YEAR 2013 Training Schedule

Schedule includes all training programs included in 2011 and 2012 in addition to the new one listed

Dept/Team if applicable	First Quarter			Second Quarter			Third Quarter			Fourth Quarter		
	Jan	Feb	Mar	Apr	May	June	Jul	Aug	Sep	Oct	Nov	Dec
Community Surge Team	Disaster Protocols for EMS											

YEAR 2011: Exercise Schedule

Dept/Team if applicable	First Quarter			Second Quarter			Third Quarter			Fourth Quarter		
	Jan	Feb	Mar	Apr	May	June	Jul	Aug	Sep	Oct	Nov	Dec
SNS						June BioShield Functional						
ESF 8 Staff				Internal Response WKS	State Hurricane TTX							
DOH	BT WKS		WMD Preparedness TTX						Gov. TTX			
ESF 8												
Strike Teams									Deployment FSE			
Bureau of Labs Fatality Mgt					CBRNE FSE							
						FEMORS Functional						

YEAR 2012: Exercise Schedule

Dept/Team if applicable	First Quarter			Second Quarter			Third Quarter			Fourth Quarter		
	Jan	Feb	Mar	Apr	May	June	Jul	Aug	Sep	Oct	Nov	Dec
SNS						June BioShield Functional						
ESF 8 Staff				Internal Response WKS	State Hurricane TTX							
DOH			WMD Preparedness TTX						Gov. TTX			
Strike Teams									Deployment FSE			
Bureau of Labs Fatality Mgt					CBRNE FSE							
						FEMORS Functional						

YEAR 2013: Exercise Schedule

Dept/Team if applicable	First Quarter			Second Quarter			Third Quarter			Fourth Quarter		
	Jan	Feb	Mar	Apr	May	June	Jul	Aug	Sep	Oct	Nov	Dec
SNS						June BioShield Functional						
ESF 8 Staff				Internal Response WKS	State Hurricane TTX							
DOH			WMD Preparedness TTX						Gov. TTX			
Strike Teams									Deployment FSE			
Bureau of Labs Fatality Mgt					CBRNE FSE							
						FEMORS Functional						

APPENDIX A: ACRONYMS AND ABBREVIATIONS

AAR/IP	After Action Report/Improvement Plan
ASPR	Assistant Secretary for Preparedness and Response
BOE	Bureau of Epidemiology
BOL	Bureau of Laboratories
CAP	Corrective Action Program
CDC	Center for Disease Control and Prevention
CHD	County Health Departments
CLRP	Comprehensive Laboratory Response Plan
COOP	Continuity of Operation Plans
CRI	Cities Readiness Initiative
DEM	Division of Emergency Management
DEP	Department of Environmental Protection
DHHS	Department of Health and Human Services
DHS	Department of Homeland Security
DOACS	Department of Agriculture and Consumer Services
DOH	Department of Health
DPMU	Disaster Portable Morgue Unit
DSRC	Disaster Site Recovery Center
EH	Environmental Health
EHTER	Environmental Health Training in Emergency Response
ESF	Emergency Support Function
EPA	Environmental Protection Agency
EPI	Epidemiology
FBI	Federal Bureau of Investigation
FEE	Florida Environmental Existentialists
FDENS	Florida DOH Emergency Notification System
FDLE	Florida Department of Law Enforcement
FEMORS	Florida Emergency Mortuary Operations Response System
HSEEP	Homeland Security Exercise and Evaluation Program
ICS	Incident Command System
JAS	Job Action Sheet
LMS	Learning Management System
MIC	Morgue Identification Center
MYTEP	Multi-Year Training and Exercise Plan
NEXS	National Exercise Schedule System
NIMS	National Incident Management System
PHMP	Public Health and Medical Preparedness
PHP	Office of Public Health Preparedness
POC	Points of Contact
SME	Subject Matter Expert
SNS	Strategic National Stockpile
SOG	Standard Operating Guidelines
SpNS	Special Needs Shelter
SPOT	Strategic Plan Oversight Committee
SWG	Florida State Working Group
TCT	Target Capability Teams
TEST	Training and Exercise Support Team
UC	Unified Command
VIC	Victim Information Center