

# APPENDIX D

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## Sample After Action Report



# SAMPLE AFTER ACTION REPORT

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## Executive Summary

The Executive Summary provides a brief overview of the exercise, major strengths demonstrated during the exercise, and areas that require improvement.

Homeland security preparedness involves a cycle of outreach, planning, capability development, training, exercising, evaluation, and improvement. Successful exercises lead to an ongoing program of process improvements. This report is intended to assist agencies striving for preparedness excellence by analyzing exercise results and:

- ◆ Identifying strengths to be maintained and built upon.
- ◆ Identifying potential areas for further improvement.
- ◆ Recommending exercise followup actions.

The suggested actions in this report should be viewed as recommendations only. In some cases, agencies may determine that the benefits of implementation are insufficient to outweigh the costs. In other cases, agencies may identify alternative solutions that are more effective or efficient. Each agency should review the recommendations and determine the most appropriate action and the resources needed (time, staff, funds) for implementation.

The Strategic National Stockpile (SNS; formerly the National Pharmaceutical Stockpile [NPS]) held a 2-day full-scale weapons of mass destruction (WMD) exercise June 17–18, 2003. The exercise was cosponsored by the State Department of Public Health (DPH) and the State Emergency Management Agency (EMA) with assistance from the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), and the U.S. Department of Homeland Security, Office for Domestic Preparedness (DHS/ODP). This exercise was the State's first using newly developed procedures to receive, distribute, and dispense SNS supplies in response to a statewide bioterrorism incident.

The exercise included CDC delivery of mock SNS supplies to a central receiving warehouse in the capital city. The participating agencies coordinated the unloading, reapportionment, and distribution of those supplies to two actual and four simulated distribution points. The Capital County Public Health Department activated a temporary Dispensing Site and conducted emergency dispensing operations for 5 hours, treating 600 role-playing patients.

## Strengths

Key strengths identified during this exercise include the following:

- ◆ The participants of all agencies at the State and local levels demonstrated excellent teamwork.
- ◆ A new cooperative partnership was established between DPH and EMA.
- ◆ The planning forethought demonstrated by State and local agencies in designing their SNS receipt, distribution, and dispensing procedures was excellent.
- ◆ The participating agencies successfully demonstrated an initial capability to manage a statewide bioterrorism incident including the supply and operation of a temporary dispensing clinic.

- ◆ The participants demonstrated a positive attitude and the ability to recognize and react to shortfalls in the new SNS plans as they were uncovered and to smoothly adjust operations.

In addition, several successes of this exercise should be recognized, among them:

- ◆ This was the first major DPH exercise.
- ◆ This was the first test of the State's new SNS Standard Operating Procedures.
- ◆ This was the first joint DPH/EMA exercise.
- ◆ This was one of the Nation's first exercises to comprehensively test SNS request, delivery, redistribution, and dispensing operations in a single, near-real-time exercise.
- ◆ In response to the quality, scope, and scale of the exercise, CDC provided three SNS training packages rather than the usual single package, and it piggybacked a no-notice CDC SNS deployment exercise onto the State exercise.

### **Areas for Improvement**

Through the exercise, several opportunities for improvement in the State's ability to respond to a bioterrorism incident were identified. Major recommendations include the following:

- ◆ Electronic emergency management information system access and training should be expanded to all State agencies and all counties in the State.
- ◆ State quarantine plans and procedures should be reviewed and enhanced.
- ◆ Communication between the State and county Emergency Operations Centers and the temporary SNS distribution network should be enhanced.
- ◆ Efficiency improvements should be made to the implementing procedures for the Receiving, Staging, and Storage (RSS) site and dispensing center.
- ◆ Improvements should be made to the dispensing center exterior security and to crowd control.

Planners should use the results of this exercise to forecast dispensing and treatment center locations and staffing requirements for a large-scale bioterrorism event requiring implementation of mass prophylaxis. Planners should consider scenarios to serve 1,000; 10,000; 100,000; and 1 million patients for contagious or noncontagious threats.

Subsequent exercises should test specific improvements instituted as a result of this exercise and should include a focus on public information measures. Planners should consider exercising the alternate RSS site should the primary site be unavailable in an emergency. Additional Dispensing Sites should be exercised to ensure that emergency prophylaxis measures can be instituted at key areas across the State. For cost effectiveness, planners should consider rotating Dispensing Site exercises across the State, with or without an SNS stockpile deployment exercise.

# Chapter 1: Exercise Overview

The Exercise Overview describes the exercise, identifies the agencies/organizations that participated in it, and describes how it was structured and implemented. This information will be gathered in a database on the National Exercise Program and will be available for planning, scheduling, and evaluation purposes.

## Exercise Name

Strategic National Stockpile Tabletop and Full-Scale Exercise

## Duration

2 days

## Exercise Date

June 17, 2003: Tabletop Exercise

June 17-18, 2003: Full-Scale Exercise

## Sponsor

U.S. Department of Homeland Security (DHS)/Office for Domestic Preparedness (ODP)

## Type of Exercise

Tabletop Exercise

Full-Scale Exercise

## Funding Source (Agency Receiving Funding)

State Emergency Management Agency

## Program

Homeland Security Exercise and Evaluation Program, State 03 Funding

## Focus

Response

Recovery

Prevention

Other

## Classification

Unclassified (U)

For Official Use Only (FOUO)

By Invitation Only (IO)

## Scenario

Chemical release or threat (C)

Biological release or threat (B)

Radiological release or threat (R)

Nuclear detonation or threat (N)

Explosive detonation or threat (E)

- \_\_\_ Cyber (Y)
- \_\_\_ Other/Specify (O)

## **Location**

Anytown, US

## **Participating Organizations**

### **Cosponsors**

#### *Local Agencies*

- ◆ County Emergency Management

#### *State Agencies*

- ◆ State Department of Public Health
- ◆ State Emergency Management Agency

#### *Federal Agencies*

- ◆ U.S. Department of Homeland Security, Office for Domestic Preparedness
- ◆ U.S. Department of Health and Human Services, Centers for Disease Control and Prevention

#### *Contract Support (if applicable)*

- ◆ (Name of Consulting Firm)

## **Participants**

#### *Federal Agencies*

- ◆ Centers for Disease Control and Prevention
- ◆ U.S. Marshals Service

#### *State Agencies*

- ◆ Attorney General's Office
- ◆ Bureau of Radiological Health
- ◆ Department of Agriculture
- ◆ Department of Personnel
- ◆ Department of Public Health
- ◆ Department of Public Safety
- ◆ Department of Transportation
- ◆ National Guard
- ◆ Emergency Management Agency
- ◆ Department of Health and Human Services

### *Local Agencies*

- ◆ Capital City Fire Department
- ◆ Capital City Police Department
- ◆ Capital City Public School District
- ◆ Capital County Health Department
- ◆ Suburban County 1 Health Department
- ◆ Suburban County 2 Health Department
- ◆ Capital County Air Quality Division
- ◆ Capital County Department of General Services
- ◆ Capital County Emergency Management Agency
- ◆ Capital County Health Department
- ◆ Capital County Sheriff's Office
- ◆ Suburban County 1 Emergency Management Agency
- ◆ Suburban County 1 Fire Department
- ◆ Suburban County 2 Emergency Management Agency
- ◆ Suburban County 2 Department of Public Health
- ◆ Other organizations
  - Various county public health department and hospital volunteer role players
  - American Red Cross
  - Downtown pharmacy
  - Central pharmacy
  - State Board of Medical Examiners
  - State Board of Pharmacy Examiners
  - State Motor Truck Association
  - State Pharmacy Association
  - State Veterans Affairs
  - State Visiting Nurse Services
  - Capital City Hospital
  - Central Medical Center
  - Capital County Health Advisory Board
  - Capital County Medical Society
  - Private Business Partners
  - University Hygienic Laboratory

## International Agencies

- ◆ None

## Number of Participants

- ◆ Players 136
- ◆ Victim role players 100
- ◆ Controllers 28
- ◆ Evaluators 28
- ◆ Observers 89

## Exercise Overview

The Strategic National Stockpile (SNS) Full-Scale Exercise was designed to be a 2-day terrorism exercise. The goal of the exercise was to familiarize the necessary agencies with the protocols in place for deploying SNS supplies. Exercise play focused on the logistics associated with ordering, delivering, distributing, and dispensing SNS supplies.

The exercise was designed to:

1. Continue to solidify the partnership between the State and the Federal Government.
2. Assess the inter/intraagency coordination of Federal agencies, the State, and local jurisdictions during a public health crisis triggered by a terrorist attack using weapons of mass destruction (WMD).
3. Improve the operational readiness of the State emergency management system, and augment the capabilities of that system to respond to emergency situations.
4. Provide an opportunity for individual training and agency cross-training to achieve a high level of collective preparedness.
5. Assist the State in assessing, validating, and updating the State's Emergency Operations Plan (August 1999) and its Terrorism Incident Response Annex (January 2003), the State Emergency Operations Center Standard Operating Procedures (May 2000), and the SNS Standard Operating Procedures (March 2003).
6. Revisit and validate some of the lessons learned during the State's SNS Tabletop Exercise of January 2003.

Participants were advised that the exercise was an "evaluated practice," a format that allowed players to test their plans and procedures within a no-fault learning environment. At the same time, Evaluators, Controllers, and Simulators collected information to assess performance of critical tasks during exercise play using State and local plans and procedures.

The scope of play required activation of the State Emergency Operations Center (EOC), the Department of Public Health (DPH) Emergency Coordination Center (ECC), the Receiving, Staging, and Storage (RSS) Site, the RSS Forward Command Post (FCP), two State-operated Distribution Nodes, and a locally operated Dispensing Site.

Organizations that were not directly involved as participants at one of the exercise locations and actions that took place outside of these play locations were played by Controllers in the simulation cell (SIMCELL). From the SIMCELL, the Controllers injected messages and implemented the scenario through phone calls, faxes, and electronic messages.

The exercise consisted of a half-day tabletop exercise followed by a day-and-a-half full-scale exercise.

- ◆ **Tabletop Exercise:** Executive-level players from the Governor's Office, the State DPH, and the State Emergency Management Agency (EMA) participated in a tabletop component that exercised their decision-making procedures for requesting the SNS 12-Hour Push Package from the CDC. After the executive group had decided to request the SNS, players predesignated to staff the EOC, DPH ECC, and RSS FCP were notified through normal processes to report to their respective locations by 1230.
- ◆ **Full-Scale Exercise:** The State's SNS Receiving Team reported to the RSS and began preparing to receive the SNS supplies. At 1230, players at each site received an introductory briefing including exercise rules and the scenario background. Full-scale exercise play continued until 1630. Players returned to the EOC, DPH ECC, and RSS FCP at 0730 the next day. Players also activated two additional exercise locations: the Capital County Distribution Node and the Capital City Dispensing Site. Full-scale play continued until 1530 that afternoon, including 3 hours of dispensing supplies to role-players at the Capital City Dispensing Site.

Onsite hot washes were conducted at the EOC, DPH ECC, RSS FCP, and the Capital City Dispensing Site. Information from those hot washes was incorporated into the Exercise Evaluation Conference conducted on the day after the exercise.

## **Exercise Evaluation**

The exercise was designed to provide participants with an opportunity to assess current capabilities to perform the critical tasks required to respond to a public health emergency resulting from a bioterrorist attack. Through assessment of those capabilities, participants identified strengths, weaknesses, and future training needs.

Evaluators were positioned at all exercise locations to observe and record exercise events, including player actions. Immediately following the conclusion of the tabletop segment and the termination of the entire exercise, Controllers at each location facilitated hot washes to capture observations and opinions from players. In addition, all participants were provided with exercise critique forms to record their observations of the exercise.

An Exercise Evaluation Conference was conducted on June 19, 2003. At the conference, Evaluator observations were analyzed, compared, and prioritized through a facilitated process with key players and Controllers to determine lessons learned, make recommendations for improvement actions, and identify key areas of emphasis for future planning.

In keeping with the no-fault nature of this exercise, the evaluation in this report examines the plans, procedures, and response systems used. As an evaluated practice, individual and team player performances were observed and documented to make recommendations for future improvements. Evaluator observations focus primarily on overall unit actions and the interaction between response units rather than on individual players.

## Chapter 2: Exercise Goals and Objectives

The Exercise Goals and Objectives section lists the goals and objectives for the exercise. These are developed during the exercise planning and design phase and are used to define the scope and content of the exercise as well as the agencies and organizations that will participate.

The State established the following goals and corresponding objectives for this exercise. All exercise goals were demonstrated during exercise play and ultimately accomplished. Through demonstration of these objectives, the exercise players successfully simulated an effective response to scenario events. At the same time, exercise play revealed ways that future responses could be made more effective.

**Goal 1:** Test and improve the draft State Strategic National Stockpile (SNS) Standard Operating Procedures for a terrorist biological weapons of mass destruction (WMD) attack.

**Objective 1:** Demonstrate the ability of the executive management team to assess the public health threat in accordance with the State SNS Standard Operating Procedures.

**Objective 2:** Demonstrate the ability of the executive management team to initiate a request for SNS deployment in accordance with the State SNS Standard Operating Procedures.

**Goal 2:** Test the interoperability of the State SNS Standard Operating Procedures with the State Emergency Operations Plan and Terrorism Incident Annex.

**Objective 1:** Demonstrate the ability to alert and activate personnel, facilities, and systems required to support a large-scale response to a biological incident using SNS supplies.

**Objective 2:** Demonstrate the ability of State public health personnel to develop a decision aid and to prioritize the allocation of SNS supplies.

**Objective 3:** Demonstrate the ability to establish a Forward Command Post to coordinate logistics and security for receipt and distribution of SNS supplies.

**Objective 4:** Demonstrate the ability to coordinate public information, including rumor control, among multiple Federal, State, and local agencies to effectively notify, warn, and instruct, and disseminate to, the public during a biological WMD attack.

**Objective 5:** Demonstrate the ability to effectively communicate and coordinate among State and local agencies through established emergency response protocols including the utilization of State and local Emergency Operations Centers.

**Goal 3:** Demonstrate the ability to receive, break down, distribute, and dispense SNS supplies to minimize casualties in a large-scale biological attack.

**Objective 1:** Demonstrate the ability to establish and maintain security at all sites involved in the handling of SNS supplies.

**Objective 2:** Demonstrate the ability to establish and operate a distribution network for SNS supplies including a Receiving, Staging, and Storage center and at least one Distribution Node.

**Objective 3:** Demonstrate the ability to establish and operate at least one Dispensing Site for SNS supplies.

**Objective 4:** Evaluate the response times to receive, distribute, and dispense SNS supplies under the draft State SNS Standard Operating Procedures.

**Objective 5:** Demonstrate the capability to implement SNS supplies and patient tracking procedures under the draft State SNS Standard Operating Procedures.

## Chapter 3: Exercise Events Synopsis

The Exercise Events Synopsis provides an overview of the scenario used to facilitate exercise play and the actions taken by the players to respond to the simulated terrorism attack. The activities are presented in the general sequence and timeline that unfolded at each site. The events synopsis provides officials and players with an overview of what happened at each location and when. It is also used to analyze the effectiveness of the response, especially the time-sensitive actions. It provides a means of looking at the ramifications of one action not happening when expected on actions taken by other players and on the overall response. The following example presents the synopsis for the first of three modules for the following tabletop and action at the Emergency Operations Center (EOC) on Day 1 of the full-scale exercise. Similar writeups would be included for each element of play.

### Scenario

The events depicted in the scenario take place during a period of heightened alert throughout the United States. The threat of international terrorism is a continual source of concern, and the Homeland Security Advisory System is set at threat condition Orange. In particular, the region of the country where the State is located has been warned that a domestic terrorist group, the Allies of Islam, has purportedly made vague but aggressive statements aimed at the heartland.

The scenario takes place in the early summer after an average winter during which influenza cases were common. There have been higher than usual caseloads of patients experiencing severe respiratory distress and other influenza symptoms because of several new virus strains that spread periodically throughout the winter.

### Executive Tabletop Component: Morning, Exercise Day 1

#### Module 1: June 13–15, 2003

Scenario events begin on June 13, 2003, when Capital City-area hospitals and clinics see an above-average number of patients complaining of flu-like symptoms. Eight of these patients have symptoms severe enough to be admitted to hospitals. The scenario then follows these patients through the next few days as their symptoms worsen and their sickness is reclassified as suspected pneumonia. The illness continues to spread across the State with more and more people being admitted to hospitals and clinics complaining of flu- and pneumonia-like symptoms.

As the epidemic spreads to more and more areas, the State Department of Public Health (DPH) begins to monitor the situation, requesting samples from hospitals with suspicious cases. On June 15, 2003, a doctor treating patients in Capital City receives test results that confirm some of his patients are afflicted with pneumonic plague. At the same time, DPH receives presumptive test results indicating that pneumonic plague has spread to every region of the State.

An Executive Group consisting of the Director of DPH, the Director of the Office for Disease Control, the State Epidemiologist, the Director of Clinical Services, the Director of the State Emergency Management Agency (EMA), the Homeland Security Advisor, and the Director of the Department of Health and Hospitals convened to discuss the growing emergency and determine appropriate State actions.

Players discussed notifying neighboring States and contacting the Centers for Disease Control and Prevention to acquire additional information from those sources regarding further potential pneumonic plague outbreaks. Players also indicated that DPH would use the Health Alert Network to notify hospitals and clinics statewide of the emerging situation and that EMA would activate the State EOC, with DPH representation, to monitor the emergency. Because the media had already become aware of the problem, players stressed that Public Information Officers (PIOs) would be engaged to manage

public information and rumor control. Players also considered the availability and adequacy of local and State medical supplies to treat the epidemic and discussed how the Governor's Office would make State-level assistance available to the affected counties. Finally, the players acknowledged that quarantine measures would have to be considered.

## **Full-Scale Component: Afternoon, Exercise Day 1**

### **State Emergency Operations Center**

**By 1230:** Players reported to the State EOC for a briefing on the public health emergency and the exercise Rules of Play. In the briefing, the players were informed of the reported numbers of persons infected with pneumonic plague, the distribution of the epidemic across the State, the actions taken so far at the direction of the Executive Group, and other pertinent background information. Scenario information indicated that 10 counties were affected, with 432 reported cases and 181 reported deaths attributed to pneumonic plague.

**1320:** Full-scale exercise play began.

**By 1330:** The Governor issued a Health Disaster Proclamation, making State assets available to assist the overwhelmed localities. The Executive Office in the EOC made contact with the appropriate agencies in the neighboring States and began discussing issues such as quarantine and accessing Emergency Management Assistance Compact resources.

The EOC received notifications from affected localities that their county EOCs were activated, and many were being overwhelmed with inquiries from worried well individuals. The EOC established a rumor control line staffed by a PIO to relieve some of the public information pressure from the county EOCs. The Joint Information Center also began receiving media inquiries from newspapers and radio and television stations.

The EOC directed the 21 counties preidentified in State plans to set up Distribution Nodes to receive the Strategic National Stockpile (SNS) Push Package supplies. The EOC also directed the affected counties to begin setting up their Dispensing Sites in preparation for the SNS supplies.

The FBI contacted the State Department of Public Safety to coordinate the criminal investigation.

**By 1420:** The Executive Office, in consultation with DPH support personnel at the Emergency Coordination Center and officials from neighboring States, decided that enforcing a statewide quarantine was unfeasible. Instead, the State encouraged citizens to voluntarily limit their travel and avoid public places until the epidemic was controlled.

**1430:** The Receiving, Staging, and Storage Center contacted the EOC inquiring about SNS Push Package distribution allocation and repackaging guidance. DPH decided to break down and distribute half of the Push Package supplies to the identified counties and hold the other half in reserve in case the epidemic spread to other areas of the State before the arrival of Vendor Managed Inventory supplementary supplies.

The Executive Office remained in contact with the neighboring States. It was eventually decided that the State would refuse the offers of assistance from neighboring States so those States could have their resources available in the event the epidemic spread beyond State lines.

The players in the Executive Office also discussed elevating the State's internal threat level from Orange to Red. This elevation was rejected in favor of keeping the State's threat level the same as that of the national Homeland Security Advisory System (Orange).

The State issued press releases indicating that DPH and its local and Federal partners were investigating an apparent outbreak of pneumonic plague. The releases described symptoms, outlined measures

citizens should take to reduce their risk of contracting the disease, and summarized the actions being taken by the State to control the epidemic.

**1630:** Exercise play was suspended for the day at the scheduled time.

## Chapter 4: Analysis of Mission Outcomes

This section of the After Action Report (AAR) analyzes how well the participating agencies and jurisdictions addressed the mission outcomes. Mission outcomes are those broad outcomes or functions that the public expects from its public officials and agencies. As defined in ODP's *Homeland Security Exercise and Evaluation Program, Volume II: Exercise Evaluation and Improvement*, the mission outcomes include prevention and deterrence, emergency assessment, emergency management, hazard mitigation, public protection, victim care, investigation and apprehension, and recovery and remediation. The exercise goals and objectives will define the mission outcomes that are addressed by the exercise and that should be analyzed in this section of the AAR.

This section of the report analyzes how well the participating jurisdictions as a whole (i.e., across disciplines and across jurisdictions) achieved the expected mission outcomes in their response to the simulated terrorist event. The focus of this analysis is on outcomes rather than processes. The mission outcomes are actions the public expects from its public officials and agencies when faced with a terrorist threat or attack. Results for each mission outcome are summarized below by outcome area. A detailed analysis of the activities and processes that contributed to results related to the mission outcomes is found in "Analysis of Critical Task Performance."

### **Emergency Management**

#### **Direction and Control of State Response**

State agency participants effectively demonstrated the ability to manage a bioterrorism incident. Alert and activation of the Emergency Operations Center (EOC) and the Emergency Coordination Center (ECC) were accomplished through a previously scheduled limited activation order. The EOC was staffed primarily with Emergency Management and Public Health personnel in accordance with the Exercise Plan, with limited participation from the State Department of Transportation, State Department of Public Safety, and other selected State staff. The EOC is a well-equipped, state-of-the-art facility. The Emergency Management staff are well trained and serve as the primary personnel to facilitate operations involving staff assigned from other agencies. The EOC was fully operational at the start of the exercise and maintained operations for the scheduled operations (single-day shift only).

The State Department of Public Health (DPH) and Emergency Management Agency (EMA) demonstrated excellent coordination in directing and controlling response operations, operating as a nearly seamless integrated team. An Executive Policy Team managed key decisions such as requesting Strategic National Stockpile (SNS) supplies from the Centers for Disease Control and Prevention (accomplished during the tabletop component). Agency officials generally found it easy to attain consensus on a course of action. Problem-solving was accomplished as a team.

The EOC did not activate a Planning, Information, and Intelligence Cell. Therefore, ad hoc policy teams were formed to examine urgent issues such as the decision to implement quarantine. Although the use of issue teams is an effective information management technique, the absence of a dedicated Planning, Information, and Intelligence Cell somewhat inhibited the ability of the State to forecast future requirements and decisions. As a result, exercise players often were reacting to events rather than anticipating events. For example, high school students were the primary infected population and thus the primary disease vector. Exercise controllers introduced the issue of school closure several times before players recognized school closure as a means to disrupt disease progression.

Activation of a limited SNS supply network occurred per the Exercise Plan and included the central Receiving, Staging, and Storage (RSS) site at the airport, two Distribution Nodes (located in Capital County and Suburban County 2), and a single Dispensing Site in Capital City. The RSS received the

SNS 12-Hour Push Package supplies and rapidly dispatched them to the Distribution Nodes. A slight lag in determining the allocation of supplies among Distribution Nodes resulted in an initial 30- to 60-minute delay in the loading of supplies. However, supplies reached the Capital City Dispensing Site in time for planned operations to begin on schedule.

Decision-making for allocation of SNS supplies was resourceful; approximately half of the inventory was distributed to known impacted counties and half reserved for anticipated, developing impacts. On Day 2, as it became evident that the population at risk of infection exceeded supplies available in the 12-Hour Push Package, the ECC was tasked with determining the allocation of Vendor Managed Inventory supplies. The Hospital Preparedness Coordinator and Assistant State Epidemiologist considered the utility of issuing prophylaxes to the entire State versus only to potentially exposed citizens. It is not clear whether a decision was reached before the conclusion of the exercise.

The EOC demonstrated the capability to direct and control distribution of supplies and equipment, with some limitations. The EOC considered the use of Statewide Mutual Aid Compact resources and correctly determined that the statewide impact of the epidemic precluded any significant sharing of resource among counties. The EOC made good use of Emergency Management Assistance Compact resources to provide assistance to affected counties. However, communications between the EOC and RSS were very limited, resulting in some disconnect in operational direction.

Players commented that they underutilized State resources (e.g., State buildings, public works organizations, and the State's National Guard) and Federal resources (disaster medical assistance teams and Federal funds to allocate resources). The EOC has no consistent method for tracking resources used or needed, which players attributed to "uncertainty" in the adequacy of department inventory methods. No resource-tracking displays (status boards or electronic projections) were evident in the EOC.

## Chapter 5: Analysis of Critical Task Performance

This section of the report reviews performance of the individual tasks as defined in the Evaluation Guides. Each task identified by the exercise planning team as critical to the response required by the scenario should be discussed in this section. Tasks that were performed as expected require only a short writeup that describes how the task was performed and generally would not be followed by recommendations. For tasks that were not performed as expected, the writeup should include 1) an issue statement; 2) references to plans, procedures, and evaluation guides; 3) a brief summary of the issue; 4) the consequence of the issue on the response; and 5) an analysis of what happened or did not happen and the root causes for the variance from the expected outcome. Recommendations for improvement should be presented to address identified issues. To facilitate tracking of recommendations and improvements, acronyms should be spelled out in each recommendation. The Analysis of Critical Task Performance section of the report also should be used to document a variance from expected performance that may have resulted in an improved response or innovative approaches that were used during the response.

**Note:** At some point in the future, when the performance criteria have been validated and enhanced, jurisdictions will be asked to rate the performance of each task and to provide an overall performance rating for the exercise.

Following the review and validation of the draft report findings by key officials from the participating agencies/jurisdictions (during the debriefing meeting), the officials define the actions that will be taken to address the recommendations. These improvement actions are presented following each recommendation and include the action, the responsible party/agency, and the timeline for completion.

### **Task III-14: Provide Emergency Public Information to the Media and the Public**

#### **Issue 1: Some counties did not receive press releases.**

**Reference:** Joint Information Center (JIC) standard operating procedures, EEG III-14.

**Summary of Issue:** JIC staff prepared a series of press releases to convey information to the public. Each release was coordinated with the Executive Management Team. The press releases were distributed over the Emergency Management System (EMS). However, not all counties use the EMS to obtain their information. For example, the Capital County Dispensing Site did not receive any news releases because they do not use EMS.

**Consequence:** Outdated and conflicting information was put out by one county that had not seen the latest press release.

**Analysis:** The JIC relied solely on the EMS as its method of distributing the press releases. The procedures for the JIC require that press releases be faxed to counties that do not have access to or use the EMS. However, when the second press release was sent, the Deputy Public Information Officer (PIO) asked if he should fax the release to the counties and was told by the PIO that it is the county's responsibility to ensure access to and use of the EMS. Capital County has access to the EMS but does not generally use it because staff are not trained for its use. The Capital County PIO indicated that the system was not properly installed and therefore they could not use it.

#### *Recommendations and Improvements*

**Recommendation 1:** The Emergency Management Agency (EMA) should establish procedures or protocols to ensure that news releases reach all affected counties or agencies, regardless of their EMS capabilities.

**Action 1:** The director of EMA issued a directive on September 1, 2003, requiring that all personnel assigned to work in the JIC receive a copy of the operating procedures, become familiar with them, and follow them during an emergency.

**Action 2:** The director of EMA will convene a working group with representatives from selected counties to develop a plan to provide all counties with access to the EMS and train county staff. The working group will be established within a month. The plan will be completed by February 1, 2004, and training will be available by March 1, 2004.

**Action 3:** The EMS system director will develop and implement a backup system (e.g., fax, e-mail) to ensure that all counties receive news releases.

### **Task III-15: Establish and Maintain Rumor Control Operations**

#### **Issue 1: Rumor Control was not provided with a script or other written instructions on the message to be conveyed to the public.**

**Reference:** JIC standard operating procedures, EEG III-15.

**Summary of the Issue:** The JIC established a Rumor Control Center staffed by two people for the exercise. Rumor Control directed callers to other telephone numbers and Emergency Alert System (EAS) stations for additional information and developed responses based on the latest information available to them. However, staff did not always have the most recent information and sometimes released information that had not been approved by the PIOs.

**Consequence:** The information provided to the public was not always consistent or up to date.

**Analysis:** When Rumor Control received a call, staff would provide a response based on the best information they had or would discuss the request with the PIOs. On several occasions, the PIOs were busy, so the Rumor Control staff developed a response that reflected outdated information. The two Rumor Control staff worked independently but generally coordinated their responses. Each kept a folder of information that they had gathered. However, because they were developing their own responses, the information was not consistent.

#### *Recommendations and Improvements*

**Recommendation 1:** The EMA should develop procedures for the PIOs to place a high priority on developing a script for Rumor Control staff to use in responding to public inquiries.

**Action 1:** The director of EMA will work with a group of State and local PIOs to develop procedures for the development and distribution of a script that can be used by Rumor Control staff during an emergency.

#### **Issue 2: Rumor Control was not provided with adequate reference materials.**

**Reference:** JIC standard operating procedures, EEG III-14.

**Summary:** Several callers were told to contact their local EMA or stay tuned to the local EAS station. However, Rumor Control did not have the telephone numbers for some of the agencies and the radio frequencies for the EAS stations.

**Consequence:** Callers were frustrated and felt that they were getting the “runaround” because they could not get the information they needed from one source.

**Analysis:** The JIC, where the Rumor Control staff were located, had some of the reference materials and telephone numbers but they were not pulled together in a single resource that could be accessed by all staff. Various staff members had developed their own references. Although staff were willing to

share reference information, it was not easy to access and was not available at all when the person who developed the information was not present.

*Recommendations and Improvements*

**Recommendation 2:** The EMA should develop a list of EAS stations and frequencies as a reference tool for Rumor Control.

**Action 1:** A list of EAS stations and frequencies has been developed and is available in the Emergency Operations Center, the 911 Center, and the Emergency Control Center, and has been distributed to all State and county PIOs.

**Action 2:** The EMA PIO will review the list at the beginning of each month and report any changes that are required.

**Task V-1: Develop and Implement Protective Action Decisions**

**Issue: None.**

**Summary:** Public Health demonstrated the ability to implement a representative sample of population protective measures for a terrorist-induced statewide pneumonic plague outbreak. Following confirmation of the agent, participants requested the Strategic National Stockpile (SNS) push package from the Centers for Disease Control and Prevention (CDC), following the procedures outlined in their plans. Once the SNS arrived at the designated receiving site, responsibility for the package was transferred to the State and local authorities, who began the breakdown and distribution. Public Health established geographic and risk-group dispensing priorities and adjusted them as information continued to develop throughout the scenario. Public Health arranged additional pharmaceutical and medical supplies through the Vendor Managed Inventory to ensure a continued supply of prophylaxis.

*Recommendations and Improvements*

None.

## Conclusions

This exercise was the State's first exercise of newly developed procedures to receive, distribute, and dispense Strategic National Stockpile (SNS) supplies in response to a statewide bioterrorism incident. Exercise participants demonstrated an initial capability to

- ◆ assess an emerging bioterrorism event,
- ◆ request National Pharmaceutical Stockpile supplies from the Centers for Disease Control and Prevention (CDC),
- ◆ institute coordinated emergency management with State and local public health agencies,
- ◆ institute population protective measures for a bioterrorism incident,
- ◆ establish a distribution network for SNS supplies, and
- ◆ operate a temporary clinic for the emergency distribution of antibiotic prophylaxis.

Exercise participants completed all planned exercise objectives. In a no-notice deployment test, CDC delivered SNS supplies within 11 hours of the State request, which meets CDC's 12-hour delivery target. The State sent (mock) SNS supplies to two Distribution Nodes for further shipment to Dispensing Sites and treatment centers. A Capital City Dispensing Site received SNS supplies and was ready to begin dispensing operations within 34 hours of the SNS request. The temporary dispensing clinic exceeded the planned goal of processing 300 patients through the temporary dispensing clinic within 3 hours by actually processing 398 patients.

Exercise participants identified several lessons learned for improvements in the State's ability to respond to a bioterrorism incident. Major recommendations include:

- ◆ Expand Emergency Management System access and training to all State agencies and all counties in the State.
- ◆ Review State quarantine plans and procedures.
- ◆ Improve communications processes between the State Emergency Operations Center (EOC), county EOCs, and the temporary SNS distribution network.
- ◆ Implement Receiving, Staging, and Storage (RSS) and dispensing center efficiency improvements.
- ◆ Improve dispensing center exterior security and crowd control.

The State can use the results of this exercise to further refine plans, procedures, and training for a bioterrorism incident. The State should prepare expected dispensing and treatment center locations and staffing requirements for incidents that will require mass prophylaxis through multiple Dispensing Sites. CDC recommends preparing plans to serve 1,000; 10,000; 100,000; and 1 million patients for contagious or noncontagious threats. Plans should address transportation management for large incidents.

In addition, the State should review public information protocols for a large-scale bioterrorism incident. Preplanned messages and a coordinated State and local public information effort will help public health officials efficiently direct citizens to centers for prophylaxis or medical treatment. Effective communication of risk and protective measures to citizens can reduce disease propagation and public anxiety.

Subsequent exercises should test specific improvements instituted as a result of this exercise and should include a focus on public information measures. Planners should consider exercising the alternate Receiving, Staging, and Storage site if the primary site is unavailable in an emergency. Additional Dispensing Sites should be exercised to ensure that emergency prophylaxis measures can be instituted at key areas across the State. For cost effectiveness, planners should consider rotating Dispensing Site exercises across the State, with or without an SNS deployment exercise.

## AAR Appendix A: Improvement Plan Matrix

Task	Recommendations	Improvement Action	Responsible Party/Agency	Completion Date
III-14: Provide Emergency Public Information to the Media and the Public	<p>1. The Emergency Management Agency (EMA) should establish procedures or protocols to ensure that news releases reach all affected counties or agencies, regardless of their Emergency Management System (EMS) capabilities.</p>	<p>1. The director of EMA issued a directive on September 1, 2003, requiring that all personnel assigned to work in Joint Information Center (JIC) receive a copy of the operating procedures, become familiar with them, and follow them during an emergency.</p> <p>2. The director of EMA will convene a working group with representatives from selected counties to develop a plan to provide all counties with access to the EMS and train county staff.</p> <p>3. The EMS system director will develop and implement a backup system (e.g., fax, e-mail) to ensure that all counties receive news releases.</p>	EMA Director	Completed 9-01-03
III-15: Establish and Maintain Rumor Control Operations	<p>1. The Emergency Management Agency (EMA) should advise Public Information Officers (PIOs) to place a high priority on developing a script (in coordination with the Emergency Control Center (ECC)) for Rumor Control staff to use in responding to public inquiries.</p> <p>2. The EMA should develop a list of Emergency Alert System (EAS) stations and frequencies as a reference tool for Rumor Control</p>	<p>1. The director of EMA will work with a group of State and local PIOs to develop procedures for the development and distribution of a script that can be used by Rumor Control staff during an emergency.</p> <p>1. A list of EAS stations and frequencies has been developed and is available in the Emergency Operations Center, the 911 Center, the Emergency Control Center, and has been distributed to all State and county PIOs.</p> <p>2. The EMA PIO will review the list at the beginning of each month and report any changes that are required.</p>	EMA Director	1-15-04
V-1: Develop and Implement Protective Action Decisions	None.		EMA PIO	Complete
			EMA PIO	Monthly

