



FLORIDA DEPARTMENT OF
HEALTH

Tempests Guard

2012 MEDICAL SURGE FSE

FLORIDA DEPARTMENT OF HEALTH

March 21-23, 2012

AFTER ACTION REPORT/ IMPROVEMENT PLAN

HANDLING INSTRUCTIONS

1. The title of this document is the Florida Department of Health Tempests Guard Full-Scale Exercise After Action Report/Improvement Plan.
2. This is a public document – no special handling instructions are required.
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EXECUTIVE SUMMARY

Purpose

The purpose of this exercise was to evaluate FDOH ESF-8 and Alachua County actions against current response plans and capabilities for a medical surge after a natural disaster.

Scope

This exercise is intended to test the objectives of the state to support medical surge operations in accordance with the State's strategic plan and CDC's Public Health Preparedness Capabilities: National Standards for State and Local Planning; and Alachua County's ability to test local surge capacity, the set-up of an Alternate Care Site (ACS) / and patient tracking capabilities. This exercise should also meet hospital Joint Commission hospital requirements for an external or community drill as well as ASPR contract requirements.

Date

The Tempests Guard exercise was conducted 21 March – 23 March, 2012.

Target Capabilities

The National Planning Scenarios and the establishment of the National Preparedness Priorities have steered the focus of homeland security toward a capabilities-based planning approach. Capabilities-based planning focuses on planning under uncertainty, since the next danger or disaster can never be forecast with complete accuracy. Therefore, capabilities-based planning takes an all-hazards approach to planning and preparation which builds capabilities that can be applied to a wide variety of incidents. States and urban areas use capabilities-based planning to identify a baseline assessment of their homeland security efforts by comparing their current capabilities against the Target Capabilities List (TCL), the critical tasks of the Universal Task List (UTL) and capabilities outlined in the Center for Disease Control and Prevention's Public Health Preparedness Capabilities: National Standards for State and Local Planning document. This approach identifies gaps in current capabilities and focuses efforts on identifying and developing priority capabilities and tasks for the jurisdiction. These priority capabilities are articulated in the jurisdiction's homeland security strategy and Multi-Year Training and Exercise Plan, of which this exercise is a component. The capabilities listed below have been selected by the Tempests Guard exercise planning team from the priority capabilities identified in the Florida Department of Health, Division of Emergency Medical Operation's and Alachua County Health Department's Multi-Year Training and Exercise Plans. These capabilities provide the foundation for development of the exercise objectives and scenario, as the purpose of this exercise is to measure and validate performance of these capabilities and their

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associated critical tasks.

Medical Surge:

1. Support local assessment and identification of public health and medical needs in impacted counties and implement plans to address those needs.
2. Coordinate and support stabilization of the public health and medical system in impacted counties.
3. Monitor and coordinate resources to support care and movement of persons with medical and functional needs in impacted counties.
4. Develop, disseminate, and coordinate accurate and timely public health and medical information.
5. Monitor need for and coordinate resources to support fatality management services.
6. Monitor need for and coordinate resources to support disaster behavioral health services.
7. Provide public health and medical technical assistance and support.
8. Interoperable Communications; TRANSCOM
9. Emergency System for Advance Registration of Volunteer Health Professionals (ESAR VHP);
10. Partnerships/coalitions within areas selected for exercise (MSCC Tier 2); and Fatality Management, Medical Evacuation, and/or Tracking of Bed Availability (two of these three areas).

Objectives

The Tempests Guard 2012 Medical Surge exercise planning team selected objectives that focus on evaluating emergency response procedures, identifying areas for improvement, and achieving a collaborative attitude. This exercise focused on the following objectives:

Objective 1: Evaluate the process and assess the ability of local and state partners to coordinate the healthcare response through analysis of data and define the needs of the incident and the available healthcare staffing and resources upon the notification of the incident.

Objective 2: Evaluate the ability to support healthcare coalitions and response partners in the expansion of the jurisdictions healthcare system (includes additional staff, beds and equipment) to provide access to additional healthcare services (e.g., call centers, alternate care systems, emergency medical services, emergency department services, and inpatient services) in response to the incident.

Objective 3: Assess the ability of ESF-8, health care coalitions and response partners to coordinate healthcare resources in conjunction with response partners, including access to care and medical services and the tracking of patients, medical

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staff, equipment and supplies (from intra or interstate and federal partners, if necessary) in quantities necessary to support medical response operations.

Objective 4: Evaluate the ability to demobilize medical surge operations.

Objective 5: Evaluate the execution of financial tracking and analysis of the ESF-8 response through incident closeout.

Objective 6: Identify early in the event the need for establishing an alternate care site based on pre-established triggers (Alachua).

Objective 7: Demonstrate the ability to execute mutual aid agreements from outside the community (Alachua).

Objective 8: Achieve 100% visibility and accountability for all healthcare resources and patient tracking (Alachua).

Objective 9: Demonstrate the ability to manage personnel with functional needs issues, including access for persons with disabilities (Alachua).

Objective 10: Demonstrate interoperability through the following agencies and mechanisms; EOC – ESF-8 Support, Web EOC – EM System, EM Constellation (Alachua).

Objective 11: Demonstrate the ability of the Public Information Office (Public Affairs) to perform Crisis Communications (rumor control, social media, etc.).

Objective 12: Demonstrate the ability to conduct patient decontamination at the North Florida Regional Medical Center no patients released with contamination (Alachua).

Objective 13: Activate the local Medical Reserve Corps (MRC) to fully staff an alternate care site (Alachua).

Objective 14: Activate the Community Emergency Response Team (CERT) to provide auxiliary assistance where needed (Alachua).

Exercise Type

Tempests Guard was a full scale exercise that included local agencies in Gainesville, Alachua County, Florida and the Florida Department of Health (FDOH) Central Office in Tallahassee. In order to effectively evaluate the execution of teams, evaluators were assigned and located at each operational area along with exercise controllers that kept local teams on time and on target. The state and Alachua County stood down their Levels of Activation to monitoring. The weather system for this exercise was consistent with a tornado outbreak that occurred in 1998 in Central Florida, where seven tornadoes

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struck in a short period killing 42 people and injuring more than 260 others.

Scenario

A storm system swept through in the early morning hours in Florida Regional Domestic Security Task Force (RSDTF) Region 3 causing damaging tornados in Alachua County resulting in a high amount of injuries on day one of the exercise.

Prior to the storm, the healthcare facilities were at near capacity as is seen on a regular basis. The number of injuries caused by this tornado and subsequent weather events created a demand for medical surge operations and triggered Alachua County to activate the emergency operations center and establish an Alternate Care Site (ACS) manned by Alachua Medical Reserve Corps at Shands Medical Center.

Resource requests for medical support and compounding weather events and warnings in other counties drove the State Emergency Operations Center to activate to Level 1. During the evening and early morning, additional tornados touched down throughout Northern Florida counties and Southern Georgia with a second strike impacting Alachua County on day two of the exercise. The Florida ESF-8 deployed the State Medical Response Team (SMRT) to Alachua County as a standalone ACS to aid in relieving patient triage and treatment. The county activated an additional ACS at North Florida Regional Medical Center. Medical Surge continued until the local hospitals were able to handle the injured and the ACS and the SMRT were demobilized.

Major Events

- Tornado Watches and Warnings
- Tornado touchdown in Alachua County / MCI 4.
- Injured victims are taken to and self transport to hospital for treatment.
- Hospitals become over whelmed and are at full capacity and at surge level within a short period.
- Hospitals contact Alachua County Health and EOC.
- EOC requests assistance from neighboring counties and Region. Region and neighboring counties also affected unable to provide additional support or resources.
- Alachua County makes Emergency Declaration.
- Alternate Care Site (ACS) established by and coordinated with Alachua County Department of Health at the Shands at UF Hospital.
- Lake City Area is impacted by a tornado, resulting in a local response.
- Several other counties in the area and Georgia which would normally support Alachua County with Mutual Aid and medical support from the NGO hospital support, are also affected by tornadoes.
- Valdosta, Georgia, has major tornado and requests assistance from Florida in the form of a State Medical Response Team (SMRT) due to the high number of victims involved.

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- Levy County (Williston) has a tornado and mass casualties, requests SMRT and other strike teams.
- Tornado Watches and Warnings for Alachua again in the early morning of the second day.
- Tornado touchdown in Alachua County / MCI 4.
- Hospitals were already at full capacity and at surge level.
- Hospitals contact Alachua County Health and EOC.
- Alternate Care Site (ACS) established by and coordinated with Alachua County Department of Health at North Florida Regional Medical Center.
- Florida State Medical Response Team (SMRT) establishes an ACS independent of a healthcare facility at Trinity Methodist Church.
- Alachua County Healthcare facilities are able to meet medical needs and the ACS's and the SMRT team are no longer needed.
- DOH Central Office and SMRT demobilized on the third day of the exercise.

Major Strengths

The Tempests Guard exercise highlighted insights obtained from exercising the components of the State Medical Response System (SMRS). This exercise created an environment for the state to determine the logistical requirements needed to fully support the deployment of the SMRT. Additionally, the evidence gained during this exercise will allow for the state to accurately establish baselines in planning, manpower, credentialing, transportation and equipage for future events.

The ability for personnel in second and third deep ESF-8 team roster positions to gain exposure and experience as to the expectations and realities of providing support to a short notice incident proved valuable.

Primary Areas for Improvement

There is a continued need to build a foundation of preparedness within the Department of Health. The culture of the staff is geared towards noticed incidents which provide them the time to plan, organize, train and begin to execute before impact. The Central Office ESF-8 team needs to foster the ability of the staff to achieve a baseline readiness standard that allows the staff to respond effectively to a no-notice emergency.

Secondly, to support baseline readiness, staff members have been pre-identified and assigned to ESF 8 positions on a 3-deep response roster to fulfill ESF 8 response roles. The exercise determined that all pre-identified ESF 8 members have not been trained to an operational or technical level. For maximum performance during activation for any purpose, individuals pre-designated to serve on the ESF 8 team must be able to perform assigned job tasks immediately with a minimum amount of supervision or infrastructure support. This lack of specific job skills training resulted in a response system that was very directive versus the desired integrated, yet independent, system.

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A continued emphasis needs to be made to provide staff the training they need to perform their response functions. In addition, where possible, it is recommended that staff response roles to be aligned to their daily activities was demonstrated.

SECTION 1: EXERCISE OVERVIEW

Exercise Details

Exercise Name

Tempests Guard

Type of Exercise

Medical Surge Full Scale Exercise (FSE)

Exercise Dates

21-23 March 2012

Duration

Approximately 36 hours

Location

- FDOH Central Office - Tallahassee, FL.
- Alachua County, FL

Sponsor

The State of Florida, Department of Health.

Program

Exercise executed under Assistant Secretary for Preparedness and Response (ASPR), Hospital Preparedness Program, Fiscal Year 2011-2012

Mission

Response

Federal Target Capabilities

Medical Surge

Scenario Type

Natural Disaster – Tornadoes

Exercise Planning Team Leadership

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Participating Organizations

- Alachua Area Medical Reserve Corps
- Alachua Community Emergency Response Team
- Alachua County Combined Communications Center
- Alachua County Communications Coordinator
- Alachua County Community Support Services
- Alachua County Crisis Center
- Alachua County Emergency Management
- Alachua County Fire Rescue
- Alachua County Growth Management
- Alachua County Health Department
- Alachua County Information and Telecommunications Services
- Alachua County Public Works
- Alachua County Risk Management
- Alachua County Sheriff's Office
- American Red Cross North Central Florida Chapter
- Florida Department of Health, ESF-8
- FDOH Division of IT
- Florida Division of Emergency Management
- Gainesville Job Corps
- Gainesville Regional Transit Service
- Levy County Health Department
- Levy County Medical Reserve Corps
- MV Transportation Inc.
- North Florida Regional Medical Center
- Orange County EMS System
- Salvation Army, Alachua County
- Santa Fe College - EMT and Paramedic Classes
- Shands Hospital at the University of Florida
- Trinity United Methodist Church
- University of Florida College of Nursing

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Number of Participants

- Players: 400 (approximately)
- Evaluators: 21
- Controllers: 24
- Observers: 4
- Total in attendance: 449 (approximately)

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SECTION 2: EXERCISE DESIGN SUMMARY

Exercise Purpose and Design

The purpose of this exercise was to evaluate FDOH ESF-8 and Alachua County actions against current response plans and capabilities for a medical surge after a natural disaster.

A meeting was held between representatives of the Florida Department of Health, Bureau of Preparedness and Response, Alachua County Health Department and Alachua County Emergency Management to discuss exercise plans and to focus on developing the approach, plan, and support for a medical surge Full-Scale Exercise (FSE). An exercise planning team was formed, and an Initial Planning Conference (IPC) was conducted on December 14th, 2012, to determine the scope, agenda, target audience, and objectives of the exercise. The exercise planning team provided their scenario outline and the exercise support team developed an exercise scenario based on the design criteria and the exercise objectives. The Controller/Evaluator (C/E) Handbook and the Master Scenario Events List (MSEL) were developed based on the scenario design criteria and the exercise objectives. During the Final Planning Conference (FPC) on March 16, 2012, the exercise planning team reviewed and approved the final Exercise Plan (ExPlan).

Exercise Objectives, Capabilities, and Activities

The National Planning Scenarios and the establishment of the National Preparedness Priorities have steered the focus of homeland security toward a capabilities-based planning approach. Capabilities-based planning focuses on planning under uncertainty, since the next danger or disaster can never be forecast with complete accuracy. Therefore, capabilities-based planning takes an all-hazards approach to planning and preparation, which builds capabilities that can be applied to a wide variety of incidents. States and urban areas use capabilities-based planning to identify a baseline assessment of their homeland security efforts by comparing their current capabilities against the Target Capabilities List (TCL), the critical tasks of the Universal Task List (UTL) and capabilities outlined in the Centers for Disease Control and Prevention's Public Health Preparedness Capabilities: National Standards for State and Local Planning document. This approach identifies gaps in current capabilities and focuses efforts on identifying and developing priority capabilities and tasks for the jurisdiction. These priority capabilities are articulated in the jurisdiction's homeland security strategy and Multi-Year Training and Exercise Plan, of which this exercise is a component.

The capabilities listed below were selected by the Tempests Guard exercise planning team from the priority capabilities identified in the Florida Department of Health, Division of Emergency Medical Operation's and Alachua County Health Department's Multi-Year Training and Exercise Plans. These capabilities provide the foundation for development of the exercise objectives and scenario, as the purpose of this exercise was to measure

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and validate performance of these capabilities and their associated critical tasks.

Medical Surge:

1. Support local assessment and identification of public health and medical needs in impacted counties and implement plans to address those needs.
2. Coordinate and support stabilization of the public health and medical system in impacted counties.
3. Monitor and coordinate resources to support care and movement of persons with medical and functional needs in impacted counties.
4. Develop, disseminate, and coordinate accurate and timely public health and medical information.
5. Monitor need for and coordinate resources to support fatality management services.
6. Monitor need for and coordinate resources to support disaster behavioral health services.
7. Provide public health and medical technical assistance and support.
8. Interoperable Communications; TRANSCOM
9. Emergency System for Advance Registration of Volunteer Health Professionals (ESAR VHP);
10. Partnerships/coalitions within areas selected for exercise (MSCC Tier 2); and Fatality Management, Medical Evacuation, and/or Tracking of Bed Availability (two of these three areas).

Objectives

The Tempests Guard 2012 Medical Surge exercise planning team selected objectives that focus on evaluating emergency response procedures, identifying areas for improvement, and achieving a collaborative attitude. This exercise focused on the following objectives:

Objective 1: Evaluate the process and assess the ability of local and State partners to coordinate the healthcare response through analysis of data and define the needs of the incident and the available healthcare staffing and resources upon the notification of the incident.

- Task 1 – Stand up the incident command structure.
- Task 2 – Complete an initial assessment and document initial resource needs and availability.
- Task 3 - Establish communications with impacted communities.
- Task 4 – Identify and develop a critical resource list.
- Task 5 – Advance planning to project vulnerability/risks requirements out 72 hours.
- Task 6 – Develop an Incident Action Plan.
- Task 7 – Establish visibility and monitor bed-tracking system.
- Task 8 – Establish on-site assessment.

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- Task 9 - Identify and maintain essential situational awareness information.
- Task 10 - Activate County EOC in support of field operations (Alachua).
- Task 11 - Establish display boards of pertinent ESF-8 information in all State ESF-8 operating locations.

Objective 2: Evaluate the ability to support healthcare coalitions and response partners in the expansion of the jurisdictions healthcare system (includes additional staff, beds and equipment) to provide access to additional healthcare services (e.g., call centers, alternate care systems, emergency medical services, emergency department services, and inpatient services) in response to the incident.

- Task 1 – Validation of vendor listing.
- Task 2 – Support the mobilization of incident-specific medical personnel.
- Task 3 – Support the mobilization of incident-specific medical assets.
- Task 4 – Activate a state operated stand alone Alternate Care Site (ACS).
- Task 5 – Provide additional volunteers through ESAR-VHP/ServFL (Alachua).
- Task 6 - Provide information to educate the public, paying special attention to the needs of vulnerable populations including message development, approvals and dissemination.
- Task 7 - Establish state-level and local technology and/or communication services.
- Task 8 - Develop and disseminate resource reports which include status of deployed resources, forecasted resources needs and targets for recruitment.
- Task 9 - Test interface process between AHCA, WebEOC and other Emergency Management systems (Alachua).
- Task 10 - Establish work sites for ESF-8 personnel in DOH buildings that meet the requirements of the ESF-8 room activation checklists within 4 hours of activation of ESF-8.

Objective 3: Assess the ability of ESF-8, health care coalitions and response partners to coordinate healthcare resources in conjunction with response partners, including access to care and medical service; the tracking of patients, medical staff, equipment and supplies (from intra or interstate and federal partners, if necessary) in quantities necessary to support medical response operations.

- Task 1 - Coordinate and maintain communications throughout the incident with the impacted jurisdiction.
- Task 2 - Determine resource needs for each operational period.
- Task 3 - Develop and disseminate resource reports which include status of deployed resources, forecasted resources needs and targets for recruitment.
- Task 4 - Maintain resource accountability.
- Task 5 - Execute mission management.
- Task 6 - Establish, monitor and support patient tracking, including utilization of EM Systems.
- Task 7 – Establish a Joint Information Center (JIC)/Joint Information System (JIS) response actions.

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- Task 8 – Manage rumor control and social media issues.
- Task 9 - Develop a supplemental Executive Order necessary to implement a major policy decision in coordination with the ESF-8 Emergency Coordinating Officer, Agency representative and DOH Executive Staff.
- Task 10 - Develop and route a contingency plan developed during an incident for approval using the documentation processes described in the ESF-8 Standard Operating Procedure.
- Task 11 - Identify potential volunteers through SERVFL, Medical Reserve Corps and other partners. (Alachua)
- Task 12 - Provide pre-determined medical resources to support the activation of the ACS.
- Task 13 - Demonstrate the ability to triage, treat, coordinate transport, and discharge patients.
- Task 14 - Collect and maintain incident documentation for the purposes of seeking financial reimbursement, conducting after action and improvement, establishing a historical record of response actions and establishing a legal record.

Objective 4: Evaluate the ability to demobilize medical surge operations.

- Task 1 - Develop and implement a demobilization plan as outlined in current FDOH plans and operating guides.
- Task 2 - Assure completion of demobilization checkout forms as they are released from the incident.
- Task 3 - Initiate data collection for the After Action Process.

Objective 5: Evaluate the execution of financial tracking and analysis of the ESF-8 response through incident closeout.

- Task 1 – Ensure all costs have been captured in the State Financial Information System (FIS) using the correct accounting codes.
- Task 2 - Ensure that all personnel time records are accurately completed and transmitted according to policy.
- Task 3 - Verify all equipment usage time on an incident/event is properly recorded.
- Task 4 - Collect invoices, contracts, purchase orders, and accompanying vouchers for reimbursement.
- Task 5 - Open accounts and assure authorized P-cards are increased, if needed.
- Task 6 - Collect all receipts, documentation and vouchers related to P-Card purchases.
- Task 7 - Verify account codes and object code classification.
- Task 8 - Ensure accounts and budget codes are available for vendor payments.

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Objective 6: Identify early in the event the need for establishing an alternate care site based on pre-established triggers (Alachua).

Objective 7: Demonstrate the ability to execute Mutual aid agreements from outside the community (Alachua).

Objective 8: Achieve 100% visibility and accountability for all healthcare resources and patient tracking (Alachua).

Objective 9: Demonstrate the ability to manage personnel with functional needs issues, including access for persons with disabilities (Alachua).

Objective 10: Demonstrate interoperability through the following agencies and mechanisms, EOC – ESF-8 Support, Web EOC – EM System, EM Constellation (Alachua).

Objective 11: Demonstrate the ability of the Public Information Office (Public Affairs) to perform Crisis Communications (rumor control, social media, etc.).

Objective 12: Demonstrate the ability to conduct patient decontamination at the North Florida Regional Medical Center no patients released with contamination (Alachua).

Objective 13: Activate the local Medical Reserve Corps to fully staff an alternate care site (Alachua).

Objective 14: Activate the CERT to provide auxiliary assistance where needed (Alachua).

Scenario Summary

A storm system swept through in the early morning hours in Florida Regional Domestic Security Task Force (RSDTF) Region 3 causing damaging tornados in Alachua County resulting in high amount of injuries on day one of the exercise. The weather system for this exercise was consistent with a tornado outbreak that occurred in 1998 in Central Florida, where seven tornadoes struck in a short period killing 42 people and injuring more than 260 others.

Prior to the storm, the healthcare facilities were at near capacity as is seen on a day-to-day basis. The number of injuries caused by this tornado and subsequent weather events created a demand for medical surge operations and triggered Alachua County to activate the emergency operations center and establish an Alternate Care Site (ACS) manned by Alachua Medical Reserve Corps at Shands Medical Center.

Resource requests for medical support and compounding weather events and warnings in other counties drove the State Emergency Operations Center to activate to Level 1.

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During the evening and early morning, additional tornados touched down throughout Northern Florida counties and Southern Georgia with a second strike impacting Alachua County on day two of the exercise. The Florida ESF-8 deployed the State Medical Response Team (SMRT) to Alachua County as a standalone ACS to aid in relieving patient triage and treatment. The county activated an additional ACS at North Florida Regional Medical Center. Medical Surge continued until the local hospitals were able to handle the injured and the ACS and the SMRT were demobilized.

The state and Alachua County stood down their Levels of Activation to monitoring.

SECTION 3: ANALYSIS OF CAPABILITIES

Capability 1: Medical Surge

Capability Summary: The following activities and observations are applicable to all levels that participated in the Tempests Guard exercise including:

Activity 1.1: Strength - Overall Attitude of Logistics Staff in Response (Obj-All)

Observation 1.1: Positive attitude of assigned logistics personnel added to the exercise environment

References:

1. ESF-8 Standard Operating Procedure V 2 .0, May 2011

Analysis: The event evolved with a series of artificialities that compounded as the event wore on. At many times during the exercise, modifications to the current logistics process had to be made on the fly in order for the exercise to be effective such as the lack of proper coding. During an event, these types of occurrences would be rectified expeditiously but in the exercise environment there is a tendency to chalk it up to artifice however, the ESF-8 Logistics staff worked together as a team in responding to the exercise scenario and modifying procedures to get full advantage of the exercise. The participants carried out their modified duties as if it were actual events.

Recommendations: Continue realistic yet expansive exercises.

Activity 1.2: Area for Improvement - SMRT Team Activation Procedures and Logistical Support (Obj-2)

Observation 1.2: SMRT activation procedures deviate from standard operating procedures and required logistical support is not identified in plans.

References:

1. State ESF-8 SOP
2. SMRS SOP (Draft)

Analysis: State ESF-8 deployed a SMRT Logistics team and SMRS assets to Alachua County in response to the scenario. The activation process did not follow the activation process for ESF-8 resources as noted in the State ESF-8 SOP. During the course of exercise planning, State ESF-8 had a difficult time obtaining a firm roster of SMRT staff that were to deploy to Alachua County. In addition, State ESF-8 does not have a list of required logistical services/supplies identified in plans needed to marry up with the team at the deployed location.

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Standardizing activation procedures for all resources can eliminate confusion, eliminate redundancy of effort and allow for proper resource tracking and demobilization. Additionally, identifying appropriate resources required to mobilize and support the SMRT (including transportation requirements), in appropriate planning documents, will increase the speed at which the teams can respond and become operational. Time of activation to time of treatment of first patient must be reduced to effectively bridge the gap between incident and arrival of additional state and federal resources.

Recommendations:

1. Align SMRT resource activation across the ESF-8 SOP and SMRT SOG to follow the same processes as do other State ESF resources.
2. Identify in appropriate planning documents the detailed logistical support/services required to be mobilized in support of all deployable teams including the SMRT.

Activity 1.3: Strength - Interim Logistics Coordinator (Obj-1)

Observation 1.3: Due to a shortage of Logistics Coordinators, a Mission Specialist had to stand in as the Logistics Coordinator

References:

1. State ESF-8 SOP

Analysis: A Logistics Mission Specialist was “promoted” well above his normal duties into a mission critical position due to the unexpected shortage of pre-identified Logistics Coordinators. His performance as Logistics Coordinator was beyond expectation and he managed the exercise in an exemplary manner making effective use of his personnel limitations in effectively respond to the changing environment of the event. The exercise team commends him for his actions and “Can-Do” approach during the exercise.

Recommendations: None

Activity 1.4: Area for Improvement – Alignment of Daily Duties to Response Operations (Obj-1/2)

Observation 1.4: Some members struggled with adapting to their response roles as alignment of normal tasks is dissimilar to response tasks.

References:

1. State ESF-8 SOP

Analysis: The logistics hot wash participants agreed that, in a large number of cases, the written procedures for ESF-8 operations were different than actions

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they take in their day-to-day activities and were not familiar. Exercise staff members recognized this in other areas as well. This caused delays in getting activities done. Closely aligning daily functions, procedures and positions with ESF-8 roles and procedures will reduce the memory “refresh” rate and increase the speed at which the OODA (Observe, Orient, Decide, Act) loop can be executed resulting in faster staff action and response. For example there are differences in day-to-day purchasing activities and tools versus what occurs during response activities. It is understood that available manpower resources are limited and that some processes and procedures will not have a direct line connection to daily operations. However achieving closer alignment will improve capability.

Recommendations:

1. Review the ESF-8 organizational structure, processes, procedures and matching personnel assignments and conduct a comparative analysis against daily position requirements, adjusting assignments based on best match.
2. Emergency Coordinating Officer (ECO) and Bureau Chief expand manpower resource pool for ESF-8 by working with the chain of command in pursuing inclusion of all FDOH divisions in direct support of ESF-8 response to emergencies and disasters.

Activity 1.5: Area for Improvement – Locating Plans, Policies, Procedures and Supporting Documents (Obj-All)

Observation 1.5: Participants stated that they were not familiar with the locations of the “official” plans.

References: All applicable ESF-8 Guidance Documents

Analysis: Many of the participants stated that they were not familiar with the locations of the “official” plans and that they had been using old plans or word-of-mouth procedures. Some plans were found on the J: drive and other copies on the intranet. There were some plans that are being re-written but were used as current and still other draft documents on the “Z” drive and Sharepoint. One participant identified that there were “lots of documents available (which is most current?)”. The ultimate result was that personnel were unsure of what was expected of them causing confusion, deviations and delays in action, despite the Bureau of Preparedness and Response Planning Unit’s efforts to direct personnel to a single location. When a void of information occurs, personnel may determine a draft document is better than no document at all; this may have been the case with the Job Action Sheets, Demobilization and Situation Unit guidance documents, which are also in draft. It is hard to discourage this behavior when people are actively in pursuit of valid references where none can be found on the designated plans site.

Recommendations:

1. Continue to centralize the location of all approved plans to create a single focal point for approved plans. Review the various locations where, official, unofficial and draft ESF-8 documentation are housed and then consolidate into one centralized location.
2. Continue to promote the use of the existing centralized policies and plans system and location. In addition, continue to discourage the practice by some ESF 8 responders relying upon personal, and thus “unofficial”, storage and retrieval systems for ESF 8 plans and procedures.

Activity 1.6: Area for Improvement – Availability of Current Job Action Sheets (Obj-All)

Observation 1.6: Job Action Sheets were not available to all ESF-8 staff members and may have hindered effectiveness.

References:

1. State ESF-8 SOP

Analysis: Exercise participants stated that they did not have access to a current copy of their Job Action Sheets. Approved and posted Job Action Sheets are out of date and do not contain the level of detail required to execute tasks. This resulted in the logistics personnel being unsure as to what actions were required for positions they were assigned and what processes they were to carryout, especially for those with lesser experience levels. Updated Job Action Sheets are in development and have not been approved for use.

Recommendations:

1. Insure Job Action Sheets contain sufficient data points that will enable task accomplishment
 - a. Insure Job Action Sheets correlate with other functions and activities as appropriate
 - b. Complete the development, review and approval process of Job Action Sheets
 - c. Post Job Action Sheets in a central location as identified in Activity 1.5

Activity 1.7: Area for Improvement – Finance and Accounting (Obj-5)

Observation 1.7: Minimal participation by the FDOH Finance and Accounting Bureau resulted in negative impacts on ESF-8 Logistics

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References: ESF-8 Standard Operating Procedure V 2 .0, May 2011, Section VIII. D.

Analysis: The Finance and Accounting element of ESF-8 is a crucial element in enabling response and support to occur effectively and efficiently. During the exercise, there were email discussions from the Finance Bureau Chief that real codes would not be given for an exercise since codes are entered into FIS and would be live. As a result, costs that are expended in the exercise cannot be captured in FIS. During exercises, a test system of MFMP is made available for the Materials Unit to use for purposes of procurement. This test system is based on the live version, at the time of use. Codes were requested at 1500 hours on May 21st and after a second request on May 22nd at 0923 accounting codes were “made up” by Budget and emailed to the Finance Person. It appears there was confusion as to whether codes were really needed or the request would be simulated. The Materials Unit Lead was instructed by the Finance Evaluator to use a code already in the test system of MFMP for their exercise use.

The difficulty with not having real codes is that the capability of “all expenses being captured correctly into FIS” cannot be measured since actual purchasing is simulated. To test this capability, more planning would be needed for an exercise which includes pre-identifying codes already in the test system and assigning them as the event codes; simulates the request to Budget for accounting codes, and have a significant effort for procurement built into the exercise. This exercise did not allow enough time and commodities required to complete the activities of purchasing that would have generated any data.

Although an exercise code was created, this was not enough to allow for full task completion. This resulted in confusion and delays in the purchasing and tracking of supply and equipment orders.

Recommendations:

1. The FDOH Exercise Planning and Evaluation Team assess the MFMP “test system” and other avenues, to create a more realistic robust environment for logistics and finance for inclusion into the next relevant exercise.

Activity 1.8: Area for Improvement – Initial Activation Process (Obj-1)

Observation 1.8: The initial activation process can be optimized by following written guidance, consolidating staffing roles and utilizing a single activation system.

References:

1. State ESF-8 SOP, pages 8-10

Analysis: After the initial briefing, the Staffing POC (not to be confused with a

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member of the Staffing Unit) did not follow guidance as noted in the State ESF-8 SOP, to develop a list of State ESF-8 personnel for the initial activation process and then providing that list to the Resource Unit and Staffing Unit Leaders.

Improperly activated personnel were working onsite causing confusion and delays. The CCOC Activation Specialist and Division POC were not informed about who was already playing in the exercise, so a lot of time was wasted re-tracing steps because of contacting individuals that were already activated or onsite. Initially activated personnel may have reported directly to the SEOC or other location, limiting the Staffing POC's ability to monitor who had arrived.

FDENS ESF-8 command activation was conducted on Day 1 of the exercise and 19 of 23 people responded. Despite a certain level of success, key ESF-8 personnel were not included in the FDENS alerting process. Further complicating the notification process is the concurrent utilization of ServFL also being used to conduct activations which can confuse responders regarding actions to take and which system to pay heed to and potential for conflicting guidance.

The ESF-8 SOP states that "If a pre-identified member of *initial activation team* is unavailable or does not acknowledge receipt of the activation notice, the alternate staff person identified for the position is activated to report." The FDENS and ServFL system are tools designed to provide expedient notifications and alerts to a range of audiences and both can be modified to target certain groups and individuals. Pre-identifying key and essential personnel into notification groups can speed the notification process; however, personnel absences will require active knowledge by the assigned Staffing POC in order to insure the appropriate replacement personnel are notified. Consolidating the Staffing POC within the Staffing Unit eliminates an un-necessary step needed to track activated personnel, and utilizing ServFL as the sole tool eliminates redundancy of effort. An outdated 3 Deep Roster may have further contributed to the non-timely notification of key personnel. Failure to coordinate this information can delay response, decision-making and operational success.

Recommendations:

1. Staffing POC to comply with guidance provided within the ESF-8 SOP.
2. Develop a system that ensures all personnel are accounted for once they arrive at the duty location. This may include sign-in sheets (electronic or paper-based), Unit Leader reports or use of a T-Card system amongst other options.
3. The Staffing POC position must coordinate with the CCOC Activation Staffing Specialist within the Staffing Unit.
4. Identify a sole system for the notification, activation, personnel tracking and demobilization tool.

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5. Resource Unit aggressively track personnel activations and coordinate with the Staffing Unit.
6. Add the Staffing POC to the Three Deep notification roster.

Activity 1.9: Area for Improvement – Three Deep Roster (Obj-1)

Observation 1.9: The approved Three Deep Roster is incomplete and outdated.

References: ESF-8 SOP, Section IV(D)

Analysis: There was confusion as to which Three Deep Roster to utilize as the approved version had significant personnel gaps (e.g., personnel listed who no longer belong to the organization and personnel assigned but not listed on the roster, a draft roster which had yet been coordinated and approved). This confusion caused a delay in the appropriate activations of personnel and impacted personnel assignments. Although ESF-8 follows the guidelines of ICS, staffing ESF-8 positions, coupled with inexperience, became a challenge for the team and led to delays in response and effective decision making.

Recommendations:

1. Recruit appropriate personnel from FDOH CCOC and provide training to fill positions.
2. Coordinate position assignments; update and post a current approved Three Deep Roster with other approved documents.

Activity 1.10: Area for Improvement – State Medical Response Team (SMRT) Transportation (Obj-2)

Observation 1.10: Unreliability in SMRT transportation assets can cause a significant delay in a time sensitive response.

References: SMRS SOG (Draft)

Analysis: Reservations for vehicle support were made prior to the exercise date with a contract vendor for trucks to be used by the SMRTs to transport both the Gatekeeper System as well as other associated equipment and supplies. When the SMRT team arrived to pick-up the trucks one of the trucks was not operational. It took the contract vendor two hours to locate a suitable replacement. Exercise participants expressed concern over the availability of adequate transportation being provided in time when we are requesting vehicles during other than normal business hours. The current system is unreliable and contingent upon local vendor availability and operating hours. This limitation can severely impact the response times of the SMRT, a team designed to be a stop gap measure until other resources can be applied.

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Recommendations:

1. Conduct a needs analysis of transportation capability and capacity required for SMRT response based on equipment and personnel load plans
2. Identify acceptable response times for vehicle availability
3. Identify any state assets that may be utilized to fill gaps (i.e. Department of Transportation, National Guard, etc)
4. Identify vendors that can provide any unfilled requirements for planned or unplanned events in a timeline identified by the FDOH

Activity 1.11: Strength – SMRT Composite Team (Obj-2)

Observation 1.11: Deployed SMRT coalesced seamlessly forming into a cohesive unit.

References: SMRS SOG (Draft)

Analysis: SMRT team members demonstrated clearly defined skill sets and incident management roles. The team for the Alachua County portion of the exercise was a composite of members from Teams 3 and 4. The members from the two teams integrated and worked well together seamlessly to the point where an observer would be unaware of which members were from which team.

Recommendations: None

Activity 1.12: Area for Improvement – SMRT Credential Validation (Obj-2)

Observation 1.12: Validation of SMRT credentials are not being conducted prior to deployment.

References:

1. SMRT Team Concept of Operations Approved 9-14-2011
2. SMRT Team Contracts
3. R-4 SMRT Personnel Roster as of 3/31/2012
4. AHCA Aspen: Regulation Set (RS) Maintenance CFR 485.623(b) (1)

Analysis: Team members are vetted and their credentials and licensure checked upon becoming a SMRT team member. It is not clear how this information is kept current and there is no clear process for verification of those credentials prior to deployment of the team. A check of SMRT team exercise participants revealed a rate of 50% registered in SERVFL. A check of licensure (via the MQA website) for all team members of SMRT Region 4 revealed “no record” of several of the team members.

Recommendations:

1. Define a clear process for the updating and verification of team members' licensure, credentialing and competency and capture in appropriate planning documents and contractual requirements.
2. Validate licensure in ServFL prior to deploying teams.

Activity 1.13: Area for Improvement – SMRT Mobilization Costs (Obj-2)

Observation 1.13: Costs for deploying the SMRT may be prohibitive for other than events declared under an executive order.

References:

1. SMRT Team Concept of Operations Approved 9-14-2011
2. SMRT Team Contracts

Analysis: Based on Government Service (GS) Pay Grade and Hourly Rates the average wage during activation for a SMRT team member is \$1000.00 per day. A full team would likely be \$35,000 - \$50,000 per day. Utilizing highly paid medical personnel for the loading/unloading of trucks and the setting up of tents and medical supplies and equipment may not be the most appropriate or effective allocation of financial and personnel resources.

Recommendations:

1. Conduct a cost-benefit analysis to determine the most effective and efficient manpower strategy that meets the needs of the state without compromising response and operational timelines
2. Consider the viability of separating Logistics and Medical Staff requirements.

Activity 1.14: Area for Improvement – State Medical Response System (SMRS) Equipment Maintenance (Obj-2)

Observation 1.14: Maintenance of SMRS equipment/supplies should mirror industry standards.

References:

1. SMRS SOG (Draft)

Analysis: SMRS medical equipment were labeled and well packed to protect the integrity of the supplies and equipment. The SMRT deployed Logistics Chief explained the inventory process and described the maintenance and security of the equipment in the cache. The SMRT deployed Logistics Chief stated that he performed the periodic maintenance on the equipment. While he is a highly skilled individual he does not appear to be a qualified biomedical technician. Maintenance of equipment/ supplies should mirror industry standards to increase

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the operational preparedness and response capability and to reduce the possibility of malfunction or liability issues.

Recommendations:

1. Identify which equipment items in the SMRS cache require specialized maintenance or calibration and document an appropriate maintenance schedule to align with industry standards
2. Identify “who, how and when” in appropriate plans and contract documents.
3. Conduct an immediate check of all cached equipment requiring periodic maintenance.
4. Develop an ongoing plan for all SMRS equipment maintenance.

Activity 1.15: Area for Improvement – SMRT Medical Direction and Standing Orders/Standard Protocols (Obj-2)

Observation 1.15: There was an absence of medical direction at the Alachua County deployed site which impacts onsite standing orders and standard protocols.

References:

1. SMRS SOG (Draft), ESF-8 SOP

Analysis: The intent of the exercise was to test the State’s ability to respond to a medical surge event with limited notice or no-notice. Due to requirements for scheduling and the approval process the SMRT identified a limited roster well ahead of time and the roster was submitted prior to the event and again at activation. Submitted rosters did not contain a physician or other means of medical direction. Nor was this deficiency immediately identified by the ESF-8 ECO or staff which later prompted participant discussion. The team deployed without a physician or medical direction and was allowed to continue to operate in order to validate other team capabilities. Team members cited operating under “standing orders” and “standard protocols,” of which none could be produced or validated on-site. The absence of clear medical direction, and the assumption of the presence of standing orders, treatment protocols, etc., has the potential to compromise patient care and increase the risk of poor patient outcomes. In addition the absence of physician orders may lead to individuals practicing outside of their scope of practice as regulated by the State of Florida. The above issues would likely result in not meeting the standard of care, with respect to agency liability.

Recommendations:

1. Identify the process for determining on-site medical direction and approval authority prior to team deployment and include in appropriate planning documents

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2. Identify a process that ensures a team has appropriate medical direction prior to deployment either by the requesting agency or provided by the state.
3. Develop standing orders/standard protocols for triage and patient care that meet the needs and limitations of the state and are approved by the state

Activity 1.16: Area for Improvement – SMRT Patient Medical Records (Obj-2)

Observation 1.16: The process for the documentation of patient care in the medical record, the audit of that care, and the storage and retrieval of the record is not defined.

References:

1. SMRS SOG (Draft)
2. FDOH Health Information Management Training Guidelines (Sept 2011)
3. DOHP 380-1-11, Health Record Policy

Analysis: Several deployed SMRT team members were asked about the process for medical records. Different processes were described, but the majority of team members could not articulate a process for the completion, audit and storage of the medical record and three different medical record forms were provided as examples. It appears that different SMRT teams may use different Medical Treatment Records. When queried about the flow of the medical record among caregivers, the response received was “everyone keeps their own pile until documentation is complete”. After documentation is complete (this could be hours after the event) it is unclear how the records are gathered and stored. Establishing a field based patient medical record system that serves the business and legal needs of the Department of Health, will ensure continuity of care, and provides positive control and protection of patients privacy in accordance with DOHP 380-1-11, which will also serve the business and legal needs of the Department of Health.

Recommendations:

1. Develop and implement a standard medical treatment record for field use and meets FDOH requirements
2. Identify in appropriate planning documents a process for the audit, storage and retrieval of medical records that complies with DOHP 380-1-11, Health Record Policy
3. Provide training to SMRT teams on appropriate medical record management.

Activity 1.17: Area for Improvement – SMRT Patient Tracking (Obj-2)

Observation 1.17: An established patient tracking process was not apparent

References:

1. CDC, Public Health Preparedness Capabilities: National Standards for State and Local Planning (March, 2011).

Analysis: The deployed SMRT was presented with the task of finding a particular patient which was accomplished quickly due to the limited amount of patients on-site. The process to find this patient was a team member approaching everyone and verbally inquiring if they had seen this patient. While effective in this scenario, results may be different in a catastrophic event with mass casualties. SMRT patient tracking procedures should include a system which is interoperable with other jurisdictional systems to include local, state and federal systems; and consistent with approved privacy protection, standards and regulations/laws.

Recommendations:

1. Develop and implement a field based patient tracking system that is interoperable with local, state and federal systems.
2. Identify in appropriate planning documents a process for patient tracking.
3. Provide training to SMRT teams on appropriate patient tracking plans, methodologies and/or systems.

Activity 1.18: Area for Improvement – SMRT Patient Throughput (Obj-1/2)

Observation 1.18: The number of patients that can be treated at a SMRT operated alternate care site is an unknown quantity.

References:

1. SMRS SOG (Draft)

Analysis: The number of patients that a SMRT operated Alternate Care Site (ACS) could accommodate is unknown. Determining planning factors for patient throughput can aid operational, planning and logistical leaders in determining how many teams may need to be on-site and burn through rates of medical supplies and pharmaceuticals. This will provide the ability to forecast needs in advance and source additional personnel and materials if needed. Disaster Medical Assistance Teams (DMAT) may serve as a point of reference for determining throughput statistics and burn rates.

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Recommendations:

1. Research DMAT patient throughput and medical supply burn rate for comparable missions
2. Develop evidence based throughput estimates for each SMRT configuration and document in appropriate planning documents.

Activity 1.19: Area for Improvement – SMRT Infection Control Practices (Obj-2)

Observation 1.19: Deployed SMRT members did not follow infection control practices during patient treatment.

References:

1. *Bloodborne Pathogens Standard: OSHA Occupational Exposure to Bloodborne Pathogens (29 CFR 1910.1030)*, March 1992, revised and effective December 2002.
2. Needle stick Safety and Prevention Act, (Public Law 106.430), April 2001.
3. U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV and HIV and Recommendations for Post exposure Prophylaxis, *Morbidity and Mortality Weekly Report (MMWR)*, June 29, 2001/50 (RR11): 1-42.
<<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5011a1.htm>>.
4. Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Post exposure Prophylaxis, *MMWR*, September 30, 2005/54 (RR-9): 1-17.
5. Biomedical Waste, Section 381.0098, F.S., Chapter 64E-16, *Florida Administrative Code (F.A.C.)*, November 2002.
6. Significant Exposure-HIV, Section 381.004(2)(c), F.S., March 2010.
7. *OSHA Instruction CPL 02-02-069*, Enforcement Procedures for the Occupational Exposure to Bloodborne Pathogens, Appendix D, Model Exposure Control Plan, effective November 27, 2001.
<http://www.osha.gov/OshDoc/Directive_pdf/CPL_2-2_69_APPD.pdf>.
8. *Florida's Omnibus AIDS Act: A Brief Legal Guide for Health Care Professionals*, Originated by Jack P. Hartog, Esq., Gray Robinson, Attorneys at Law, October 2009 under contract with The Florida Department of Health, Division of Disease Control, Bureau of HIV/AIDS.<http://www.doh.state.fl.us/disease_ctrl/aids/legal/Omnibus_2010.pdf>.
9. FDOH, *Technical Assistance Guideline: General 14, Bloodborne Pathogen Standard, August 2009*.
http://dohiws.doh.state.fl.us/Divisions/Disease_Control/aids/Burea_Policies/TAG_14_8_2009.doc

Analysis: SMRT members were observed deviating from infection control practices such as not washing hands between patients. All healthcare settings,

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regardless of the level of care provided, must make infection prevention a priority and must be equipped to observe Standard Precautions. SMRT members have the potential for exposure to patients and/or to infectious materials, including body substances, contaminated medical supplies and equipment, contaminated environmental surfaces, or contaminated air. This includes persons not directly involved in patient care (e.g., clerical, house-keeping, and volunteers) but potentially exposed to infectious agents that can be transmitted to and from providers and patients.

Recommendations:

1. Team members to complete, document and provide validation for the following training courses or equivalent licensed healthcare institution training:
 - a. DOH Bloodborne Pathogens Training 2012
 - b. DOH OSHA Training 2012

Activity 1.20: Area for Improvement – SMRT Communications Procedures (Obj-1/2)

Observation 1.20: SMRT communications were minimal, if any, with the local emergency medical system, emergency management or other healthcare providers

References:

1. CDC, Public Health Preparedness Capabilities: National Standards for State and Local Planning (March, 2011).

Analysis: Communications were not established with the local agencies until 0940 of day two of the exercise. The team commander explained the process he would “normally take” which would be to establish communications with state and local entities while en route to the incident, but did not actually execute communications although the necessary equipment was available. SMRT assets are designed to operate under the purview of the local incident command structure and effective communications are critical to operational goals and objectives. In this event, the lack of communications led to the SMRT team continuing site set-up on day 2, unaware of the tornado warning issued in the area which may have led to devastating life safety issues. Situational awareness is imperative for the safety of the personnel deployed in the field.

Recommendations:

1. Identify in appropriate planning documents, job action sheets or checklists, the process and protocols for establishing communications with the local emergency management/response structure.

Activity 1.21: Area for Improvement – SMRT Patient Discharge, Transfer and Transport (Obj-2)

Observation 1.21: Team members identified a gap in discharge planning, transfer and transport after discharge from the ACS.

References:

Analysis: Deployed SMRT members identified a lack of plans, policies or procedures regarding patient discharge planning, transfer and transportation for definitive care if necessary. When presented with an injured pregnant patient, SMRT members were unsure of actions necessary to transfer the patient with one solution of calling “911” to provide transport. The SMRS SOG, paragraph 4.2.1 (Draft), identifies the utilization of EMS for the transfer of patients but does not describe the process for accessing EMS assets whether it be via the 911 system, local EOC or other avenue, nor does it identify the coordination and acceptance of a receiving facility and provider. Having defined processes and procedures in place prior to an event and having established communications procedures may alleviate future confusion and ultimately preserve lives.

Recommendations:

1. Identify and develop patient discharge, transfer and transportation protocols, which take into account patient tracking, into appropriate planning documents.
2. Provide training to SMRT teams and other stakeholders on appropriate protocols.

Activity 1.22: Area for Improvement – Situation Unit Focus (Obj-1)

Observation 1.22: Situation Unit personnel did not assimilate the “culture of preparedness, response and immersion” into the exercise.

References:

1. ESF-8 SOP
2. SERT ESF-8 Planning Section, Situation Unit Standard Operation Guidelines

Analysis: Exercise participants did not immerse themselves in the exercise to the extent expected in a contingency environment, but referred to their non-exercise, day-to-day superiors, and their non-emergency, non-exercise work and workloads. All personnel should “train and exercise as they would expect to fight” in future contingency operations. Continued dysfunctional behaviors could result in inability to meet objectives. The distraction of day-to-day responsibilities will carry forward during an emergency situation, causing de facto changes in priorities, particularly when emergency duty has lost its luster, and has become a

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drudgery from which assigned personnel wish to escape as they previously sought escape from their day-to-day jobs.

Recommendations:

1. ESF-8 supervisory personnel brief appropriate staff on response and support expectations at the on-set of a contingency.
2. Personnel in ESF-8 supervisory positions establish and maintain standards in future operations.
3. Activated and assigned personnel maintain focus on response operations until demobilized.
4. Consolidate to as few operating locations within the CCOC complex as possible to eliminate day to day distractions and increase coordination and communications.
 - a. Develop trigger points for room activations.

Activity 1.23: Area for Improvement – Situation Unit Incident Command Principles (Obj-1)

Observation 1.23: Situation Unit personnel did not exhibit assimilation of basic Incident Command System (ICS) principles.

References:

1. ESF-8 SOP
2. SERT ESF-8 Planning Section, Situation Unit Standard Operation Guidelines
3. ICS 100, 200, 800

Analysis: The Situation Unit was slow to engage in necessary initial activities in support of the Planning Section Coordinator. The slow start may have been based on missed or misunderstood communications and the initial determination as to who was filling the Situation Unit Leader Role. Relative inexperience by the Plans Section Coordinator and the primary Situation Unit Leader being unavailable may have also been contributing factors, coupled with the overall inexperience and lack of time in position of available Situation Unit personnel. This combination of elements hindered initial performance. As a result, key initial activities did not occur which impacted system work flow in times where delays could impact the provision of initial assessments and the identification of immediate supporting elements. Planning activities enumerated in the ESF-8 SOP were not accomplished or accomplished properly.

Recommendations:

1. Review alignment of experience, position requirements and personnel availability to insure that the most qualified, experienced personnel are in appropriate positions.

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2. Planning Section Coordinator and planning section unit leaders conduct section and unit level training to insure assigned staff reaches proficient/technician level. Section leader and unit leaders should conduct discussion based exercises (i.e. workshops, tabletop, games) to reinforce ESF-8 SOP requirements.

Activity 1.24: Area for Improvement – Situation Unit ESF-8 SOP Familiarization & Planning Section Effectiveness (Obj-1)

Observation 1.24: There was insufficient assimilation of the contents the ESF-8 SOP and its attachments during initial activities.

References:

1. ESF-8 SOP
2. Situation Unit Standard Operation Guidelines

Analysis: In discussions and in completion of various activities, it was clear that the contents of the ESF-8 SOP had not been assimilated. Time was lost and energy expended because personnel were not initially sufficiently familiar with the latest version (2011) ESF-8 SOP. Members of the Situation Unit took an in-place “time out” to collectively review and discuss the contents and intents of the ESF-8 SOP and Situation Unit SOP. The Plans Chief very carefully mentored other less experienced staff members to achieve some desired results. As a result of the inexperienced staffing, the Plans Chief was unable to provide optimal oversight than might have occurred if she had more time and assigned experienced personnel to do what she knew had to be done. While reviewing policy and procedures mid-event is not necessarily a negative and in fact should be encouraged in certain cases. Personnel were able to find and follow, to varying extents, templates used for various activities and reports, including templates for IAP, Situation Report, the Advanced Planning HVA matrix, and demobilization forms. Proficiency in assigned tasks as identified in the SOP and attachments will reduce wasted time, delays, and disruption of work flow in times where the formation of a common operating picture is essential to effective operations.

Recommendations:

1. Review alignment of experience, position requirements and personnel availability to insure that the most qualified, experienced personnel are in appropriate positions.
2. Planning Section Coordinator and planning section unit leaders conduct section and unit level training to insure assigned staff reach proficient/technician level. Section leader and unit leaders should conduct discussion based exercises (i.e. workshops, tabletop, games) to reinforce ESF-8 SOP requirements.

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3. ESF-8 leaders and coordinators conduct integrated ESF-8 training and exercises of designated staff (ESF-8 “Three Deep Roster” and principle technical experts). This program will focus on the contents and procedures prescribed in the ESF-8 SOP and its most commonly used attachments, gradually building in tempo and complexity.

Activity 1.25: Area for Improvement – Pursuit of Situation Status Information (Obj-1)

Observation 1.25: The Situation Unit can be more aggressive in pursuing information that could have aided leadership decision making.

References:

1. ESF-8 SOP
2. SERT ESF-8 Planning Section, Situation Unit Standard Operation Guidelines

Analysis: Commendably, the Situation Unit staff found the Essential Elements of Information (EEI) for a tornado, but did not aggressively pursue the information much beyond reiteration of the information provided in exercise injects, coupled with hesitancy in asking questions of local personnel (SIMCELL or actual). There was little questioning until March 22 (exercise day 2), with the arrival of an additional Situation Unit member. During his in-briefing, the additional member actively and frequently questioned “facts”, pushing for clarification and background and making suggestions to the Situation Unit members.

There was no AHCA representative in the SEOC (as would normally be the case). It is unknown if or to what extent the two Situation Unit staff members attempted to gain hospital-specific information before the arrival of the Florida Hospital Association liaison, in the early afternoon of March 21. In real incidents, the efforts of the ESF-8 could be at risk if information is not clear and as complete as possible. The lack of information could affect essential planning, decision-making, and outcomes. Additionally, the lack of information on the condition and capacities of local hospitals and other medical services, and the condition of people affected by the tornado incidents could have retarded state support, responses and advanced planning. Without additional information, the Situation Unit, the Plans Section, and the ECO could be caught moving in “the wrong direction”, making assumptions not based on “facts not in evidence”. Response could be seriously degraded.

Recommendations:

1. Planning Section Coordinator and planning section unit leaders conduct section and unit level training to insure assigned staff reaches proficient/technician level.
2. Section leader and unit leaders should conduct discussion based

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exercises (i.e. workshops, tabletop, games) to reinforce ESF-8 SOP requirements. Use incidents and events as centerpieces for “what would you do?” questions to be considered and answered by trainees.

Activity 1.26: Area for Improvement – Incomplete Incident Action Plans (IAP) (Obj-1)

Observation 1.26: IAPs were developed, and IAP briefings conducted. The IAPs, though approved, were not complete.

References:

1. ESF-8 SOP
2. SERT ESF-8 Planning Section, Situation Unit Standard Operation Guidelines

Analysis: Incident Action Plans were developed following the approved incident action plan template. The IAPs were prepared by the Deputy Planning Coordinator and the Planning Coordinator. The IAPs submitted don't document the approval of the ECO; however, it was observed that the information contained in the IAPs was reviewed with the ECO during at least two IAP meetings. After analyzing the IAPs, the conclusion is that the information is limited and did not provide the foundation for the direction of the response. For example, IAP Number 1 documents objective 3 as “Notify health and medical deployable teams for potential response.....”, this objective has been removed in IAP Number 2. The assumption would be the objective was completed however neither the IAP Number 2 nor the Situation Report 2 provides the information to what teams had been notified. The goal of the IAP is to establish the foundation of the response based on the approved objectives enforcing the concept is management by objectives. While the intent of the IAP was completed the exercise documented the need to improve the spirit of the IAP. The recommendation is to create the IAP process as the road map for the response.

Recommendations:

1. Include in appropriate plans, tools and templates for IAP planning a minimum of the following fully developed data points:
 - a. Situational Status
 - b. Objectives and Priorities
 - c. Organizational Structure
 - d. Resource Assignments (Equipment and Personnel)
 - e. Resource Tracking (Ordered, En route)
 - f. Incident Facilities
 - g. Incident Communication Plan
 - h. Critical Resource List
 - i. Logistical issues and concerns
 - j. Potential problems and concerns

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- k. Financial information
2. Ensure all command and general staff are organized and trained on the incident action planning process.
3. Ensure all planning section coordinators and unit leaders are trained to an operational and/or technician level of the process, concluding with a demonstration of the skill set.

Activity 1.27: Area for Improvement – Critical Resource List Development (Obj-1)

Observation 1.27: The Planning Section staff did not produce a timely or accurate critical resource list.

References: ESF-8 SOP and attachments

Analysis: The Planning Section staff did not identify critical resources during the onset of the event and created an incomplete and/or inaccurate list on the second day of the exercise, for example 1 SMRT deployed and 1 available. In this event, there were three separate requests for SMRT teams (Alachua, Georgia, Levy), of which two were filled and would be considered a critical resource based on the limited number of assets. The identification of what a critical resource is, is subject to interpretation as no current state guidance is available which identifies these assets, or what the criteria is for determining whether an asset is critical or not. Criticality may be based on the limited number of assets, availability or cost. Communications and coordination between ESF-8 coordinators should occur in order to develop a critical resource list during each operational period and the ECO informed on results.

Recommendations:

1. Pre-identify critical resource assets and include in appropriate planning documents
2. Determine a communications process that identifies who needs to be involved in determining incident critical resource assets and include in appropriate planning documents.
3. Provide orientation through technician level training on assets and processes to ESF-8 personnel as required.

Activity 1.28: Area for Improvement – Demobilization (Obj-4)

Observation 1.28: There was little planning for demobilization of personnel and deployed equipment.

References:

1. ESF-8 SOP and attachments

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Analysis: Once activation occurs, the demobilization process begins. Following the concepts of ICS and the ESF-8 SOP, the Planning Section Coordinator assumes responsibility for demobilization if the Demobilization Unit is not activated. The demobilization process was not initiated prior to prompting by exercise staff members and was incomplete at the termination of the exercise. The ESF-8 staff within the Tallahassee area of operations was not demobilized and the SMRT team deployed to Alachua County began the demobilization process but was not completed. Contributing factors to the incomplete demobilization process include the relative inexperience of the Planning Section Coordinator, the lack of depth in the demobilization unit staffing and the demobilization template and forms being in revision and not accessible to staff in the Planning Unit. Further coordination between the Resource Unit, Staffing Unit, Documentation Unit and the Demobilization Unit may contribute to prompting earlier consideration of initiating the demobilization process. In a sufficiently large incident, the lack of a demobilization plan, which is to be developed early in the incident response, could lead to either late or premature departure of personnel and equipment, squandering and loss of supplies and equipment, poor personnel morale, responder safety and health issues and financial accountability. Additionally, the lack of appropriate demobilization for prolonged events can cause confusion on re-deployment availability.

Recommendations:

1. Identify appropriate staffing levels for the Demobilization Unit in accordance with ESF-8 planning guidance.
2. Include coordination guidance on demobilization between the Resource Unit, Staffing Unit, Documentation Unit, and the Demobilization Unit in appropriate ESF documents.
3. Finalize demobilization unit supporting documents
4. Provide orientation through technician level training on assets and processes to ESF-8 personnel as required.

Activity 1.29: Area for Improvement – FDENS Alerting and Notification (Obj - 1)

Observation 1.29: Post FDENS notification message receipt verification process not completed

References:

1. FDOH EOP Emergency Notification Annex
2. FDOH Health Alert Network Policy

Analysis: Two FDENS alerts were sent, one pre-event and one to activate command for the exercise event. The pre-event FDENS alert was sent by the HAN on 2/15/12 to 308 registered users notifying them of the upcoming exercise. There was a 63%, (194/114) response to the alert. An FDENS ESF-8 command activation was conducted on Day 1 of the exercise and 19 of 23 people

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responded. In neither case was there evidence that a process was executed to insure that those who did not acknowledge the FDENS notification, were notified via an alternate means. In the first case this may be optional, the second case should be mandatory. FDENS is a tool that allows for expedient notifications, when a recall of personnel is involved the message initiator must have the responsibility to insure all personnel have received the message.

Recommendations:

1. Identify a process for 100% notification acknowledgement and follow-on actions for non-acknowledgement for appropriate messaging such as staff recalls/activations and include within appropriate planning documents.

Activity 1.30: Area for Improvement – Executive Order Review Process (Obj-3)

Observation 1.30: The process for reviewing the Governors Executive Order and Surgeon General Executive Order can be improved.

References:

1. ESF-8 SOP
2. F.S. 120.54(4); 252.46(2); 252.37(2); 252.929
3. DOHP 250-9-12, Chapter 60A-1 FL Admin Code

Analysis: The Governor's Executive Order (EO) was received and sent to the DOH ESF-8 legal counsel for review at 1530 on May 21st of the exercise. The Emergency Coordinating Officer and staff determined that a request for a Surgeon General Executive Order was not necessary. Obtaining a Surgeon General Executive Order is where agency policies and procedures can be suspended or altered to allow for appropriate response measures and personnel compensation if the Governors EO is not comprehensive. Typically, the Executive Order from the Governor and Surgeon General have been reviewed separately by several DOH staff members. Each staff would then notify legal on questionable or omitted permissions and request an amendment be issued. To improve the process and ensure that an Executive Order contains all delegations and permissions needed for ESF-8 and the DOH to respond and recover from emergencies and disasters should have pre identified staff that will review Executive Orders and make necessary recommendations. These reviews would be coordinated and routed through ESF-8 Plans Section Chief and given to the Emergency Coordinating Officer to provide to the FDOH ESF-8 legal staff.

Recommendations:

1. Identify the Executive Order review process in appropriate planning documents.

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2. Provide training for appropriate ESF-8 staff to include the Section Chiefs and the DOH Purchasing Administrator Finance in what to look for in the EO and how to interpret.
3. Create a distribution list that can be routed for review and recommendation of all Executive Orders for the purpose of requesting supplemental orders; participants should be the ECO, Deputy ECO, BPR Bureau Chief, ESF-8 Attorney, ESF-8 Finance & Admin Coordinator, ESF-8 Logistics Coordinator, ESF-8 Planning Coordinator, DOH Finance & Accounting Bureau Chief, DOH Budget Bureau Chief, and DOH Purchasing Administrator.
4. Identify a similar review process for Surgeon General Executive Orders.

Activity 1.31: Area for Improvement – Financial Tracking and Analysis (Obj-5)

Observation 1.31: Finance Staff did not have the knowledge needed to execute the tasks.

References:

1. ESF-8 SOP
2. Finance and Administration Job Action Sheets

Analysis: Financial activities were not met during the exercise for three reasons: the design and length of the exercise did not allow tasks to be performed; the finance staff did not have the knowledge needed to execute the tasks and; a deficiency in organizing, consolidating and disseminating information and data collected by the Resource Unit. Documentation normally collected was not available since the exercise play and timeline did not advance enough to generate their creation. For example, log of expenditures, timesheet and payroll reports, travel summary logs, vehicle and mileage logs would be created during an incident, maintained and collected for reconciliation and reimbursement. Documents that could be developed were not due to finance and resource staff lacking the knowledge needed to create and distribute the information, as well as understanding how the information impacts other units. Such documents would be a mission log, staff roster, deployment log, accounting codes handout, and current financial totals (which was provided by the evaluator). In the past 3 years, finance has succeeded in accomplishing these activities but has experienced difficulty in the area of obtaining accurate information of resources, such as a complete staff listing, vehicle logs, equipment used or purchased, and communication devices in use. Leadership mentoring and training can aid in avoiding gaps of knowledge that would interfere with the completion of responsibilities and procedures, as they have been established.

Recommendations:

1. Conduct a workshop for Staffing Unit, Resource Unit, Logistics, Finance and Plans unit members to clearly identify and understand how they relate and what is required of each unit to support the others.
2. Schedule quarterly training and drills of responsibilities and tasks needed for the Finance, Resource and Materials Units.
3. Fully test the Logistics and Finance coordination and execution capability.

Activity 1.32: Strength – Manage Emergency Public Information and Warnings (Obj-3)

Observation 1.32: Upon notification (via inject), FDOH Office of Communication deputy press secretary texted press secretary with information about unfolding event to begin coordination of crisis communication response efforts at state and local level

References:

1. FDOH CERC Annex
2. Call-down lists (in this case, use of CHD PIO distribution list)

Analysis: By quickly assessing the situation, the press secretary was able to advise the communications director quickly about event, then effectively connected with, and provide support to, Alachua CHD PIO who in this case, was also the director/administrator. Once briefed by the CHD PIO, the press secretary briefed the communications director to determine next steps. The Press Secretary then contacted all potential Information Management Unit members, briefed each on incident, and asked all to stand by for potential public health messaging requests (including news releases, FAQs, talking points, social media, etc. As there was no IAP in the initial period, public information was to be developed according to the CERC Annex.

Recommendations: None

Activity 1.33: Area for Improvement – Establishing a Joint Information System (Obj-3)

Observation 1.33: The local Joint Information System / Joint Information Center was established at 12:10 p.m., Day 1; At the state level the Virtual JIC activated on Day 2.

References:

1. FDOH ESF-8 SOP, CERC Annex
2. FDOH Virtual JIC Standard Operating Guidelines

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Analysis: The FDOH Office of Communications and Information Management Unit could have been better utilized to support the Alachua CHD and JIC by providing the Virtual JIC capability and development of messaging materials when the Alachua EOC was having computer issues (Day 1).

Recommendations:

1. Better align crisis communications and emergency response plans, capabilities between state, local public information officers and other partners.
2. Collaborate with response partner PIOs to solve low to no availability of technologies to minimize delay of public information dissemination during a response. (What are true redundancies / back-up capabilities across agencies, organizations?).

Activity 1.34: Area for Improvement – Initial Assessment and Resource Needs (Obj-1)

Observation 1.34: There was no initial assessment and documentation of initial resource needs and availability.

References:

1. FDOH ESF-8 SOP
2. Situation Unit SOG

Analysis: The ability to provide an initial assessment and the identification of resource needs and availability is a team task that involves coordination between the Situation Unit, Resource Unit and Staffing Unit. The Situation Unit maintains situational awareness of the response by gathering and analyzing information from the SEOC, impacted counties, technical specialists, field observers, federal partners and historical data. The Resource Unit forecasts and documents additional resource deployments and shortfalls and the Staffing Unit activates personnel for validated and assigned mission requests. The coordination of these activities did not occur in support of the initial assessment which may have impacted moving from a reactive response into a proactive one. Factors that may have contributed to this being unsuccessful was the depth of available personnel, newly assigned personnel and the need for additional training, both at the individual and team levels. Participants also identified a need for a Resource Unit standard operating guideline.

Recommendations:

1. Develop or complete the Resource Unit SOG.
2. Provide orientation through technician level training on assets and processes to ESF-8 personnel as required.
3. Provide systems team training to the Situation Unit, Resource Unit and Staffing Unit.

Activity 1.35: Area for Improvement – Situation Status Display Boards (Obj-1)

Observation 1.35: There were no viable display boards of pertinent ESF-8 information in the ESF-8 operating location in the SEOC and/or other operating locations.

References: FEMA ICS Position Checklists, Situation Unit Leader, http://training.fema.gov/EMIWeb/IS/ICSResource/assets/SitUL_PCL.pdf

Analysis: The effective operations of the SERT ESF-8 organization depends on the shared knowledge of the current situation and potential future impacts referred to as situational awareness. Events can evolve rapidly and with the ESF-8 operating from multiple locations the potential for missed communications/event updates can degrade the efforts of supporting elements. The Situation Unit should be the “go to” place for current information and by maintaining a situation status board that provides the primary elements of a common operating picture will keep the ESF-8 team up to speed.

Recommendations:

1. Determine elements needed for a situation status board, to include primary contributors, consider:
 - a. Name of Event
 - b. Nature of event
 - c. Location of incident
 - d. Extent of incident
 - e. Weather
 - f. Activation Level
 - g. Nature and status of response operations
 - h. Missions supported
 - i. Current IAP number
 - j. Meeting schedule
 - k. Operational period
2. Update the ESF-8 SOP and Situation Unit SOG as applicable
3. Determine the best method to project, maintain and update the status board at all operating locations
4. Consider commercial off the shelf products

Activity 1.36: Area for Improvement – Resource Accountability and Reporting (Obj – 2/3)

Observation 1.36: The tracking of resources and development and dissemination of resource reports which include status of deployed resources, forecasted resources needs and targets for recruitment was not accomplished.

References:

1. FDOH ESF-8 SOP
2. FEMA National Incident Management System,
http://www.fema.gov/pdf/emergency/nims/ics_forms_2010.pdf

Analysis: The necessary communications and tasks required in order to accomplish resource accountability and reporting were not accomplished. This collection of information also aids in determining and providing the Critical Resource Report provided during the Incident Action Plan Meeting. Feeding into resource tracking and reporting was the inability to accurately capture assigned staffing for the ICS 203 according to at least one participant. There is currently no or unclear ESF-8 guidance, tools or templates that address what must be captured, nor a requirement for creating resource reports (Other than Critical Resource Reports). By creating the appropriate guidance and tools for use will assure the Planning Coordinator has regular updates of resource status and will aid in identifying any actual or potential resource shortages, lost or missing resources, and/or resources nearing the end of their deployment period. Increased systems communication between Materials, Staffing, Demobilization and the Resource Unit will aid in effective resource management. The utilization of the Resource Status Card (T-Card), ICS 219s as a tool will aid in tracking resources through the response, a measure of success as identified by the ESF-8 SOP.

Recommendations:

1. Develop or complete the Resource Unit SOG
2. Develop a Resource Report Template
 - a. Include status of deployed resources, forecasted resources needs and targets for recruitment
3. Implement utilization of the Resource Status Card (T-Card), ICS 219s
4. Provide systems team training to the Materials Unit, Demobilization Unit, Resource Unit and Staffing Unit.

Activity 1.37: Area for Improvement – Standardized Terminology for EM Constellation (Obj-2)

Observation 1.37: Terminology entered into EMC Test confused players and exercise staff.

References:

1. Florida Comprehensive Emergency Management Plan
2. ICS Management Characteristics, Common Terminology

Analysis: The EM Constellation system is an essential tool for maintaining a common operational picture for all emergency support functions. Some participants found that some verbiage utilized for mission updates were

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confusing. Constant utilization of the term “mobilizing” by the logistics coordinator led to confusion by the Deployment Mission Specialist on communications with regional points of contact. This can cause a duplication of efforts, loss of time or failure to act based on the belief the task has been accomplished. Defining and standardizing terminology used can reduce mission confusion. Consistent verbiage should be determined that applies to all ESF-8, which is also consistent with EM Constellation, along with a definition of terms for example: Standby - notified that assets need to be prepared for activation; activated - notified that assets have been officially tasked with a mission; mobilizing - asset is activated and gathering equipment and personnel for departure; deploying -In-transit; operational - reported into the ICS structure; demobilizing - operations have ceased and are preparing to return or are in transit; demobilized – completed the demobilization process and; redeployed-relocated from area to another area.

Recommendations:

1. Identify common verbiage to be utilized across ESF-8 and within EM Constellation.

SECTION 4: CONCLUSION

The Tempests Guard full scale exercise represented a number of “firsts”. It was the first full scale and medical surge exercise of this size and scope to be sponsored by the Florida Department of Health. It was the first time the DOH has deployed elements of the State Medical Response Team (SMRT) in support of an agency conducted exercise. It was the first time that the concept of an Exercise Evaluation and Planning Team has executed an exercise for the Department. Along with firsts comes a learning opportunity and room for improvement.

The intent behind the exercise was to test the Florida Emergency Support Function-8, Public Health and Medical Services’ ability to respond to a medical surge event that meet the standards as identified in the Center for Disease Control and Prevention’s Public Health Preparedness Capabilities: National Standards for State and Local Planning document. In order to better assess this capability, the FDOH partnered with Alachua County and a number of local government, non-profit and healthcare facilities in execution. This combined effort was impressive and provided ample opportunity to assess the multiple moving parts, pieces and systems involved at various levels. Alachua County’s After Action Report has been developed and activities captured at the local level have not been captured within this document unless otherwise indicated.

While there were some bumps in the exercise planning and execution process, the exercise remained on track and garnered positive comments for its realistic scenario and event timelines. Florida, in general and with some cause, is geared to hurricanes which provide the opportunity for advanced planning and staffing considerations. This approach can be counter-productive to an all-hazards approach to preparedness and response. The ability to execute tasks and functions during a no-notice, any day, any time event, provides a truer assessment as to the depth and preparedness of staff, plans and equipment.

Although some objectives were not met, the exercise was hugely successful in showing where opportunities for growth and system maturity can occur at the State ESF-8 level. Overwhelmingly both participants and the exercise evaluation team identified the need and desire for additional position specific and a systems approach to training. Planning was an additional area that requires attention. Generally, there was confusion as to what plans were current, where to locate approved plans, the availability of supporting tools and the status of plans being developed. Some of these items are in progress or are waiting in a queue, while others warrant development as they will provide added value by either reducing time or providing a process improvement. Staffing and the “Three Deep Roster” was also a point of confusion as the current approved list is not up to date and contains shortfalls in staffing positions. Once this can be rectified and personnel are assigned and trained, ESF-8 can expect improvements in performance.

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Including the SMRT in the exercise provided valuable information which can be used to develop or refine operating guidelines. There was a plethora of information learned prior to and during the exercise. There were several items that were previously assumed that we now have established a point of reference for in order to progress. Team members demonstrated motivation and pride at the deployed location, which has been commended.

As previously mentioned, this exercise contained a number of “firsts”, it also established a baseline for future operations and exercises. With an eye on an “All-Hazards” approach and building a “Culture of Preparedness” of anytime, anywhere, the FDOH ESF-8 function continues forward with taking care of the citizenry of the State of Florida.

SECTION 4A: ALACHUA COUNTY HEALTH CONCLUSION

If the objective of exercising is to test developed plans, identify gaps, revise strategies and learn from successes and mistakes, then the March 2012 Tempest Guard exercise was a success. The Alachua CHD had a mass casualty plan in place complete with checklists, logical sequencing of necessary actions, available inventories and relevant contact information. Significant gaps in staff capabilities, staffing patterns and WEBEOC functionality were identified. The Alachua CHD, in concert with its community response partners, is working to address these deficiencies.

Overall, I would characterize coordination with the State as very good. Once local and regional resources were approaching depletion, requests from the State ESF-8 desk were filled. A significant deficiency in the local WEBEOC data base was the lack of specific asset typed templates. For example, the Alachua ESF-8 desk could not request a FEMORS; we had to request a DMORT. Likewise, the template had the capability to request a DMAT but not a SMART. State ESF-8 quickly made the appropriate conversions.

The local hospital response to an Alternative Care Site was well received. It is my sense that this exercise solidified the benefits to our hospital leadership of supporting the concept of an ACS. Actually setting them up on hospital grounds provided invaluable lessons on logistics that will benefit future events. The deployment of the SMART was, from my perspective, seamless and efficient. Their presence and the option they provided was a major asset in our community's ability to respond. While I did not have the opportunity to personally visit the SMART location, all reports indicated that it was very impressive, fully capable and self supporting.

Public information had its challenges but were quickly addressed after the first day. Staffing patterns of the Alachua CHD at the ESF-8 desk where numerous roles are filled by a few individuals was the root cause of the issue. This is a valuable lesson as this condition is not unique to Alachua County; many CHD's rely on limited staff to serve various roles concurrently.

As initially stated, many lessons were learned during this exercise that will benefit future responses. Thank you for the opportunity to contribute.

Paul D. Myers, M.S.
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APPENDIX A: IMPROVEMENT PLAN

This IP has been developed specifically for the State of Florida Department of Health as a result of the Tempests Guard FSE conducted on 21-23 March 2012. These recommendations draw on both the After Action Report and the After Action Conference. The IP should include the key recommendations and corrective actions identified in *Section 3: Analysis of Capabilities*, the After Action Conference, and the EEGs. The IP has been formatted to align with the *Corrective Action Program System*.

Table A.1: Improvement Plan Matrix

Capability	Observation Title	Recommendation	Capability Element	Primary Responsible Department	Agency POC	Start Date	Completion Date
Medical Surge	Observation 1.1: Positive attitude of assigned logistics personnel added to the exercise environment	Strength	Analysis: The event evolved with a series of artificialities that compounded as the event wore on. At many times during the exercise, modifications to the current logistics process had to be made on the fly in order for the exercise to be effective such as the lack of proper coding. During an event, these types of occurrences would be rectified expeditiously but in the exercise environment there is a tendency to chalk it up to artifice however, the ESF-8 Logistics staff worked together as a team in responding to the exercise scenario and modifying procedures to get full advantage of the exercise. The participants carried out their modified duties as if it were actual events.				
	Observation 1.2: SMRT activation procedures deviate from standard operating procedures and required logistical	1. Align SMRT resource activation to follow the same processes as do other State ESF resources.	Planning	DOH Bureau of Preparedness & Response	Logistics Unit Manager	7 May 2012	30 Aug 2012

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Capability	Observation Title	Recommendation	Capability Element	Primary Responsible Department	Agency POC	Start Date	Completion Date
	support is not identified in plans.	2. Identify in appropriate planning documents required logistical support/services required to be mobilized in support of SMRT teams	Planning	DOH Bureau of Preparedness & Response	Emergency Coordinating Officer	7 May 2012	31 Oct 2012
	Observation 1.3: Due to a shortage of Logistics Coordinators, a Mission Specialist had to stand in as the Logistics Coordinator	Strength	Analysis: A Logistics Mission Specialist was “promoted” well above his normal duties into a mission critical position due to the unexpected shortage of pre-identified Logistics Coordinators. His performance as Logistics Coordinator was beyond expectation and he managed the exercise in an exemplary manner making effective use of his personnel limitations to effectively respond to the changing environment of the event. The exercise team commends him for his actions and “Can-Do” approach during the exercise.				
	Observation 1.4: Some members struggled with adapting into their response roles as alignment of normal tasks is dissimilar to response tasks.	1. Review the ESF-8 organizational structure and matching personnel assignments and conduct a comparative analysis against daily position requirements and adjust assignments based on best match.	Personnel	DOH Bureau of Preparedness & Response	Emergency Coordinating Officer	7 May 2012	1 July 2012
		2. Expand manpower resource pool for ESF-8 by pursuing inclusion of all FDOH divisions in direct support of ESF-8 response to emergencies and disasters.	Personnel	DOH Bureau of Preparedness & Response	Emergency Coordinating Officer	7 May 2012	1 May 2013

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Capability	Observation Title	Recommendation	Capability Element	Primary Responsible Department	Agency POC	Start Date	Completion Date
	Observation 1.5: Participants stated that they were not familiar with the locations of the "official" plans.	1. Continue to centralize the location of all approved plans to create a single focal point for approved plans. Review the various locations where, official, unofficial and draft ESF-8 documentation are housed and then consolidate into one centralized location	Planning	DOH Bureau of Preparedness & Response	Planning Unit Leader	7 May 2012	1 Nov 2012
		2. Continue to promote the use of the existing centralized policies and plans system and location. In addition, continue to discourage the practice by some ESF 8 responders relying upon personal, and thus "unofficial", storage and retrieval systems for ESF 8 plans and procedures.	Planning	DOH Bureau of Preparedness & Response	Planning Unit Leader	7 May 2012	1 Nov 2012
	Observation 1.6: Job Action Sheets were not available to all ESF-8 staff members and may have hindered effectiveness.	1. Insure Job Action Sheets contain sufficient data points that will enable task accomplishment .a. Complete the development, review and approval process of Job Action Sheets b. . Insure Job Action Sheets correlate with other functions and activities as appropriate c. . Insure Job Action Sheets correlate with other functions and activities as appropriate	Planning	DOH Bureau of Preparedness & Response	ESF-8 Systems Unit Leader	7 May 2012	1 Sept 2012

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Capability	Observation Title	Recommendation	Capability Element	Primary Responsible Department	Agency POC	Start Date	Completion Date
	Observation 1.7: Minimal participation by the FDOH Finance and Accounting Bureau resulted in negative impacts on ESF-8 Logistics	1. The FDOH Exercise Planning and Evaluation Team assess the FIS “test system” and other avenues for creating a more realistic robust environment for logistics and finance for inclusion into the next relevant exercise.	Exercise	DOH Bureau of Preparedness & Response	Training, Exercise & Evaluation Unit Leader	7 May 2012	1 May 2013
	Observation 1.8: The initial activation process can be optimized by following written guidance, consolidating staffing roles and utilizing a single activation system.	1. Staffing POC to comply with guidance provided within the ESF-8 SOP	Logistics	DOH Bureau of Preparedness & Response	Logistics Unit Manager	7 May 2012	1 Nov 2012
		2. Develop a system that ensures all personnel are accounted for once they arrive at the duty location. This may include sign-in sheets (electronic or paper-based), Unit Leader reports or use of a T-Card system amongst other options.	Logistics	DOH Bureau of Preparedness & Response	Logistics Unit Manager	7 May 2012	1 Nov 2012
		3. The Staffing POC positions coordinate with the CCOC Activation Staffing Specialist within the Staffing Unit on activations.	Logistics	DOH Bureau of Preparedness & Response	Logistics Unit Manager	7 May 2012	1 Nov 2012

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Capability	Observation Title	Recommendation	Capability Element	Primary Responsible Department	Agency POC	Start Date	Completion Date
		4. Utilize the ServFL system as the sole system for the notification, activation, personnel tracking and demobilization tool.	Communications	DOH Bureau of Preparedness & Response	Information Management Unit Leader	7 May 2012	1 May 2013
		5. Resource Unit aggressively track personnel activations and coordinate with the Staffing Unit.	Logistics	DOH Bureau of Preparedness & Response	Logistics Unit Manager	7 May 2012	1 Nov 2012
		6. Add the Staffing POC to the "Three Deep" notification roster.	Logistics	DOH Bureau of Preparedness & Response	Logistics Unit Manager	7 May 2012	1 Nov 2012
	Observation 1.9: The approved Three Deep Roster is incomplete and outdated.	1. Recruit appropriate personnel from FDOH CCOC to fill positions.	Personnel	DOH Bureau of Preparedness & Response	Emergency Coordinating Officer	7 May 2012	15 Jun 2012
		2. Coordinate position assignments, update and post a current approved Three Deep Roster	Personnel	DOH Bureau of Preparedness & Response	ESF-8 Systems Unit Manager	7 May 2012	1 Nov 2012
	Observation 1.10: Unreliability in SMRT transportation assets can cause a significant delay in a time sensitive response.	1. Conduct a needs analysis of transportation capability and capacity required for SMRT response based on equipment and personnel load plans	Logistics	DOH Bureau of Preparedness & Response	Logistics Unit Manager	7 May 2012	1 Nov 2012
		2. Identify acceptable response times for vehicle availability	Logistics	DOH Bureau of Preparedness & Response	Logistics Unit Manager	7 May 2012	1 Nov 2012
		3. Identify any State assets that may be utilized to fill gaps (i.e. Department of Transportation, National Guard, etc)	Logistics	DOH Bureau of Preparedness & Response	Logistics Unit Manager	7 May 2012	1 Nov 2012

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Capability	Observation Title	Recommendation	Capability Element	Primary Responsible Department	Agency POC	Start Date	Completion Date
		4. Identify vendors which can provide any unfilled requirements for planned or unplanned events in a timeline identified by the FDOH	Logistics	DOH Bureau of Preparedness & Response	Logistics Unit Manager	7 May 2012	1 Nov 2012
	Observation 1.11: Deployed SMRT coalesced seamlessly forming into a cohesive unit.	Strength	Analysis: SMRT team members demonstrated clearly defined skill sets and incident management roles. The team for the Alachua County portion of the exercise was a composite of members from Teams 3 and 4. The members from the two teams integrated and worked well together seamlessly to the point where an observer would be unaware of which members were from which team.				
	Observation 1.12: Validation of SMRT credentials are not being conducted prior to deployment.	1. Define a clear process for the updating and verification of team members' licensure, credentialing and competency and capture in appropriate planning documents and contractual requirements.	Logistics	DOH Bureau of Preparedness & Response	Logistics Unit Manager	7 May 2012	1 Nov 2012
		2. Validate licensure in SERVFL prior to deploying teams.	Logistics	DOH Bureau of Preparedness & Response	Logistics Unit Manager	7 May 2012	1 Nov 2012
	Observation 1.13: Costs for deploying the SMRT may be prohibitive for other than events declared under an executive order.	1. Conduct a cost-benefit analysis to determine the most effective and efficient manpower strategy that meets the needs of the state without compromising response and operational timelines	Logistics	DOH Bureau of Preparedness & Response	Logistics Unit Manager	7 May 2012	1 Jan 2013
		2. Consider the viability of separating Logistics and Medical Staff requirements.	Logistics	DOH Bureau of Preparedness & Response	Logistics Unit Manager	7 May 2012	1 Jan 2013

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Capability	Observation Title	Recommendation	Capability Element	Primary Responsible Department	Agency POC	Start Date	Completion Date
	Observation 1.14: Maintenance of SMRS equipment/supplies should mirror industry standards.	1. Identify which equipment items in the SMRS cache require specialize maintenance or calibration and appropriate maintenance schedule to align with industry standards	Logistics	DOH Bureau of Preparedness & Response	Logistics Unit Manager	7 May 2012	1 Jun 2013
		2. Identify who, how and when in appropriate plans and contract documents.	Logistics	DOH Bureau of Preparedness & Response	Logistics Unit Manager	7 May 2012	1 Jun 2013
		3. Conduct an immediate check of all cached equipment requiring periodic maintenance	Logistics	DOH Bureau of Preparedness & Response	Logistics Unit Manager	7 May 2012	1 Jun 2012
		Develop an ongoing plan for all SMRS equipment maintenance	Logistics	DOH Bureau of Preparedness & Response	Logistics Unit Manager	7 May 2012	1 Jun 2013
	Observation 1.15: There was an absence of medical direction at the Alachua County deployed site which impacts on-site standing orders and standard protocols.	1. Identify the process for determining on-site medical direction and approval authority prior to team deployment and include in appropriate planning documents	Planning	DOH Bureau of Preparedness & Response	Logistics Unit Manager	7 May 2012	15 Jun 2012
		2. Identify a process that insures a team has medical direction prior to deployment either by the requesting agency or provided by the state.	Planning	DOH Bureau of Preparedness & Response	Logistics Unit Manager	7 May 2012	15 Jun 2012

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Capability	Observation Title	Recommendation	Capability Element	Primary Responsible Department	Agency POC	Start Date	Completion Date
		3. Develop standing orders/standard protocols for triage and patient care that meets the needs and limitations of the state and approved by the state	Planning	DOH Bureau of Preparedness & Response	Medical Surge Unit Manager	7 May 2012	1 May 2013
	Observation 1.16: The process for the documentation of patient care in the medical record, the audit of that care, and the storage and retrieval of the record is not defined.	1. Develop and implement a standard medical treatment record for field use, consider the viability of an electronic system.	Planning	DOH Bureau of Preparedness & Response	Medical Surge Unit Manager	7 May 2012	1 Jun 2013
		2. Identify in appropriate planning documents a process for the audit, storage and retrieval of medical records.	Planning	DOH Bureau of Preparedness & Response	Medical Surge Unit Manager	7 May 2012	1 Jun 2013
		3. Provide training to SMRT teams on appropriate medical record management.	Planning	DOH Bureau of Preparedness & Response	Medical Surge Unit Manager	7 May 2012	1 Jun 2013
	Observation 1.17: An established patient tracking process was not apparent	1. Develop and implement a field based patient tracking system that is interoperable with local, state and federal systems.	Logistics	DOH Bureau of Preparedness & Response	Logistics Unit Manager	7 May 2012	1 May 2013
		2. Identify in appropriate planning documents a process for patient tracking.	Logistics	DOH Bureau of Preparedness & Response	Logistics Unit Manager	7 May 2012	1 May 2013
		3. Provide training to SMRT teams on appropriate patient tracking plans, methodologies and/or systems.	Logistics	DOH Bureau of Preparedness & Response	Logistics Unit Manager	7 May 2012	1 May 2013

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Capability	Observation Title	Recommendation	Capability Element	Primary Responsible Department	Agency POC	Start Date	Completion Date
	Observation 1.18: The number of patients that can be treated at a SMRT operated alternate care site is an unknown quantity.	1. Develop evidence based throughput estimates for each SMRT configuration.	Logistics	DOH Bureau of Preparedness & Response	Logistics Unit Manager	7 May 2012	1 Nov 2012
		2. Develop evidence based throughput estimates for each SMRT configuration and document in appropriate planning documents	Logistics	DOH Bureau of Preparedness & Response	Logistics Unit Manager	7 May 2012	1 Nov 2012
	Observation 1.19: Deployed SMRT members did not follow infection control practices during patient treatment.	Team members to complete the following training courses: a. DOH Bloodborne Pathogens Training 2012 b. DOH OSHA Training 2012	Training	DOH Bureau of Preparedness & Response	Logistics Unit Manager	7 May 2012	1 Aug 2012
	Observation 1.20: SMRT communications were minimal if any with the local emergency medical system, emergency management or other healthcare providers	1. Identify in appropriate planning documents, job action sheets or checklists the process and protocols for establishing communications with the local emergency management/response structure.	Communications	DOH Bureau of Preparedness & Response	Logistics Unit Manager	7 May 2012	1 Nov 2012

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Capability	Observation Title	Recommendation	Capability Element	Primary Responsible Department	Agency POC	Start Date	Completion Date
	Observation 1.21: Team members identified a gap in discharge planning, transfer and transport after discharge from the ACS.	1. Identify and develop patient discharge, transfer and transportation protocols, which take into account patient tracking, into appropriate planning documents.	Planning	DOH Bureau of Preparedness & Response	Logistics Unit Manager	7 May 2012	1 Nov 2012
		2. Provide training to SMRT teams and other stakeholders on appropriate protocols.	Training	DOH Bureau of Preparedness & Response	Logistics Unit Manager	7 May 2012	1 Nov 2012
	Observation 1.22: Situation Unit personnel did not assimilate the “culture of preparedness, response and immersion” into the exercise.	1. ESF-8 supervisory personnel brief appropriate staff on response and support expectations at the on-set of a contingency	Operations	DOH Bureau of Preparedness & Response	Emergency Coordinating Officer	7 May 2012	1 Aug 2012
		2. Personnel in ESF-8 supervisory positions establish and maintain standards in future operations.	Operations	DOH Bureau of Preparedness & Response	Emergency Coordinating Officer	7 May 2012	1 Aug 2012
		3. Activated and assigned personnel maintain focus on response operations until demobilized.	Operations	DOH Bureau of Preparedness & Response	Emergency Coordinating Officer	7 May 2012	1 Aug 2012

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Capability	Observation Title	Recommendation	Capability Element	Primary Responsible Department	Agency POC	Start Date	Completion Date
		4. Consolidate to as few operating locations within the CCOC complex as possible to eliminate day to day distractions and increase coordination and communications.	Operations	DOH Bureau of Preparedness & Response	Emergency Coordinating Officer	7 May 2012	1 Aug 2012
	Observation 1.23: Situation Unit personnel did not exhibit assimilation of basic Incident Command System (ICS) principles.	1. Review alignment of experience, position requirements and personnel availability to insure that the most qualified, experienced personnel are in appropriate positions	Planning	DOH Bureau of Preparedness & Response	ESF-8 Systems Unit Manager	7 May 2012	1 June 2012
		2. Planning Section Coordinator and planning section unit leaders conduct section and unit level training to insure assigned staff reaches proficient/technician level and conduct discussion based exercises.	Training	DOH Bureau of Preparedness & Response	ESF-8 Systems Unit Manager	7 May 2012	1 May 2013
	Observation 1.24: There was insufficient assimilation of the contents the ESF-8 SOP and its attachments during initial activities.	1. Planning Section Coordinator and planning section unit leaders conduct section and unit level training to insure assigned staff reach proficient/technician level. Section leader and unit leaders should conduct discussion based exercises (i.e. workshops, tabletop, games) to reinforce ESF-8 SOP requirements.	Training	DOH Bureau of Preparedness & Response	ESF-8 Systems Unit Manager	7 May 2012	1 May 2013

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Capability	Observation Title	Recommendation	Capability Element	Primary Responsible Department	Agency POC	Start Date	Completion Date
		2. ESF-8 leaders and coordinators conduct integrated ESF-8 training and exercises of designated staff (ESF-8 “Three Deep Roster” and principle technical experts). This program will focus on the contents and procedures prescribed in the ESF-8 SOP and its most commonly used attachments, gradually building in tempo and complexity.	Training	DOH Bureau of Preparedness & Response	ESF-8 Systems Unit Manager	7 May 2012	1 May 2013
	Observation 1.25: The Situation Unit can be more aggressive in pursuing information that could have aided leadership decision making.	1. Planning Section Coordinator and planning section unit leaders conduct section and unit level training to insure assigned staff reach proficient/technician level.	Training	DOH Bureau of Preparedness & Response	ESF-8 Systems Unit Manager	7 May 2012	1 May 2013
		2. Section leader and unit leaders should conduct discussion based exercises (i.e. workshops, tabletop, games) to reinforce ESF-8 SOP requirements. Use incidents and events as centerpieces for “what would you do?” questions to be considered and answered by trainees.	Exercises	DOH Bureau of Preparedness & Response	ESF-8 Systems Unit Manager	7 May 2012	1 May 2013

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Capability	Observation Title	Recommendation	Capability Element	Primary Responsible Department	Agency POC	Start Date	Completion Date
	Observation 1.26: IAPs were developed, and IAP briefings conducted. The IAPs, though approved, were not complete.	1. Include in appropriate plans, tools and templates for IAP planning a minimum of the following data points: a. Situational Status b. Objectives and Priorities c. Organizational Structure d. Resource Assignments (Equipment and Personnel) e. Resource Tracking (Ordered, En route) f. Incident Facilities g. Incident Communication Plan h. Critical Resource List i. Logistical issues and concerns j. Potential problems and concerns k. Financial information	Planning	DOH Bureau of Preparedness & Response	ESF-8 Systems Unit Manager	7 May 2012	1 May 2013
		2. Ensure all command and general staff are organized and trained on the incident action planning process.	Training	DOH Bureau of Preparedness & Response	ESF-8 Systems Unit Manager	7 May 2012	1 May 2013
		3. Ensure all planning section coordinators and unit leaders are trained to an operational and/or technician level of the process, concluding with a demonstration of the skill set.	Training	DOH Bureau of Preparedness & Response	ESF-8 Systems Unit Manager	7 May 2012	1 May 2013
	Observation 1.27: The Planning Section staff did not produce a critical resource list	1. Pre-identify critical resource assets and include in appropriate planning documents.	Logistics	DOH Bureau of Preparedness & Response	Logistics Unit Manager	7 May 2012	15 Jun 2012

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	either by oversight or by determining that no critical resources were involved.	2. Determine a communications process that identifies who needs to be involved in determining incident critical resource assets and include in appropriate planning documents.	Communications	DOH Bureau of Preparedness & Response	Logistics Unit Manager	7 May 2012	1 Nov 2012
		3. Provide orientation through expert level training on assets and processes to ESF-8 personnel as required.	Training	DOH Bureau of Preparedness & Response	ESF-8 Systems Unit Manager	7 May 2012	1 May 2013
	Observation 1.28: There was little planning for demobilization of personnel and deployed equipment.	1. Identify appropriate staffing levels for the Demobilization Unit in accordance with ESF-8 planning guidance.	Planning	DOH Bureau of Preparedness & Response	Training, Exercise & Evaluation Unit Manager	7 May 2012	1 Sep 2012
		2. Include coordination guidance on demobilization between the Resource Unit, Staffing Unit and the Demobilization Unit in appropriate ESF documents.	Planning	DOH Bureau of Preparedness & Response	ESF-8 Systems Unit Manager	7 May 2012	1 Nov 2012
		3. Finalize demobilization unit supporting documents.	Planning	DOH Bureau of Preparedness & Response	ESF-8 Systems Unit Manager	7 May 2012	1 Feb 2013
		4. Provide orientation through expert level training on assets and processes to ESF-8 personnel as required.	Planning	DOH Bureau of Preparedness & Response	ESF-8 Systems Unit Manager	7 May 2012	1 May 2013

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Capability	Observation Title	Recommendation	Capability Element	Primary Responsible Department	Agency POC	Start Date	Completion Date
	Observation 1.29: Post FDENS notification message receipt verification process not completed	1. Identify a process for 100% notification acknowledgement for appropriate messaging such as staff recalls/activations if FDENS remains a primary source for activation notifications within appropriate planning documents.	Communications	DOH Bureau of Preparedness & Response	ESF-8 Systems Unit Manager	7 May 2012	1 Nov 2012
	Observation 1.30: The process for reviewing the Governors Executive Order and Surgeon General Executive Order can be improved.	1. Identify the Executive Order review process in appropriate planning documents.	Planning	DOH Bureau of Preparedness & Response	ESF-8 Systems Unit Manager	7 May 2012	1 Nov 2012
		2. Provide training for appropriate ESF-8 staff to include the Section Chiefs and the DOH Purchasing Administrator Finance in what to look for in the EO and how to interpret.	Planning	DOH Bureau of Preparedness & Response	ESF-8 Systems Unit Manager	7 May 2012	1 Nov 2012
		3. Create a distribution list that can be routed for review and recommendation of all Executive Orders; participants should be the ECO, Deputy ECO, BPR Bureau Chief, ESF-8 Attorney, ESF-8 Finance & Admin Coordinator, ESF-8 Logistics Coordinator, ESF-8 Planning Coordinator, DOH Finance & Accounting Bureau Chief, DOH Budget Bureau Chief, and DOH Purchasing Administrator.	Planning	DOH Bureau of Preparedness & Response	ESF-8 Systems Unit Manager	7 May 2012	1 Nov 2012

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Capability	Observation Title	Recommendation	Capability Element	Primary Responsible Department	Agency POC	Start Date	Completion Date
		4. Identify a similar review process for Surgeon General Executive Orders.	Planning	DOH Bureau of Preparedness & Response	ESF-8 Systems Unit Manager	7 May 2012	1 Nov 2012
	Observation 1.31: Finance Staff did not have the knowledge needed to execute the tasks.	1. Conduct a workshop for Staffing Unit, Resource Unit, Logistics, Finance and Plans unit members to clearly identify and understand how they relate and what is required of each unit to support the others.	Training	DOH Bureau of Preparedness & Response	ESF-8 Systems Unit Manager	7 May 2012	1 May 2013
		2. Schedule quarterly training and drills of responsibilities and tasks needed for the Finance, Resource and Materials Units.	Exercise	DOH Bureau of Preparedness & Response	ESF-8 Systems Unit Manager	7 May 2012	1 May 2013
		3. Fully test the Logistics and Finance coordination and execution capability	Training	DOH Bureau of Preparedness & Response	ESF-8 Systems Unit Manager	7 May 2012	1 Aug 2012

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Capability	Observation Title	Recommendation	Capability Element	Primary Responsible Department	Agency POC	Start Date	Completion Date
	<p>Observation 1.32: Upon notification (via inject), FDOH Office of Communication deputy press secretary texted press secretary with information about unfolding event to begin coordination of crisis communication response efforts at state and local level.</p>	Strength	<p>Analysis: By quickly assessing the situation, the press secretary was able to advise the communications director quickly about event, then effectively connected with, and provide support to, Alachua CHD PIO who in this case, was also the director/administrator. Once briefed by the CHD PIO, the press secretary briefed the communications director to determine next steps. The Press Secretary then contacted all potential Information Management Unit members, briefed each on incident, and asked all to stand by for potential public health messaging requests (including news releases, FAQs, talking points, social media, etc. As there was no IAP in the initial period, public information was to be developed according to the CERC Annex.</p>				
	<p>Observation 1.33: The local Joint Information System / Joint Information Center was</p>	1. Better align crisis communications and COOP plans, capabilities between state, local public information officers and other partners.	Communications	DOH Office of Communication	Information Management Unit Manager		31 Mar 2013

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Capability	Observation Title	Recommendation	Capability Element	Primary Responsible Department	Agency POC	Start Date	Completion Date
	established at 12:10 p.m., Day 1; At the state level the Virtual JIC activated on Day 2.	2. Collaborate with response partner PIOs to solve low to no availability of technologies to minimize delay of public information dissemination during a response. (What are true redundancies / back-up capabilities across agencies, organizations?).	Communications	DOH Office of Communications	Information Management Unit Manager		31 Mar 2013
	Observation 1.34: There was no initial assessment and documentation of initial resource needs and availability.	1. Develop or complete the Resource Unit SOG.	Planning	DOH Bureau of Preparedness & Response	ESF-8 Systems Unit Manager	7 May 2012	1 May 2013
		2. Provide orientation through expert level training on assets and processes to ESF-8 personnel as required.	Training	DOH Bureau of Preparedness & Response	ESF-8 Systems Unit Manager	7 May 2012	1 May 2013
		3. Provide systems team training to the Situation Unit, Resource Unit and Staffing Unit.	Training	DOH Bureau of Preparedness & Response	ESF-8 Systems Unit Manager	7 May 2012	1 May 2013

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Capability	Observation Title	Recommendation	Capability Element	Primary Responsible Department	Agency POC	Start Date	Completion Date
	Observation 1.35: There were no viable display boards of pertinent ESF-8 information in the ESF-8 operating location in the SEOC and/or other operating locations.	1. Determine elements needed for a situation status board, to include primary contributors, consider: a. Name of Event b. Nature of event c. Location of incident d. Extent of incident e. Weather f. Activation Level g. Nature and status of response operations h. Missions supported i. Current IAP number j. Meeting schedule k. Operational period	Planning	DOH Bureau of Preparedness & Response	ESF-8 Systems Unit Manager	7 May 2012	15 Jun 2012
		2. Determine the best method to project, maintain and update the status board at all operating locations	Planning	DOH Bureau of Preparedness & Response	ESF-8 Systems Unit Manager	7 May 2012	1 Nov 2012
		3. Consider commercial off the shelf products	Logistics	DOH Bureau of Preparedness & Response	ESF-8 Systems Unit Manager	7 May 2012	1 May 2013
		4. Update the ESF-8 SOP and Situation Unit SOG as applicable.	Planning	DOH Bureau of Preparedness & Response	ESF-8 Systems Unit Manager	7 May 2012	1 Nov 2012
	Observation 1.36: The tracking of resources and	1. Develop or complete the Resource Unit SOG.	Planning	DOH Bureau of Preparedness & Response	ESF-8 Systems Unit Manager	7 May 2012	1 Nov 2012

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Capability	Observation Title	Recommendation	Capability Element	Primary Responsible Department	Agency POC	Start Date	Completion Date
	development and dissemination of resource reports which include status of deployed resources, forecasted resources needs and targets for recruitment was not accomplished.	2. Develop a Resource Report Template a. Include status of deployed resources, forecasted resources needs and targets for recruitment.	Planning	DOH Bureau of Preparedness & Response	ESF-8 Systems Unit Manager	7 May 2012	1 Nov 2012
		3. Implement utilization of the Resource Status Card (T-Card), ICS 219s	Operations	DOH Bureau of Preparedness & Response	ESF-8 Systems Unit Manager	7 May 2012	1 May 2013
		4. Provide systems team training to the Materials Unit, Demobilization Unit, Resource Unit and Staffing Unit.	Training	DOH Bureau of Preparedness & Response	ESF-8 Systems Unit Manager	7 May 2012	1 Aug 2012
	Observation 1.37: Terminology entered into EMC Test confused players and exercise staff.	1. Identify common verbiage to be utilized across ESF-8 and within EM Constellation.	Planning	DOH Bureau of Preparedness & Response	ESF-8 Systems Unit Manager	7 May 2012	1 Aug 2012

APPENDIX B: LESSONS LEARNED

Exercise Lessons Learned:

1. **Provide a thorough in-briefing that explains the exercise expectations to the participants.**
2. **Expand the use of the simulation cell to create current field status reports that represent organizations that are simulated.**

Exercise Best Practices:

1. **The use of the simulation cell provided the unique ability for State ESF-8 to continue tasks when they required additional information.**

Analysis: By utilizing the simulation cell, public health was able to have additional resources to answer task oriented questions. This allows for both control of the exercise to ensure objective completion, but also allowed for the ability of the exercise to continue when all the information was not provided. The challenge for SIMCELL operations is finding the balance between available subject matter experts without taking away manpower without impacting player capabilities. Some of this impact was lessened by utilizing volunteers from FDOH established Exercise and Evaluation Planning Network

2. **The establishment of the Exercise Evaluation and Planning Team significantly increased the ability to effectively and efficiently plan and evaluate the exercise.**

Analysis: This team, consisting of subject matter experts, contributed significantly in the design, development and execution of the Tempests Guard exercise. Their expertise aided in shaping the exercise scenario, developing exercise injects and exercise evaluation guides, in order to insure that participants were appropriately challenged. During exercise execution, the team was charged with evaluating their perspective areas and, post exercise, significantly contributed to the development of the After Action Report by way of producing the Capability Analysis. The result was a tailored exercise developed by subject matter experts that provided a more concise picture in time on the State of Florida's ESF-8 medical surge capability.

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APPENDIX C: PARTICIPANT FEEDBACK SUMMARY

PARTICIPANT FEEDBACK REPRESENTATIVE RESULTS:

1. *Based on the exercise activities and the tasks identified, list the top strengths.*
 1. 1. Realism of scenario & injects

 2. 1. Realistic scenario. 2. Proper number of missions based upon scenario. 3. Depth of teams was tested. 4. Initial activation went well.

 3. 1. Ability to adapt. 2. Work well together. 3. Opportunity to work on response rolls

 4. 1. Clear instructions re: objectives and intent of exercise. 2. Most players appeared prepared to perform assigned job. 3. Exercise scenario closely followed a realistic pattern and allowed realistic response activities.

 5. 1. Good assembly of key players-initial activations. 2. Lots of documents available (which is most current?) 3. Ability to produce IAP and other key docs.

 6. EM constellation (adding update was easier).

 7. Exercise was similar to an actual event. 2. Exercise tested communications activities.

 8. 1. Scenario was realistic. 2. Controllers were helpful and seemed to have control of exercise. 3. Sim cell was useful but some limitations. 4. Players were flexible and accommodating.

 9. 1. Actual deployment of SMRT and stand up of ACS. 2. Focus on public health and medical. 3. Provide good OJT in a low pressure environment.

 10. 1. Team work. 2. Virtual JIC concept, add others if capable. 3. Descriptions of job duties, maybe more specific easier to find.

 11. 1. Amount of injects and their full action required-not wimpy. 2. Good planning structure. 3. Mail leads did not play- new and 3rd and 4th string staff was able to participate.

 12. 1. Learning experience- how everything fits together.

2. *Based on the exercise activities, and the tasks identified, list the top areas that need improvement.*
 1. 1. Incidental assessments reports were slow and incomplete. 2. Lacked standardized process for SMRT to ensure consistency. 3. SMRT SOG remains incomplete (pending final approval, training and implementation).

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2. 1. Better planning. 2. Communication. 3. Training

 3. 1. Job aids, checklist; specific instructions. 2. Staffing procedure. 3. Provide a daily briefing as part of the scenario and exercise.

 4. 1. Compiling data sources for Sit unit. 2. Learning where to go to get info.

 5. 1. Training of section leads. 2. Staffing process and procedures. 3. Irrelevant information in missions-information specific to other missions posted in the wrong place.

 6. 1. Staffing work locations were disorganized. 2. Roles and functions were not fully understood by section leads. 3. Mission and information clarity in EMC test.

 7. 1. Display the situation status. 2. Resource unit reports standardization and display status. 3. Complete the "how to" do advance planning. (How much vetting?) 4. No visibility of web EOC-Alachua county used it.

 8. 1. Getting CCOC staffing request in by 3 pm. 2. Competencies of staffing request. 3. Have Staffing unit all in one area (301 should be stood up).

 9. Staffing request was not submitted correctly or in timely manner. 2. Staff were activated without going through Serve FL/SUL

 10. 1. Pharmacy cache staged with team. 2. Prime mover attached to gate keeper. 3. Additional funding for team readiness and trained.

 11. 1. State equipment impressive but if infrastructure is deployed. Will be difficult to deploy-military. 3. Leans to smaller and lighter.

 12. I don't see the value of an exercise outside of normal work day. 2. The hot wash was too brief and didn't allow full participation. 3. Players should not be assigned numerous roles.

 13. 1. Details in procurement orders for materials. 2. More training in all areas- specific details of training for FA coordinators and deputies. 3. Improved support from program management (other than BPR-FA info PIO)

 14. 1. Pre-training not effective. People did not know what to do. 2. Activation was not per policy. Not all tools were used.

 15. 1. Staff needs to be familiar with their JAS. 2. Staff needs to be familiar with the ESF-8 SOP, particularly their section. 3. Need training on ESF-8 SOP.

 16. 1. I could have used a specific list of task to be completed by player to evaluate against. 2. No written orders.

 17. 1. It was not always clear what we were to do. 2. Players did not always know how to use tools (FDENS) alerting and notification, document center.

 18. 1. Better understanding of roles, responsibilities (job action sheet). 2. Training non preparedness personnel on exercise, ICS. 3. Product approval process.
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3. Identify corrective actions that should be taken to address the top three areas that need improvement identified above. For each corrective action, indicate if it is a high, medium, or low priority.

1.	1. Integrated assessment procedure (SERT-level). 2. Continue to examine standards SMRT procedure (SOG).	
4.	1. Pharmacy 2. Communication	High
6.	1. Create simple SOPs, job aid, JAS 2. Provide training as priority for all employees rostered.	2 / 1
8.	1. Additional training/evaluation of fit for position. 2. Training. 3. Double checking entries/back up review.	High
9.	1. Ensure designated leads are trained. 2. Train all ESF-8 sections together so the units understand how they are integrated and work together.	High
10.	1. Practice using monitors in ESF-8 room. 2. Write SOG/SOP for resource unit. 3. Have orientation "quick start" to ESF-8	
14.	1. Currently have training ongoing and scheduled throughout the year.	
15.	More training on a regular basis.	med
16.	1. Internal staffing procedures need to be listed in the SOP. 2. Standardized request process.	
18.	Have an agreement with local pharmacy to get our cache and rotate meds out so they are always in date and ready to go.	high
21.	1. Long term look to smaller, lighter assets. 2. All individuals who might respond should have small handbook sharing components, locations, OP instructions, etc...	
22.	1. Schedule exercise for business hours. 2. Allow time for all participation in hot wash. 3. Assign players only one role.	High/med/low
25.	1. Simplified org chart with duties and approval process. 2. Establishing priority list for duties and deadlines. 3. Heavily shortening guidelines and rules and speaking in plain language.	
26.	1. Slower, paced exercise to allow validation of SOPs and JAS. 2. Facilitate more coordination of sections to help improve work dynamics. 3. Send adequate communications regarding potential "play" in exercise.	high
30.	1. Update CERC Annex and improve/define messaging approval process. 2. Update CERC annex to clarify relationships between lead PIO and IMU. 3. Provide list of communication staff contact information on laminated card to put with other contact list on my	

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	badge.	
32.	Hands on annual training.	
33.	1. Training staff on ESF-8 SOP and their roles in it. 2. Finalize the JAS and train staff on them. 3. Develop initial activation check for section leaders.	High

4. Describe the corrective actions that relate to your area of responsibility. Who should be assigned responsibility for each corrective action?

2.	1. Position specific training for all members. Review addresses in Outlook for corrections.	
4.	1. Provide clear instructions for staffing. 2. Sim cell provided conflictive information, plan for information. 3. Train and exercise the section procedures and interaction.	1 / 2
6.	Availability to generate more accurate 203. An accurate 203 is dependent on reports from staffing. Unable to acquire a report for the entire exercise after requested.	Resource staffing
7.	1. Ensure adherence to Sit unit SOP to prevent conduct of activities not assigned	Sit unit lead
8.	1. Augment advance planning process with how to develop risk. 2. Identify JITT for getting ESF-8 operational. 3. Drill pieces of ESF-8 duties regularly.	
12.	Stand up 301. 2. Train other units on staffing procedures.	High
17.	Improve unit decision making capability- Activation, what to share? 2. Improve ability to id, collect and analyze EEI's. 3. Improve work dynamics with other units; clarify roles and responsibilities. 4. Keep our agency in the loop on SIT awareness. 5. Depth of staff.	
20.	1. Updated rumor control SOG to show how social media specialist work proactively and with rumor and media monitoring specialist.	ARM & staff
21.	1. ECO and deputy with bureau chief meet with FA bureau chief. 2. Invite FA coordinator to more BPR meetings and events. 3. More training and practice with EMC training/conference on ESF-8 structure and function of units and meet all staff including F&A and PIO's (2 days for everyday coverage in regular jobs).	
22.	1. Develop initial activation check for section leaders.	
23.	1. Provide list of tasks to be evaluated.	Director

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5. *List the applicable equipment, training, policies, plans, and procedures that should be reviewed, revised, or developed. Indicate the priority level for each.*

1. Review SMRT field set-up (standard footprint). 2. Finalize SMRT logistics support suite. 3. Finalize standardized H/M team deployment and activation procedures.	
2. 1. Finance reporting timelines and cost services. 2. Demobilization procedures.	
3. Review ESF-8 SOP and ICS forms	1
5. Resource unit plans chief training.	High
6. 1. Sit unit SOP. 2. ESF-8 SOG. 3. ESF-8 handbook-updated	
7. 1. Resource unit SOG. 2. *Demobilization Unit update and post on ESF-8 site.	
9. Training materials for alerts.	High
10. Ambulance deployment SOP appendix E	High
11. EOP	
13. 1. Exercise 101 for new people – develop. 2. Acronyms list – develop. 3. Visio charts of approval process - develop	2/3/1
16. 1. All section/unit SOP's. 2. Section/unit trainings.	
18. 1. Activation/notification annex. 2. Resume list in ESF-8 SOP/SOG.	1/2
20. 1. CERC annex, Rumor Control SOG, Media Monitoring SOG	
22. 1. ESF-8 SOP training. 2. Audio visual in the SEOC would have enhanced * * 3. Staff process apparently was not followed. 4. Distribute and train staff on their JAS. 5. Medical director protocols/process for SMRT teams.	1/4/2/3/5
23. 1. CERC annex. 2. Rumor control SOG. 3. Media monitoring, social media guidelines.	High

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PART II: ASSESSMENT OF EXERCISE DESIGN AND CONDUCT

FDOH ESF-8 rated, on a scale of 1 to 5, overall assessment of the exercise relative to the statements provided below, with 1 indicating strong disagreement with the statement and 5 indicating strong agreement. The numbers were rounded to the nearest whole number.

Assessment Factor	Strongly Disagree 1	2	3	4	Strongly Agree 5
The exercise was well structured and organized.	8% Strongly Disagree	11%	26%	40%	14% Strongly Agree
The exercise scenario was plausible and realistic.	5%	0%	11%	50%	34%
The facilitator/controller(s) was knowledgeable about the area of play and kept the exercise on target.	6%	0%	18%	48%	27%
The exercise documentation provided to assist in preparing for and participating in the exercise was useful.	3%	10%	41%	28%	17%
Participation in the exercise was appropriate for someone in my position.	8%	0%	19%	42%	31%
The participants included the right people in terms of level and mix of disciplines.	9%	3%	32%	35%	21%
This exercise allowed my agency/jurisdiction to practice and improve priority capabilities.	6%	6%	17%	43%	29%
After this exercise, I believe my agency/jurisdiction is better prepared to deal successfully with the scenario that was exercised.	6%	12%	32%	37%	12%

NUMBERS WERE ROUNDED TO THE NEAREST PERCENT.

APPENDIX D: EXERCISE EVENTS SUMMARY TABLE

The Master Scenario Event List (MSEL) was over 250 injects for Exercise Tempests Guard. The following is a summary of Major Exercise Events of injects that directly affected the State ESF-8 Process:

Event Time	Event Description
20-Mar-12	
1900	NWS Severe Weather Alert #63
21-Mar-12	
700	NWS Tornado Watch #41
0800	VIDEO CLIP: Breaking News – Weather Broadcast
940	NWS Tornado Warning #1 - Alachua
958	Tornado #1 is sighted in Gainesville / Multiple Reports of Damages and Injuries
1000	NWS Tornado Warning #1 – Alachua (updated)
1000	DOC/HIC receives initial report of damage from various sources.
1012	Shands UF receive Victims
1015	In response to the tornadoes, social media posts begin to increase.
1030	Shands is unable to reach Warehouse on Waldo Road
1045	SEOC goes to level 2 (EMC)
1045	Email: ECO and Duty Officer to SEOC
1100	The State ESF-8 Logistics Section Leader/Staffing Unit Leader are unavailable
1100	Request to Open a Joint Information Center (JIC)
1110	Shands Initial Patient Count
1110	Alachua EOC is requested to upload Flash report into EM Constellation
1115	Alachua Chair of the BoCC Declares a Local State of Emergency
1130	SERT Chief briefing
1230	Status of ACS Operational
1230	Controller prompts ECO to request incident GIS map
1235	ACS receives patients
1245	Capitol Press asking about FDOH Response
1400	Ops Chief Requests DMAT team
1400	Slides for 1800 SEOC Briefing
1500	NWS Tornado warning #2 Columbia
1522	Assistance requested from Columbia County Health (PIO)
1530	SEOC goes to level 1

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1545	Governor issues executive order
1545	Agency Executive and Surgeon General Requests a Status Briefing
1605	Lake City Status Update
1620	Provide GIS map Lake City
1615	Field Ops resource requests
1630	SMRT Support Equipment Request
1630	Governor requests State Surgeon General to attend a media event in Alachua County on day two.
1650	Executive Office of the Governor Briefing
1650	Request to Open a Virtual Joint Information Center (JIC)
1730	DEM Requests 24/7 Staffing Roster
1800	1800 SEOC Briefing
1930	NWS Tornado Warning #3 -Valdosta
2030	EMC Info Message-Valdosta initial damage
2100	State Surgeon General Requests Victim Status report
2230	Georgia EMAC Request
2300	NWS Tornado Watch #43 Levy County
21-Mar-00	VIDEO CLIP: Breaking News – Weather Broadcast
2355	NWS Tornado Warning #4 Levy County
22-Mar-12	
0017	Tornado Warning #4 (extension) Levy County
0036	SWO message Levy County Tornado
0205	Levy County Declares State of Emergency
0210	Controller Prompt to ECO to request Levy Incident GIS map
0215	Levy County CHD rumored to be destroyed
0220	Provide GIS map Levy
0315	Region III RERA Levy County Initial Report
0330	Levy SpNS Staffing request
0400	Levy County requesting Special Needs Shelter supplies
0400	NWS Tornado Watch #48
0600	Levy CHD Requests SMRT team
0600	Generator for Levy County Special Needs Shelter
0700	SAFETY / Briefing at Trinity Church / SMRT
0700	State Surgeon General requests current totals on Expenses
0700	Shands situational update
0700	Levy County Situation Report
0705	N. Fl. situational update
0720	Call Alachua EOC for Updates Before 0800 Meeting

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0730	RERA requests status of SMRT
0730	PLAYER / ACTOR BRIEFING / SAFETY / Briefing at North Florida
0730	Media announcement of medical care at Trinity church SMRT TEAM
0800	0800 SEOC Morning Briefing
0815	Levy County EMC FEMORS Request
0845	NWS Tornado Watch #49
0910	NWS Tornado Warning #5 Alachua County
0910	Tornado Warning Video Broadcast
0915	Tornado #2 is sighted in Gainesville by Gainesville PD
0930	Alachua-EOC Loss of Internet Connectivity
0940	RERA asks about a NFRMC ACS
0945	N. FI ACS receives casualties
0945	Alachua GIS Map, 2 nd Tornado touchdown upon request
1000	Patients in need of gross decon N. FL
1020	Alachua County Behavioral Health Patient Evacuation
1030	Governor requests State ESF-8 to locate a missing person (Calvin Hobbs).
1030	Press Secretary is called to an emergency meeting
1030	SMRT receives patients
1035	Alachua County EMS Strike Team Request
1035	Local public information officer (PIO/JIC) response capabilities have been exceeded.
1045	Ambulance/Transportation assistance requested
1100	Shands capacity exceeded request air transport
1105	Shelter leader reports they are reaching their capacity
11:15	Levy County Health Department Environmental Health Strike Team Request
1120	NFRMC ACS Resource Shortages
1215	Levy Behavioral Health Strike Team Request
1325	GPW needs additional resources
1330	Alachua EMS, Shands, NFRMC resuming normal operations
1400	ECO starts to demobilize ESF-8
23-Mar-12	
0830	Day 3 Daily morning briefing
1000	Debrief on response and demobilization
	ENDEX

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APPENDIX E: SUPERIOR PERFORMER

Charlie Gaylor

Charlie Gaylor, a Logistics Mission Specialist, was “promoted” well above his normal duties into a mission critical position due to the unexpected shortage of pre-identified Logistics Coordinators. His performance as Logistics Coordinator was beyond expectation and he managed the exercise in an exemplary manner making effective use of his knowledge and skills to effectively respond to the changing environment of the event. The exercise team commends him for his actions and “Can-Do” approach during the exercise.

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APPENDIX F: PERFORMANCE RATING

****Denotes a critical task. The inability to achieve a critical task results in the inability to successfully accomplish the objective. Critical tasks have been vetted through the Exercise Evaluation and Planning Team. The below results are reflective of the capability analysis identified in Section 3 of this document.**

Objective 1 (Unmet):

- Evaluate the process and assess the ability of local and State partners to coordinate the healthcare response through analysis of data and define the needs of the incident and the available healthcare staffing and resources upon the notification of the incident.
 - Task 1 – Stand up incident command structure – **Met with improvements needed**
 - ****Task 2** – Complete an initial assessment and document initial resource needs and availability - **Unmet**
 - ****Task 3** - Establish communications with impacted communities-**Met**
 - Task 4 – Identify and develop a critical resource list -**Unmet**
 - Task 5 – Advance planning to project vulnerability/risks requirements out 72 hours – **Met**
 - ****Task 6** – Develop an Incident Action Plan - **Met**
 - Task 7 – Establish visibility and monitor bed-tracking system – **Met**
 - Task 8 – Establish on-site assessment – **Not Evaluated**
 - ****Task 9** - Identify and maintain essential situational awareness information – **Partially Met**
 - Task 10 - Activate County EOC in support of field operations (Alachua). – **Not Evaluated by State**
 - Task 11 -Establish display boards of pertinent ESF-8 information in all State ESF-8 operating locations. - **Unmet**

Objective 2 (Unmet):

- Evaluate the ability to support healthcare coalitions and response partners in the expansion of the jurisdictions healthcare system (includes additional staff, beds and equipment) to provide access to additional healthcare services (e.g., call centers, alternate care systems, emergency medical services, emergency department services, and inpatient services) in response to the incident.
 - Task 1 – Validating vendor listing -**Met**
 - ****Task 2** – Support the mobilization of incident-specific medical personnel –**Met**
 - ****Task 3** – Support the mobilization of incident-specific medical assets - **Met**
 - ****Task 4** – Activate a state operated stand alone Alternate Care Site (ACS) - **Unmet**
 - Task 5 – Provide additional volunteers through ESAR-VHP/ServFL (Alachua) – **N/A**
 - ****Task 6** - Provide information to educate the public, paying special attention to the needs of vulnerable populations including message development, approvals and dissemination - **Met**

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- Task 7 - Establish state-level and local technology and/or communication services – **Not Evaluated**
- ****Task 8** - Develop and disseminate resource reports which include status of deployed resources, forecasted resources needs and targets for recruitment. - **Unmet**
- Task 9 - Test interface process between AHCA, WebEOC and other Emergency Management systems (Alachua) – **Not evaluated by State**
- Task 10 - Establish work sites for ESF-8 personnel in DOH buildings that meet the requirements of the ESF-8 room activation checklists within 4 hours of activation of ESF-8. - **Met**

Objective 3 (Unmet):

- Assess the ability of ESF-8, health care coalitions and response partners to coordinate healthcare resources in conjunction with response partners, including access to care and medical service, and the tracking of patients, medical staff, equipment and supplies (from intra or interstate and federal partners, if necessary) in quantities necessary to support medical response operations.
 - ****Task 1** - Coordinate and maintain communications throughout the incident with the impacted jurisdiction - **Met**
 - ****Task 2** - Determine resource needs for each operational period - **Met**
 - Task 3 - Develop and disseminate resource reports which include status of deployed resources, forecasted resources needs and targets for recruitment. – **Duplicate N/E**
 - ****Task 4** - Maintain resource accountability - **Unmet**
 - ****Task 5** – Execute mission management - **Met**
 - Task 6 - Establish, monitor and support patient tracking, including utilization of EM Systems – **Not evaluated**
 - ****Task 7** – Establish a Joint Information Center(JIC)/Joint Information System response actions and establishing a legal record. - **Met**
 - Task 8 – Manage rumor control and social media issues - **Met**
 - Task 9 - Develop a supplemental Executive Order necessary to implement for a major policy decision in coordination with the ESF-8 Emergency Coordinating Officer, Agency representative and DOH Executive Staff. – **Not Evaluated**
 - Task 10 - Develop and route a contingency plan developed during an incident for approval using the documentation processes described in the ESF-8 Standard Operating Procedure. - **Not Evaluated**
 - Task 11 - Identify potential volunteers through SERVFL, Medical Reserve Corps and other partners. (Alachua) - **Not Evaluated**
 - Task 12 - Provide pre-determined medical resources to support the activation of the ACS. - **Met**
 - Task 13 - Demonstrate the ability to triage, treat, coordinate transport, and discharge patients. -**Met**
 - Task 14 - Collect and maintain incident documentation for the purposes of seeking financial reimbursement, conducting after action and improvement, establishing a historical record of response actions and establishing a legal record. - **Met**

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Objective 4 (Unmet):

- Evaluate the ability to demobilize medical surge operations.
 - ****Task 1** - Develop and implement a demobilization plan as outlined in current FDOH plans and operating guides. - **Unmet**
 - Task 2 - Assure completion of demobilization checkout forms as they are released from the incident – **Unmet**
 - ****Task 3** - Initiate data collection for the After Action Process - **Unmet**

Objective 5: Insufficient Data/Not Evaluated

- Evaluate the execution of financial tracking and analysis of the ESF-8 response through incident closeout.
 - Task 1 - All costs have been captured in the State Financial Information System (FIS) using the correct accounting codes. – **Not Evaluated**
 - Task 2 - Ensures that all personnel time records are accurately completed and transmitted according to policy. - **Met**
 - Task 3 - Verifies all equipment usage time on an incident/event is properly recorded. - **Unmet**
 - Task 4 - Collects invoices, contracts, purchase orders, and accompanying vouchers for reimbursement. – **Not Evaluated**
 - Task 5 - Opens accounts and assure authorized P-cards are increased, if needed. - **Not Evaluated**
 - Task 6 - Collects all receipts, documentation and vouchers related to P-Card purchases. - **Not Evaluated**
 - Task 7 - Verifies account codes and object code classification. - **Unmet**
 - Task 8 - Ensures accounts and budget codes are available for vendor payments. - **Unmet**

The below items were evaluated by Alachua County and may not otherwise be reflected in this report:

Objective 6-10:

- Identify early in the event the need for establishing an alternate care site based on pre-established triggers (Alachua).
- Demonstrate the ability to execute Mutual aid agreements from outside the community. (Alachua).
- Achieve 100% visibility and accountability for all healthcare resources and patient tracking. (Alachua).
- Demonstrate the ability to manage personnel with functional needs issues, including access for persons with disabilities. (Alachua).
- Demonstrate interoperability through the following agencies and mechanisms, EOC – ESF-8 Support, Web EOC – EM System, EM Constellation. (Alachua).

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Objectives 11-14:

- Demonstrate the ability of the Public Information Office (Public Affairs) to perform Crisis Communications (rumor control, social media, etc.).
- Demonstrate the ability to conduct patient decontamination at the North Florida Regional Medical Center no patients released with contamination. (Alachua).
- Activate the local Medical Reserve Corps to fully staff an alternate care site. (Alachua).
- Activate the CERT to provide auxiliary assistance where needed. (Alachua).

APPENDIX G: ACRONYMS

Table E.1: Acronyms

Acronym	Meaning
AAR / IP	After-Action Report / Improvement Plan
ACS	Alternate Care Site
CEMP	Comprehensive Emergency Management Plan
CHD	County Health Department
CST	Central Standard Time
DHHS	Department of Health and Human Services
DOH	Department of Health
EEG	Exercise Evaluation Guide
EH	Environmental Health
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
EPI	Epidemiology
ESF-8	Emergency Support Function 8: Health and Medical
FDOH	Florida Department of Health
FEMA	Federal Emergency Management Agency
HEICS	Hospital Emergency Incident Command System
HSEEP	Homeland Security Exercise and Evaluation Program
ICS	Incident Command System
JIC	Joint Information Center
JIS	Joint Information System
MAC	Multi Agency Coordination (Centers)
MSEL	Master Scenario Event List
MOU	Memorandum of Understanding
NIMS	National Incident Management System
OBJ	Objective
OPR	Office of Primary Responsibility
PIO	Public Information Officer
POC	Point of Contact
SEOC	State Emergency Operations Center
SERT	State Emergency Response Team
SMRT	State Medical Response Team
SpNS	Special Needs Shelter
SOG	Standard Operations Guide

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Acronym	Meaning
SMRT	State Medical Response Team (Florida)
SUL	Shelter Unit Leader
TCL	Target Capabilities List
TL	Team Leader
TTX	Tabletop Exercise
UTL	Universal Task List