

Florida Region V Strategic National Stockpile Tabletop Exercise

After-Action Report/Improvement Plan

October 17, 2014

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

EXERCISE OVERVIEW

Exercise Name	Region V Strategic National Stockpile Tabletop Exercise
Exercise Dates	September 17, 2014
Scope	This exercise is a tabletop exercise, planned for 9:00am – 4:00pm September 17, 2014 at Bill Posey Conference Center (DOH Brevard). Exercise play is limited to members of the Central Florida Disaster Medical Coalition and Region V response partners.
Mission Area(s)	Response
Core Capabilities	Planning, Public Health & Medical Services, Operational Coordination, Public & Private Resources & Services, Operational Communications, Environmental Response/Health & Safety
Objectives	<ol style="list-style-type: none"> 1. Identify the availability of key preparedness plans and verify that they are up to date. 2. Identify assets and services that might be allocated to multiple stakeholders in the community. 3. Discuss the timing and process for notification of personnel from each agency/organization in the Central Florida Disaster Medical Coalition. 4. Discuss how the collective needs of the healthcare coalition will be represented within the Region V Domestic Security Task Force (RDSTF V) as well as local and state EOCs. 5. Discuss the formal process for requesting SNS assets. 6. Determine the processes for providing input into After Action Reports/Improvement Plans (AAR/IPs) and Corrective Action Plans (CAPs) 7. List and define all of the information sharing processes that support ongoing communication to inform local response structure about the incident status and current/predicted resource needs. 8. Provide an inventory of external assets and services that would be necessary for a 20% surge above immediate bed availability (IBA) 9. Identify the type and quantity of volunteers most likely needed to support ESF8 response. 10. Outline screening and verification process of volunteer credentials for healthcare professionals. 11. Outline the process for notification and activation of volunteers (MRC, CERT, etc.). 12. Determine what items are needed from the 12-Hour Push Package and generate a pick list. 13. Discuss location(s) and method(s) used to dispense to staff from each

	agency/organization.
Threat or Hazard	Biological Agent Release
Scenario	An anthrax release in the parking garage at Port Canaveral following the arrival of the cruise ship Anastasia returning from its maiden voyage. 8,095 passengers potentially exposed to <i>Bacillus anthracis</i>
Sponsor	Florida Department of Health <ul style="list-style-type: none">• Department of Health and Human Services<ul style="list-style-type: none">○ Centers for Disease Control and Prevention, Office of Public Health Preparedness and Response: Public Health Emergency Preparedness Program○ Office of the Assistant Secretary for Preparedness and Response: Hospital Preparedness Program
Participating Organizations	There was a total of 90 participants representing State, Local, Federal agencies and organizations including private sector as well as community- and faith-based organizations. A full list of agencies and organizations is contained in Appendix B.
Point of Contact	George Merceron, MPH Strategic National Stockpile Coordinator Bureau of Preparedness & Response Florida Department of Health george.merceron@flhealth.gov 850-688-5424

ANALYSIS OF CORE CAPABILITIES

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

Objective	Core Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
Identify the availability of key preparedness plans and verify that they are up to date.	Planning		X		
Identify assets and services that might be allocated to multiple stakeholders in the community.	Planning	X			
Discuss the timing and process for notification of personnel from each agency/organization in the Central Florida Disaster Medical Coalition.	Operational Coordination	X			
Discuss how the collective needs of the healthcare coalition will be represented within the Region V Domestic Security Task Force (RDSTF V) as well as local and state EOCs.	Operational Coordination	X			
Discuss the formal process for requesting SNS assets.	Operational Coordination	X			
Determine the processes for providing input into After Action Reports/Improvement Plans (AAR/IPs) and Corrective Action Plans (CAPs).	Operational Coordination				X
List and define all of	Operational				

Objective	Core Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
the information sharing processes that support ongoing communication to inform local response structure about the incident status and current/predicted resource needs.	Communications	X			
Provide an inventory of external assets and services that would be necessary for a 20% surge above immediate bed availability (IBA).	Public Health & Medical Services	X			
Identify the type and quantity of volunteers most likely needed to support ESF8 response.	Public & Private Services & Resources	X			
Outline screening and verification process of volunteer credentials for healthcare professionals.	Public & Private Services & Resources	X			
Outline the process for notification and activation of volunteers (MRC, CERT, etc.).	Public & Private Services & Resources	X			
Determine what items are needed from the 12-Hour Push Package and generate a pick list.	Environmental Response/Health & Safety	X			
Discuss location(s) and method(s) used to dispense to staff from each agency/organization.	Environmental Response/Health & Safety	X			
Discuss process for managing mass fatalities using appropriate mortuary solutions	Mass Fatality Services	X			
Ratings Definitions:					

Objective	Core Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
<ul style="list-style-type: none"> • Performed without Challenges (P): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. • Performed with Some Challenges (S): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. However, opportunities to enhance effectiveness and/or efficiency were identified. • Performed with Major Challenges (M): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s), but some or all of the following were observed: demonstrated performance had a negative impact on the performance of other activities; contributed to additional health and/or safety risks for the public or for emergency workers; and/or was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws. • Unable to be Performed (U): The targets and critical tasks associated with the core capability were not performed in a manner that achieved the objective(s). 					

Table 1. Summary of Core Capability Performance

Objective 1: Identify the availability of key preparedness plans and verify that they are up to date.

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

Core Capability: Planning

Strengths

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

Strength 1: Exercise participants reviewed internal plans one week prior to the conduct of the exercise.

Strength 2: There was a general discussion of plans across participants and functional groups during the exercise.

Strength 3: The currency of plans and whether they are inclusive of healthcare coalition needs was not assessed during the exercise.

Areas for Improvement

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

Area for Improvement 1: Emergency response plans have not been reviewed in coordination with the Central Florida Disaster Medical Coalition (CFDMC) to ensure plans are inclusive of all members and their capabilities in terms of available equipment, personnel and supplies; and their role in maintaining situational awareness and a common operating picture throughout the response.

Reference: County Strategic National Stockpile plans

Analysis: The entire plan development and review process could not be incorporated within the scope of the exercise. Activities related to the maintenance of response plans should occur over an extended period of time through multiagency coordination.

Objective 2: Identify those assets and services that might be allocated to multiple stakeholders in the community.

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

Core Capability: Planning

Strengths

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

Strength 1: There was consistent conversation within and between functional groups regarding sharing equipment, personnel and supplies.

Strength 2: Hospital workgroups discussed existing emergency powers in the state that allow for the transfer of pharmaceuticals between facilities during emergencies

Strength 3: Emergency Management and Public Health workgroups discussed establishing a Joint Information Center to serve as an information clearinghouse for the media and response partners

Areas for Improvement

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

Area for Improvement 1: Despite fully meeting this objective, a detailed and vetted prioritization scheme would help in determining which agencies and organizations receive priority for the deployment of ESF8 health and medical assets to ensure effective use of limited resources.

Reference: County Strategic National Stockpile plans

Analysis: The level of discussion required to develop a fully-detailed prioritization scheme exceeded the time limitations of the exercise. However, follow-up county-level and regional discussions may help to develop a process for allocation and apportionment during a response that spans multiple counties.

Objective 3: Discuss the timing and process for notification of personnel from each agency/organization in the coalition.

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

Core Capability: Operational Coordination

Strengths

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

Strength 1: The timing and process for notification of personnel was discussed throughout the exercise by each functional group based on the evolving information that was provided through tabletop injects

Strength 2: Decisions regarding the timing of notifications were appropriate to each agency/organization based on their particular role in the response

Areas for Improvement

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

Area for Improvement 1: None.

Reference: County Crisis and Emergency Risk Communications plans

Analysis: N/A

Objective 4: Discuss how the collective needs of the healthcare coalition will be represented within Regional Domestic Security Task Force (RDSTF) 5 and local and state EOCs.

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

Core Capability: Operational Coordination

Strengths

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

Strength 1: Discussed activation of the state and local Joint Information Center (JIC) to support coordinated messaging between local Public Information Officers and DOH Office of Communications.

Strength 2: Discussed maintaining Situational Awareness and a Common Operating Picture (SA/COP) between epidemiology staff, EMS, hospitals and coalition members through the ESF8 desk at the EOC

Strength 3: Emergency Management discussed regional coordination between EM directors to ensure a unified response regarding ESF8 health and medical needs including those of the coalition

Areas for Improvement

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

Area for Improvement 1: While reporting to the local and state EOCs was discussed, less information was provided on how healthcare coalition needs would be represented.

Reference: County ESF8 Emergency Operations Plans

Analysis: N/A

Objective 5: Discuss process for requesting SNS assets.

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

Core Capability: Operational Coordination

Strengths

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

Strength 1: The formal process for requesting SNS assets from local to state and state to federal levels was reviewed prior to beginning the tabletop

Strength 2: Discussions regarding the request process were in accordance with the processes and procedures outlined in county-level SNS plans as well as the state SNS SOP.

Strength 3: Discussions spurred healthcare coalition members to formalize agreements with CHD planners for the transfer of health and medical assets, including medical countermeasures.

Areas for Improvement

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

Area for Improvement 1: Healthcare coalition members were curious as to how they could become further engaged by signing Closed POD agreements.

Reference: County Strategic National Stockpile plans

Analysis: Full capability met. However, continual engagement of healthcare coalition members will ensure familiarity with the request process.

Objective 6: Determine processes for providing input into After Action Reports and Improvement Plans (AAR/IPs) and Corrective Action Program (CAPs).

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

Core Capability: Operational Coordination

Strengths

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

Strength 1: This objective was not met during the exercise.

Areas for Improvement

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

Area for Improvement 1: Coordination between all segments of the ESF8 health and medical community was discussed in terms of response. However, due to time constraints, the process for providing input into AAR/IPs was not.

Reference: County ESF8 Emergency Operations Plans

Analysis: The process for providing input into AAR/IPs was not discussed due to time constraints.

Objective 7: List and define all of the information sharing processes that support ongoing communication to inform local response structure about the incident status and current/predicted resource needs.

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

Core Capability: Operational Communications

Strengths

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

Strength 1: Multiple mechanisms for sharing information with community partners were referenced including the Central Florida Intelligence Exchange (CFIX); DOH Everbridge Health Alert Network (HAN), EMResource hospital reporting system, MARSEC threat notification system used by the US Coast Guard and port authorities, intelligence sharing processes within the law enforcement community, engagement of the policy group for decisions requiring interagency coordination, coalition engagement of leadership internally and reassuring constituents based on information received from the response community. Modes of communication that were discussed include day-to-day (phone, email, fax); MED82 and 800MHz radios, and amateur radio operators (ARES/RACES).

Strength 2: Public information needs were discussed throughout the exercise including the need for a regional Joint Information Center (JIC) to support unified messaging across responder agencies and healthcare coalition members.

Strength 3: The importance of unified messaging between State and Local ESF8 and the State and Local JICs was also discussed as a means of controlling rumors and misinformation.

Areas for Improvement

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

Area for Improvement 1: While there were many strengths identified in terms of information sharing and operational communications, concerns remain among hospital regarding their integration into local processes outside of the EM Resource reporting system.

Reference: County Crisis and Emergency Risk Communications plans, county communications plans/ESF2 annexes

Analysis: There are many systems and processes for providing situational awareness across ESFs to inform the local response. A systems level approach should be taken to analyze current information flows to maximize the appropriate use of multimodal communications across response partners and coalition members.

Objective 8: Provide an inventory of external assets and services that would be necessary for a 20% surge above immediate bed availability (IBA).

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

Core Capability: Public Health & Medical Services

Strengths

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

Strength 1: The functional groups representing hospitals generated pick lists of the SNS assets that would likely need to respond to a 20% patient surge above IBA.

Strength 2: The functional groups representing hospitals discussed items that are on the national drug shortage list that would likely be in short supply during a patient surge.

Strength 3: All functional groups discussed the support capabilities and limitations of the Federal Medical Station (FMS) and State Medical Response System (SMRS) assets. Notably, the FMS requires staffing support, whereas the SMRS field hospitals are deployed with State Medical Response Team(s) (SMRT).

Areas for Improvement

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

Area for Improvement 1: While the hospital workgroups had a thorough discussion on the external assets that they would need, healthcare coalition members had more of a general discussion that did not focus on the 20% above IBA

Reference: Medical surge plans

Analysis: Current hospital surge plans may not be inclusive of the resources that the healthcare coalition can provide to support the response.

Objective 9: Identify the type and quantity of volunteers most likely needed to support healthcare response.

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

Core Capability: Public & Private Services & Resources

Strengths

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

Strength 1: Participants discussed the various sources of local volunteers (MRCs, CERT, college and university volunteers, EMS training center volunteers, etc.)

Strength 2: Some hospitals had concrete staffing plans for integrating volunteers into their operations.

Areas for Improvement

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

Area for Improvement 1: There was no specific discussion on the number and type of volunteers necessary to support the response.

Reference: Volunteer management plans, ESF15 (Volunteers and Donations) Annex, medical surge plans

Analysis: Sufficient information was not provided for participants to identify the specific number and type of volunteers that would be need. There may have also been difficulties due to the diversity of agencies and organizations represented within groups.

Objective 10: Outline screening and verification process of volunteer credentials for healthcare professionals.

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

Core Capability: Public & Private Services & Resources

Strengths

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

Strength 1: Participants successfully outlined the screening and credentialing process for healthcare professionals

Strength 2: Participants discussed the Medical Reserve Corps (MRC) as a source of pre-credentialled volunteers that could easily be integrated into the response according to each volunteer's specific licensure.

Strength 3: Participants discussed a process for performing on-scene credentialing and fingerprinting for spontaneous volunteers

Areas for Improvement

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

Area for Improvement 1: None.

Reference: Volunteer management plans, ESF15 (Volunteers and Donations) Annex, medical surge plans

Analysis: N/A

Objective 11: Outline the process for notification and activation of volunteers (MRC, CERT, etc.)

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

Core Capability: Public & Private Services & Resources

Strengths

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

Strength 1: Participants discussed the formal process for notification of MRC volunteers from local units as well as statewide.

Strength 2: Participants discussed the use of the Everbridge/SERVFL system for polling availability, notifying and activating volunteer teams.

Strength 3: Participants discussed how CERT volunteers could be integrated into the response at dispensing sites.

Areas for Improvement

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

Area for Improvement 1: None.

Reference: Volunteer management plans, ESF15 (Volunteers and Donations) Annex, medical surge plans.

Analysis: N/A

Objective 12: Determine what items are needed from the SNS 12-Hour Push Package and generate a pick list.

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

Core Capability: Environmental Response/Health & Safety

Strengths

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

Strength 1: Each workgroup was successful in accounting for the supplies they had on hand and determining the appropriate SNS assets that needed to be requested.

Strength 2: Hospitals selected assets based on items that would be adequate for day-to-day operations but in short supply during a surge. They also looked at pharmaceuticals and supplies such as saline that are on the national drug shortage list.

Strength 3: Participants also determined the most appropriate person for deciding what pharmaceuticals, supplies and equipment would be needed.

Areas for Improvement

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

Area for Improvement 1: None.

Reference: County Strategic National Stockpile plans

Analysis: N/A

Objective 13: Discuss location(s) and method(s) used to dispense to staff from each agency/organization

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

Core Capability: Environmental Response/Health & Safety

Strengths

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

Strength 1: Each workgroup was able to identify the locations and methods used to dispense to their internal staff.

Strength 2: Participants discussed prioritization of staff in terms of who should receive prophylaxis first.

Areas for Improvement

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

Area for Improvement 1: None.

Reference: County Strategic National Stockpile plans

Analysis: N/A

Objective 14: Discuss process for managing mass fatalities using appropriate mortuary solutions

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

Core Capability: Mass Fatality Services

Strengths

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

Strength 1: There was thorough interagency discussion regarding the local capability of the District 9 Medical Examiner's Office, which is capable of storing 150 bodies in its morgue and an additional ~500 in a refrigerated container.

Strength 2: Participants identified issues that would hinder local mass fatality response including 1) the inability of the Medical Examiner's office to accept mutual aid from mutual aid groups such as the Florida Emergency Mortuary Response System (FEMORS) and federal Disaster Mortuary (DMORT) teams 2) the need to process death certificates for each death, 3)

the need to process each fatality as a homicide case following a bioterrorism event, 4) the potential for secondary exposure to anthrax spores by staff and the need for HazMat support, 5) the trickle down affect to hospitals as the primary focus will be on fatalities in the field and not those at medical facilities.

Areas for Improvement

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

Area for Improvement 1: None.

Reference: County mass casualty/fatality plans

Analysis: Regional coordination of resources may be necessary to support mass fatality management by the medical examiner's office for an event of this scope and magnitude.

APPENDIX A: IMPROVEMENT PLAN

This IP has been developed specifically for [Organization or Jurisdiction] as a result of [Exercise Name] conducted on [date of exercise].

*****NOTE: Each county will develop their own improvement plan based on areas for improvement identified*****

Core Capability	Issue/Area for Improvement	Corrective Action	Capability Element ¹	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Core Capability 1: [Capability Name]	1. [Area for Improvement]	[Corrective Action 1]					
		[Corrective Action 2]					
		[Corrective Action 3]					
	2. [Area for Improvement]	[Corrective Action 1]					
		[Corrective Action 2]					

¹ Capability Elements are: Planning, Organization, Equipment, Training, or Exercise.

APPENDIX B: EXERCISE PARTICIPANTS

Participating Organizations
Federal
US Air Force, 45 th Medical Group
Disaster Medical Assistance Team, FL-6
State
Florida Department of Health
Florida Division of Emergency Management
Florida Hospital Association
Florida National Guard, 48 th Civil Support Team
Region V
Central Florida Disaster Medical Coalition
American Red Cross, Mid-Florida Region
Brevard
Florida Department of Health in Brevard
Parrish Medical Center
Brevard Health Alliance
Wuesthoff Medical Center, Melbourne
Wuesthoff Medical Center, Rockledge
Brevard County Office of Emergency Management
Brevard County HazMat/Bomb Squad
Cape Canaveral Hospital
Holmes Regional Medical Center
Flagler
Florida Department of Health in Flagler
Indian River
Florida Department of Health in Indian River
Treasure Coast Community Health
Lake
Florida Department of Health in Lake
Lake County Office of Emergency Management
Martin
Martin Memorial Health Systems
Florida Department of Health in Martin
Martin County Sheriff's Office
Okeechobee
Florida Department of Health in Okeechobee
Florida Community Health Centers, Inc.
Orange

Orange County Office of Emergency Management
Orange County Medical Examiner's Officer
Orange County Health Services
Orlando Health
Florida Department of Health in Orange
Osceola
Florida Department of Health in Osceola
Osceola County Office of Emergency Management
Poinciana Medical Center
Osceola Regional Medical Center
Seminole
Florida Department of Health in Seminole
Northland, A Church Distributed
St. Lucie
Florida Department of Health in St. Lucie
St. Lucie Office of Emergency Management
Volusia
Florida Department of Health in Volusia
Bert Fish Medical Center
Florida Hospital DeLand
CVS Pharmacy
Volusia County Office of Emergency Management



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Florida Department of Health in Brevard
Bill Posey Conference Center
September 17, 2014
9:00am – 4:00pm



Name	Workgroup	Agency/Organization	Signature
Alejandro Navarro	Mutual Aid	44th Civil Support Team	
Angela Roberson	Public Health 2	DOH St. Lucie	
Bill Blair	Hospitals 2	Holmes Regional Medical Center	
Bob Connor	Hospitals 2	Parrish Medical Center	
Bret Smith	Public Health 4	DOH Osceola	
Brett Hollinger	Public Health 3	DOH Indian River	
Brian Thomas	Mutual Aid	44th Civil Support Team	
Brian Sell	Public Health 1	DOH Okeechobee	
Brian Sova	Public Health 2	DOH St. Lucie	
Carmelo Maldonado	Hospitals 1	Martin Memorial Hospital	
Charisse Lawson	Public Health 3	DOH Orange	
Chip Schelble	Public Health 4	DOH Volusia	
Christopher Church	Emergency Management	Martin County Office of Emergency Management	
Cynthia Ramos	Community Surge	Brevard Health Alliance	
Dave Freeman	Emergency Management	Orange County Office of Emergency Management	
David Crowe	Emergency Management	DOH	
David Templeman	Hospitals 2	Bert Fish Medical Center	



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Bret Smith	Public Health 4	DOH Osceola	<i>Bret A. Smith</i>
Brett Hollinger	Public Health 3	DOH Indian River	
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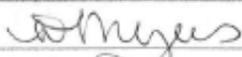
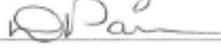
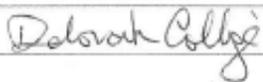
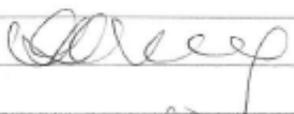
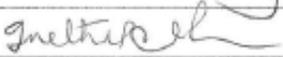
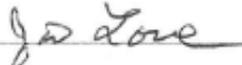


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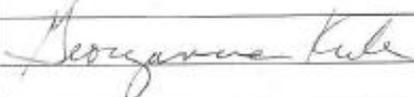


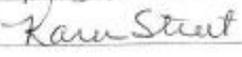
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Chip Schelble	Public Health 4	DOH Volusia	<i>Chip Schelble</i>
Christopher Church	Emergency Management	Martin County Office of Emergency Management	<i>Christopher Church</i>
Cynthia Ramos	Community Surge	Brevard Health Alliance	<i>Cynthia Ramos</i>
Dave Freeman	Emergency Management	Orange County Office of Emergency Management	<i>Dave Freeman</i>
David Crowe	Emergency Management	DOH	<i>David Crowe</i>
David Templeman	Hospitals 2	Bert Fish Medical Center	<i>David Templeman</i>

Name	Workgroup	Agency/Organization	Signature
Dawn Myers	Hospitals 2	Bert Fish Medical Center	
Deanna Parker	Public Health 3	DOH Indian River	
Debbie Campbell	Hospitals 1	Martin Memorial Health	
Deborah Collinge	Public Health 3	DOH Orange	
Debra Wallace	Community Surge	Vista Manor Nursing and Rehab	
Debra McCaughey	Emergency Management	Martin County Emergency Management	
Elizabeth Vazquez	Public Health 3	DOH Orange	
Eric Alberts	Hospitals 1	Orlando Health	
Georganna Kirk	Community Surge	Florida Community Health Centers, Inc.	
George Merceron	Exercise Support	DOH	
Georgianne Cherry	Public Health 4	DOH Osceola	
Gregory Spake	Mutual Aid	DMAT FL-6	
Grethel Clark	Public Health 1	DOH Martin	
Ivette Ramus	Hospitals 1	Martin Memorial Health	
James Podlucky	Exercise Support	DEM	
James Davis	Public Health 4	DOH Flagler	
<i>Resigned</i> Jason Mesick	Public Health 2	DOH Seminole	
Jayron Love	Emergency Management	Brevard County Office of Emergency Management	
Jen Martell	Hospitals 2	Weusthoff Health System - Melbourne	
Jessica Ormsby	Community Surge	Treasure Coast Community Health	
Jim Davis	Public Health 4	DOH Flagler	
John Delorio	Exercise Support	DOH	
Jim Judge	Emergency Management	Volusia County Office of Emergency Management	

Name	Workgroup	Agency/Organization	Signature
Dawn Myers	Hospitals 2	Bert Fish Medical Center	
Deanna Parker	Public Health 3	DOH Indian River	<i>Debbie Campbell</i>
Debbie Campbell	Hospitals 1	Martin Memorial Health	
Deborah Collinge	Public Health 3	DOH Orange	
Debra Wallace	Community Surge	Vista Manor Nursing and Rehab	
Debra McCaughey	Emergency Management	Martin County Emergency Management	
Elizabeth Vazquez	Public Health 3	DOH Orange	
Eric Alberts	Hospitals 1	Orlando Health	
Georganna Kirk	Community Surge	Florida Community Health Centers, Inc.	
George Merceron	Exercise Support	DOH	
Georgianne Cherry	Public Health 4	DOH Osceola	<i>Gregory Spake</i>
Gregory Spake	Mutual Aid	DMAT FL-6	
Grethel Clark	Public Health 1	DOH Martin	<i>Jesse Ram</i>
Ivette Ramus	Hospitals 1	Martin Memorial Health	
James Podlucky	Exercise Support	DEM	
James Davis	Public Health 4	DOH Flagler	
Jason Mesick	Public Health 2	DOH Seminole	
Jayron Love	Emergency Management	Brevard County Office of Emergency Management	
Jen Martell	Hospitals 2	Weusthoff Health System - Melbourne	
Jessica Ormsby	Community Surge	Treasure Coast Community Health	
Jim Davis	Public Health 4	DOH Flagler	
John Delorio	Exercise Support	DDH	
Jim Judge	Emergency Management	Volusia County Office of Emergency Management	

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Name	Workgroup	Agency/Organization	Signature
Dawn Myers	Hospitals 2	Bert Fish Medical Center	
Deanna Parker	Public Health 3	DOH Indian River	
Debbie Campbell	Hospitals 1	Martin Memorial Health	
Deborah Collinge	Public Health 3	DOH Orange	
Debra Wallace	Community Surge	Vista Manor Nursing and Rehab	
Debra McCaughey	Emergency Management	Martin County Emergency Management	
Elizabeth Vazquez	Public Health 3	DOH Orange	
Eric Alberts	Hospitals 1	Orlando Health	
Georganna Kirk	Community Surge	Florida Community Health Centers, Inc.	
George Merceron	Exercise Support	DOH	
Georgianne Cherry	Public Health 4	DOH Osceola	
Gregory Spake	Mutual Aid	DMAT FL-6	
Grethel Clark	Public Health 1	DOH Martin	
Ivette Ramus	Hospitals 1	Martin Memorial Health	
James Podlucky	Exercise Support	DEM	
James Davis	Public Health 4	DOH Flagler	
Jason Mesick	Public Health 2	DOH Seminole	
Jayron Love	Emergency Management	Brevard County Office of Emergency Management	
Jen Martell	Hospitals 2	Weusthoff Health System - Melbourne	
Jessica Ormsby	Community Surge	Treasure Coast Community Health	
Jim Davis	Public Health 4	DOH Flagler	
John Delorio	Exercise Support	DOH	
Jim Judge	Emergency Management	Volusia County Office of Emergency Management	

Name	Workgroup	Agency/Organization	Signature
Joan Rivera	Public Health 3	DOH Indian River	
John Wilgis	Hospitals 1	Florida Hospital Association	
John Wilson	Mutual Aid	44th Civil Support Team	
Jose Vazquez	Community Surge	Florida Community Health Centers, Inc.	
Julie Hinkle	Community Surge	Red Cross	
Julie Carter	Hospitals 2	Bert Fish Medical Center	
Kara Patton	Public Health 3	DOH Indian River	
Karen Duncan	Hospitals 2	Bert Fish Medical Center	
Karen Street	Public Health 1	DOH Brevard	
Kelley Jenkins	Hospitals 1	Lawnwood Medical Center	
Kim Kossler	Public Health 2	DOH St. Lucie	
Kimberly Prosser	Emergency Management	Brevard County Office of Emergency Management	
Lisa Pozniomek	Public Health 1	DOH Martin	
Livia Horne	Public Health 4	DOH Volusia	
Lloyd Frausel	Public Health 2	DOH Seminole	
Logan Bernstein	Public Health 4	DOH Volusia	
Lynda Mason	Community Surge	Northland, A Church Distributed	
Lynne Drawdy	Community Surge	DOH	
Margaret Bodziak	Public Health 4	DOH Volusia	
Maria Stahl	Public Health 1	DOH Brevard	
Matt Meyers	Mutual Aid	DOH	
Melanie Black	Public Health 4	DOH Volusia	
Michele Albert	Public Health 4	DOH Osceola	

Name	Workgroup	Agency/Organization	Signature
Joan Rivera	Public Health 3	DOH Indian River	
John Wilgis	Hospitals 1	Florida Hospital Association	
John Wilson	Mutual Aid	44th Civil Support Team	
Jose Vazquez	Community Surge	Florida Community Health Centers, Inc.	
Julie Hinkle	Community Surge	Red Cross	
Julie Carter	Hospitals 2	Bert Fish Medical Center	
Kara Patton	Public Health 3	DOH Indian River	<i>Kara Patton</i>
Karen Duncan	Hospitals 2	Bert Fish Medical Center	
Karen Street	Public Health 1	DOH Brevard	
Kelley Jenkins	Hospitals 1	Lawnwood Medical Center	
Kim Kossler	Public Health 2	DOH St. Lucie	
Kimberly Prosser	Emergency Management	Brevard County Office of Emergency Management	<i>Kimberly Prosser</i>
Lisa Poziomek	Public Health 1	DOH Martin	
Livia Horne	Public Health 4	DOH Volusia	
Lloyd Frausel	Public Health 2	DOH Seminole	
Logan Bernstein	Public Health 4	DOH Volusia	<i>Logan Bernstein</i>
Lynda Mason	Community Surge	Northland, A Church Distributed	
Lynne Drawdy	Community Surge	DOH	
Margaret Bodziak	Public Health 4	DOH Volusia	
Maria Stahl	Public Health 1	DOH Brevard	
Matt Meyers	Mutual Aid	DOH	
Melanie Black	Public Health 4	DOH Volusia	
Michele Albert	Public Health 4	DOH Osceola	

Name	Workgroup	Agency/Organization	Signature
Joan Rivera	Public Health 3	DOH Indian River	
John Wilgis	Hospitals 1	Florida Hospital Association	
John Wilson	Mutual Aid	44th Civil Support Team	
Jose Vazquez	Community Surge	Florida Community Health Centers, Inc.	
Julie Hinkle	Community Surge	Red Cross	
Julie Carter	Hospitals 2	Bert Fish Medical Center	
Kara Patton	Public Health 3	DOH Indian River	
Karen Duncan	Hospitals 2	Bert Fish Medical Center	
Karen Street	Public Health 1	DOH Brevard	
Kelley Jenkins	Hospitals 1	Lawnwood Medical Center	
Kim Kossler	Public Health 2	DOH St. Lucie	
Kimberly Prosser	Emergency Management	Brevard County Office of Emergency Management	
Lisa Poziomek	Public Health 1	DOH Martin	
Livia Horne	Public Health 4	DOH Volusia	
Lloyd Frausel	Public Health 2	DOH Seminole	
Logan Bernstein	Public Health 4	DOH Volusia	
Lynda Mason	Community Surge	Northland, A Church Distributed	
Lynne Drawdy	Community Surge	DOH	
Margaret Bodziak	Public Health 4	DOH Volusia	
Maria Stahl	Public Health 1	DOH Brevard	
Matt Meyers	Mutual Aid	DOH	
Melanie Black	Public Health 4	DOH Volusia	
Michele Albert	Public Health 4	DOH Osceola	

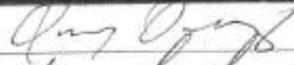
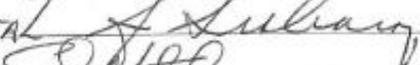
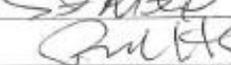
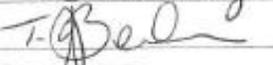
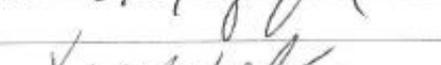
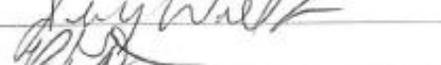
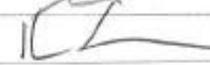
Name	Workgroup	Agency/Organization	Signature
Michelle Cox	Community Surge	Treasure Coast Community Health	
Michelle Ensor	Public Health 4	CVS Pharmacy	
Nicole Elinoff	Public Health 3	DOH Orange	
Orlando Dominguez	Mutual Aid	Brevard County Fire Rescue	
Pamela Christian	Public Health 2	DOH Lake	<i>Pam Christian</i>
Pamela Hamilton	Public Health 1	DOH Brevard	
Patricia Seibert	Public Health 1	DOH Brevard	
Paul Minshew	Public Health 4	DOH Volusia	
Richard Struhs	Hospitals 2	Bert Fish Medical Center	<i>[Signature]</i>
Rita Ami	Community Surge	Brevard Health Alliance	
Rod Mateo	Hospitals 2	Halifax Health Medical Center	
Ron Rondeau	Public Health 4	DOH Volusia	
Rose Parker	Public Health 3	DOH Indian River	
Sarah Cox	Exercise Support	DOH	
Scott Carson	Mutual Aid	Brevard County HazMat/Bomb Squad	<i>Scott Carson</i>
Scott Fryberger	Public Health 3	DOH Orange	
Serina Lees	Hospitals 1	Indian River Medical Center	
Sharon Simek	Public Health 1	DOH Brevard	<i>Sharon Simek</i>
Shaun Andrews	Hospitals 1	Poinciana Medical Center	
Sheri Blanton	Mutual Aid	Orange County Medical Examiner's Office	<i>Sheri Blanton</i>
Sonji Hawkins	Public Health 2	DOH St. Lucie	
Spencer Kostus	Emergency Management	Lake County Office of Emergency Management	<i>[Signature]</i>
Stefany Strong	Public Health 4	DOH Volusia	

Name	Workgroup	Agency/Organization	Signature
Michelle Cox	Community Surge	Treasure Coast Community Health	
Michelle Ensor	Public Health 4	CVS Pharmacy	
Nicole Elnoff	Public Health 3	DOH Orange	
Orlando Dominguez	Mutual Aid	Brevard County Fire Rescue	
Pamela Christian	Public Health 2	DOH Lake	
Pamela Hamilton	Public Health 1	DOH Brevard	<i>Pamela Hamilton</i>
Patricia Seibert	Public Health 1	DOH Brevard	
Paul Minshew	Public Health 4	DOH Volusia	
Richard Struhs	Hospitals 2	Bert Fish Medical Center	
Rita Ami	Community Surge	Brevard Health Alliance	
Rod Mateo	Hospitals 2	Halifax Health Medical Center	
Ron Rondeau	Public Health 4	DOH Volusia	
Rose Parker	Public Health 3	DOH Indian River	
Sarah Cox	Exercise Support	DOH	<i>Sarah Cox</i>
Scott Carson	Mutual Aid	Brevard County HazMat/Bomb Squad	
Scott Fryberger	Public Health 3	DOH Orange	<i>Scott Fryberger</i>
Serina Lees	Hospitals 1	Indian River Medical Center	
Sharon Simek	Public Health 1	DOH Brevard	
Shaun Andrews	Hospitals 1	Poinciana Medical Center	
Sheri Blanton	Mutual Aid	Orange County Medical Examiner's Office	<i>Sheri Blanton</i>
Sonji Hawkins	Public Health 2	DOH St. Lucie	
Spencer Kostus	Emergency Management	Lake County Office of Emergency Management	
Stefany Strong	Public Health 4	DOH Volusia	

Name	Workgroup	Agency/Organization	Signature
Michelle Cox	Community Surge	Treasure Coast Community Health	<i>Michelle Cox</i>
Michelle Ensor	Public Health 4	CVS Pharmacy	<i>Michelle Ensor</i>
Nicole Elinoff	Public Health 3	DOH Orange	<i>Nicole Elinoff</i>
Orlando Dominguez	Mutual Aid	Brevard County Fire Rescue	
Pamela Christian	Public Health 2	DOH Lake	
Pamela Hamilton	Public Health 1	DOH Brevard	
Patricia Seibert	Public Health 1	DOH Brevard	<i>Patricia Seibert</i>
Paul Minshew	Public Health 4	DOH Volusia	<i>Paul Minshew</i>
Richard Struhs	Hospitals 2	Bert Fish Medical Center	
Rita-Ami	Community Surge	Brevard Health Alliance	
Rod Mateo	Hospitals 2	Halifax Health Medical Center	<i>Rod Mateo</i>
Ron Rondeau	Public Health 4	DOH Volusia	
Rose Parker	Public Health 3	DOH Indian River	
Sarah Cox	Exercise Support	DOH	
Scott Carson	Mutual Aid	Brevard County HazMat/Bomb Squad	
Scott Fryberger	Public Health 3	DOH Orange	
Serina Lees	Hospitals /	Indian River Medical Center	
Sharon Simek	Public Health 1	DOH Brevard	
Shaun Andrews	Hospitals 1	Poinciana Medical Center	
Sheri Blanton	Mutual Aid	Orange County Medical Examiner's Office	
Sonji Hawkins	Public Health 2	DOH St. Lucie	
Spencer Kostus	Emergency Management	Lake County Office of Emergency Management	
Stefany Strong	Public Health 4	DOH Volusia	

Name	Workgroup	Agency/Organization	Signature
Stephanie Guertin	Hospitals 1	Martin Memorial Hospital	
Steve Montgomery	Hospitals 2	Weusthoff Health – Rockledge	
Steven Wolfberg	Hospitals 1	Martin Memorial Hospital	
Steven Viola	Hospitals 1	Florida Hospital DeLand	
Swannie Jett	Public Health 2	DOH Seminole	
Temeka Mobley	Public Health 2	DOH St. Lucie	
Terry Freeman	Community Surge	Red Cross	<i>[Signature]</i>
Thomas Daly	Emergency Management	St. Lucie County Office of Emergency Management	
Todd Stalbaum	Emergency Management	Orange County Health Services	<i>[Signature]</i>
Todd Reinhold	Public Health 1	DOH Martin	
Tonya Everleth	Mutual Aid	Florida National Guard, 45th Medical Group	
Ursula Evans	Emergency Management	Osceola County Office of Emergency Management	
Valerie Risher	Public Health 2	DOH	<i>[Signature]</i>
Vincent Soto	Public Health 4	DOH Volusia	

Name	Workgroup	Agency/Organization	Signature
Stephanie Guertin	Hospitals 1	Martin Memorial Hospital	
Steve Montgomery	Hospitals 2	Weusthoff Health – Rockledge	
Steven Wolfberg	Hospitals 1	Martin Memorial Hospital	
Steven Viola	Hospitals 1	Florida Hospital DeLand	
Swannie Jett	Public Health 2	DOH Seminole	<i>Downa Walsh / [Signature]</i>
Temeka Mobley	Public Health 2	DOH St. Lucie	
Terry Freeman	Community Surge	Red Cross	
Thomas Daly	Emergency Management	St. Lucie County Office of Emergency Management	<i>T. Daly</i>
Todd Stalbaum	Emergency Management	Orange County Health Services	
Todd Reinhold	Public Health 1	DOH Martin	
Tonya Everleth	Mutual Aid	Florida National Guard, 45th Medical Group	<i>[Signature]</i>
Ursula Evans	Emergency Management	Osceola County Office of Emergency Management	
Valerie Risher	Public Health 2	DOH	
Vincent Soto	Public Health 4	DOH Volusia	

Name	Workgroup	Agency/Organization	Signature
Ramy Perez		AMERICAN RED CROSS	
JOAN SCABARZI		CAPE CANAVERAL HOSPITAL	
Scott Mercant		OSCEOLA REGIONAL	
Rich Egan		Wuesthoff Melbourne	
TOM BENTON		48 th CST / FLNG	
Tom Hettich		48 th CST / FLNG	
Liz Ramirez		48 th CST / FLNG	
Christopher J. ...		Wuesthoff Medical Center Rockledge	
Dore ...			
Karla Walker		Orlando Health / Hosp	
Daniel ...		FD 04 - Volusia	
Sandra Collins		FD 04	
Ben Witzler		BREVARD SHERIFF / BEMS	
Greth			
Lisa Livingston		Osceola Reg. Med. Ctr.	
Ruby ...		HRMC	
CHARLETTE NORMAN WILLIAMS		HEALTH FIRST - HRMC	
S. ...		Martin County Sheriff's Office	
Kevin Saunders		Poinciana Medical Center	