Limited-Scale Community Reception Center Drill

Appendix A: Improvement Plan Matrix

APPENDIX A: IMPROVEMENT PLAN MATRIX

This Improvement Plan has been developed specifically for the Florida Department of Health Limited-Scale Drill Functional Exercise conducted on July 12, 2011.

Table 1—Improvement Plan Matrix

Capability	Recommendation	Corrective Action Description	Capability Element	Primary Agency and Point of Contact	Start Date	Completion Date
General	Ensure that all Community Reception Center (CRC) response personnel have a basic knowledge of all stations within CRC.	Provide cross-training for all CRC response personnel	Training	TBD	TBD	TBD
Epidemiological Surveillance and Investigation	Consult the Regional Epidemiological Strike Team Coordinator when making assignments for the Epidemiological Strike Team.	Before exercises or as needed, consult the Regional Epidemiological Strike Team Coordinator to determine available team members and level of asset typing.	Planning	TBD	TBD	TBD
Epidemiological Surveillance and Investigation	Exercise treatment recommendations indicated for radiological events.	Practice the treatment recommendations made during the exercise.	Exercise	TBD	TBD	TBD
Epidemiological Surveillance and Investigation	Compile resource lists for packaging and shipping of biological specimens.	Obtain resource lists and materials appropriate for the packing and shipping of specimens (dry ice, etc.).	Planning	TBD	TBD	TBD
Epidemiological Surveillance and Investigation	More consistency on completing forms—staff filling out forms should sign off on the completed sections	Provide participants with clear instructions on filling out forms and encourage them to sign off on the sections they complete.	Planning	TBD	TBD	TBD

Capability	Recommendation	Corrective Action Description	Capability Element	Primary Agency and Point of Contact	Start Date	Completion Date
Epidemiological Surveillance and Investigation	Further training on ICS structure and chain of command within a CRC.	Train/practice Community Reception Center ICS structure and chain of command procedures. Look at improving staffing methods for span of control and surge influx.	Planning/ Training/ Exercise	TBD	TBD	TBD
Epidemiological Surveillance and Investigation	Have more staff at registration and discharge stations to avoid lengthy wait times and increased anxiety.	Look at staffing increases for registration and discharge stations to reduce choke points.	Planning	TBD	TBD	TBD
Epidemiological Surveillance and Investigation	Have closer monitoring of persons and equipment that move between the clean and contaminated control zone without don/doff of personal protective equipment.	Review CRC procedures for monitoring the divide between clean and contaminated control zones. Consider security personnel.	Planning	TBD	TBD	TBD
Epidemiological Surveillance and Investigation	Ensure proper units from the radiation monitoring equipment are entered into the computer program.	Provide a very knowledgeable person in radiation dose rates be stationed at dose assessment station.	Training	TBD	TBD	TBD
Environmental Health	Have a numbering system for wait area at registration and discharge.	Examine different ways to track patients at registration and discharge stations.	Planning	TBD	TBD	TBD

Capability	Recommendation	Corrective Action Description	Capability Element	Primary Agency and Point of Contact	Start Date	Completion Date
Environmental Health	Provide better physical separation between victims being scanned for internal contamination and other victims waiting to be scanned.	Analyze separation methods for victims being scanned and waiting to be scanned to help eliminate false reporting.	Planning	TBD	TBD	TBD
Environmental Health	Better integrate the internal functions of dose assessment	Train on the functions and processes for dose assessment	Planning/ Training	TBD	TBD	TBD
Public Health Laboratory Testing (urine sample shipping	Use of lab specimen's barcode and patient tracking barcode created the need for a cross-referencing system.	Integrate different barcodes into one system for more efficient and faster tracking	Equipment	TBD	TBD	TBD
On-Site Incident Management	Provide Incident Command System (ICS) Toolkit on jump drives to eliminate different formats of ICS forms.	Obtain multiple jump drives and load them with the ICS Toolkit.	Equipment	Florida Regional Domestic Security Task Force (RDSTF) Region 5 Incident Management Training (IMT)	8/1/11	8/1/12
On-Site Incident Management	Have one laptop and printer assigned to the IMT at all times.	Obtain a designated IMT laptop and printer.	Equipment	Florida RDSTF Region 5 IMT	8/1/11	8/1/12
On-Site Incident Management	Market for more finance/administrative section chiefs.	Advertise finance and administrative IMT positions to appropriate personnel	Planning/ Training	Florida RDSTF Region 5 IMT	8/1/11	Ongoing

Capability	Recommendation	Corrective Action Description	Capability Element	Primary Agency and Point of Contact	Start Date	Completion Date
On-Site Incident Management	Regulate requisition requests.	Look at methods to standardize requisition requests.	Planning	Florida RDSTF Region 5 IMT	8/1/11	8/1/12
On-Site Incident Management	Investigate ways to correct confusion between multiple types of e-mail accounts and firewalls from various organizations participating on the IMT.	Google docs and possibly Google position-based accounts would eliminate confusion of various types of e-mails and firewalls from various organizations.	Planning/ Equipment	Florida RDSTF Region 5 IMT	8/1/11	8/1/12
Disaster Behavioral Health	Revise triage methods.	Blue—no assessment needed; provide coping information. Green—mini-assessment and support plan. Orange—mental health assessment and referrals. User markers (only mark green and orange).	Planning/ Training	Florida Crisis Consortium (FCC)	8/1/11	9/1/11
Disaster Behavioral Health	Obtain more interpreters for non-English speakers.	Recruit additional bilingual team members.	Planning	FCC	8/1/11	Ongoing
Disaster Behavioral Health	Revise staffing matrix.	Identify staffing needed (including backup team leader to build in breaks for team members).	Training	FCC	8/1/11	9/30/11
Disaster Behavioral Health	Develop better communication between clean side and contaminated side	Designate lead on each side and provide radio.	Planning/ Training	FCC	8/1/11	9/30/11

Capability	Recommendation	Corrective Action Description	Capability Element	Primary Agency and Point of Contact	Start Date	Completion Date
Disaster Behavioral Health	Revisit fitness-for-duty guidelines.	Revise guidelines and communicate to team members.	Planning/ Training	FCC	9/1/11	10/31/11

Limited-Scale Community Reception Center Drill

Appendix B: Exercise Documents

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EXERCISE PLAN

Florida Department of Health Limited-Scale Drill

Community Reception Center Exercise

July 12, 2011

Cypress Creek High School

Orlando, Florida

Preface

The Florida Department of Health (FDOH) Limited-Scale Radiation Drill is sponsored by Centers for Disease Control and Prevention (CDC) and the FDOH. This Exercise Plan (ExPlan) was produced with input, advice, and assistance from the CDC and FDOH Limited-Scale Radiation Drill Exercise Planning Team, which followed guidance set forth in the U.S. Department of Homeland Security (DHS) Homeland Security Exercise and Evaluation Program (HSEEP).

This ExPlan gives officials, observers, media personnel, and players from participating organizations information they need to observe or participate in a Radiation Drill response exercise that focuses on participants' emergency response plans, policies, and procedures as they pertain to the Radiation Drill. The information in this document is current at the date of publication, and is subject to change as dictated by the Exercise Planning Team.

Handling Instructions

1. The title of this document is the *FDOH Limited-Scale Radiation Drill Exercise Plan (ExPlan)*.
2. This document should be safeguarded, handled, transmitted, and stored in accordance with appropriate security directives. Reproduction of this document, in whole or in part, without prior approval from the Exercise Planning Team is prohibited.
3. At a minimum, the attached materials will be disseminated strictly on a need-to-know basis and, when unattended, will be stored in a locked container or area that offers sufficient protection against theft, compromise, inadvertent access, and unauthorized disclosure.
4. For more information about the exercise, please consult the following points of contact (POCs):

   Exercise Lead:

   April Raulerson
   Emergency Preparedness Manager
   East Central Florida Regional Planning Council
   309 Cranes Roost Blvd., Suite 2000
   Altamonte Springs, Florida 32701
   407-262-7772 (office)
   407-716-8934 (cell)
   araulerson@ecfrpc.org

   Exercise Support Team:

   Kate Hardie
   Emergency Preparedness Planner
   East Central Florida Regional Planning Council
   309 Cranes Roost Blvd., Suite 2000
   Altamonte Springs, Florida 32701
   407-262-7772 (office)
   kate@ecfrpc.org

CONTENTS

Chapter 1: General Information

Introduction

The FDOH Limited-Scale Radiation Drill is designed to establish a learning environment for players to exercise emergency response plans, policies, and procedures as they pertain to activating a Community Reception Center. A Drill is a complex event that requires detailed planning. To ensure an effective exercise, subject matter experts (SMEs) and local representatives from numerous agencies have taken part in the planning process and will take part in exercise conduct and evaluation.

This Exercise Plan (ExPlan) was produced at the direction of the Centers for Disease Control and Prevention and the Florida Department of Health with input, advice, and assistance from the FDOH Limited-Scale Radiation Drill Exercise Planning Team. This exercise is evidence of the growing public safety partnership between Federal, State and local jurisdictions regarding the response to the threat of Radiation exposure that our Nation and communities face.

Confidentiality

The FDOH Limited-Scale Radiation Drill is an unclassified exercise. Control of information is based on public sensitivity regarding the nature of the exercise rather than actual exercise content. Some exercise material is intended for the exclusive use of exercise planners, controllers, and evaluators, but players may view other materials that are deemed necessary to their performance. All exercise participants may view this ExPlan. The Controller and Evaluator (C/E) Handbook is a restricted document that is intended for controllers and evaluators only.

All exercise participants should use appropriate guidelines to ensure proper control of information within their areas of expertise and protect this material in accordance with current Centers for Disease Control and Prevention and Florida Department of Health directives.

Public release of exercise materials to third parties is at the discretion of the U.S. Department of Homeland Security (DHS) and the CDC and FDOH Limited-Scale Radiation Drill Exercise Planning Team.

Purpose

The purpose of this exercise is to evaluate player actions against current response plans and capabilities for a Radiation Exposure response.

Target Capabilities

The National Planning Scenarios and 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 because 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 that 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) and the critical tasks of the Universal Task List (UTL). 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 Multiyear Training and Exercise Plan, of which this exercise is a component.

The capabilities listed here have been selected by the CDC and FDOH Limited-Scale Radiation Drill Exercise Planning Team. These capabilities provide the foundation for development of the exercise objectives and scenario. The purpose of this exercise is to measure and validate performance of these capabilities and their associated critical tasks. The selected capabilities are:

- Epidemiological Surveillance and Investigation
- Environmental Health
- Public Health Laboratory Testing (Urine Sample – Shipping of a sample)
- On-site Incident Management

Exercise Objectives

The Exercise Planning Team selected objectives that focus on evaluating emergency response procedures, identifying areas for improvement, and achieving a collaborative attitude. This exercise will focus on the following objectives:

1. **Epidemiological Surveillance and Investigation.** Evaluate the capacity to rapidly conduct epidemiological investigations due to a deliberate exposure and evaluate disease detection, rapid implementation of active surveillance, maintenance of ongoing surveillance activities, epidemiological investigation, analysis, communicating with the public and providers about case definitions, disease risk, mitigation, and recommendations for the implementation of control measures.
2. **Environmental Health.** Evaluate the capability to protect the public from environmental hazards and manage the health effects of an environmental health emergency. This capability includes the design, implementation, and interpretation of results from environmental field surveys, laboratory sample analyses, rapid needs assessments, and comprehensive environmental health and risk assessments.
3. **Public Health Laboratory Testing (Urine Sample – Shipping of a sample).** Evaluate ongoing surveillance, rapid detection, confirmatory testing, data reporting, investigative support, and laboratory networking to address potential exposure, or known exposure, to all-hazards which include chemical, radiochemical, and

biological agents in all matrices including clinical specimens, food and environmental samples, (e.g., water, air, soil).

4. **On-site Incident Management.** Evaluate the ability to effectively direct and control incident management activities by using the Incident Command System (ICS) consistent with the National Incident Management System (NIMS).

Chapter 2: Exercise Logistics

Exercise Summary

General

The FDOH Limited-Scale Radiation Drill is designed to establish a learning environment for players to exercise their plans and procedures for responding to a public Radiation Exposure event. The FDOH Limited-Scale Radiation Drill will be conducted on Tuesday, July 12th, 2011, beginning at 12:30pm. Exercise play is scheduled for 4 hours or until the Exercise Director and Senior Controller determine that the exercise objectives have been met.

Assumptions

Assumptions constitute the implied factual foundation for the exercise and are assumed to be present before the exercise starts. The following general assumptions apply to this exercise:

- The exercise will be conducted in a no-fault learning environment wherein systems and processes, not individuals, will be evaluated.
- Exercise simulation will be realistic and plausible and will contain sufficient detail from which players can respond.
- Exercise players will react to information and situations as they are presented, in the same manner as if the simulated incident were real.

Constructs and Constraints

Constructs are exercise devices that are designed to enhance or improve exercise realism. Constraints are exercise limitations that may detract from exercise realism. Constraints may be the inadvertent result of a faulty construct, or they may pertain to financial and staffing issues. Although there are constructs and constraints (also known as exercise artificialities) for any exercise, the Exercise Planning Team recognizes and accepts the following as necessary:

- Exercise communication and coordination will be limited to participating exercise venues and the Simulation Cell (SimCell).
- Only communication methods listed in the Communications Directory will be available for players to use during the exercise.
- Participating agencies may need to balance exercise play with real-world emergencies. Real-world emergencies will take priority.

Exercise Participants

The term *participant* encompasses many groups of people, not just those playing in the exercise. Groups of participants involved in the exercise are as follows:

- **Players.** Players are agency personnel who have an active role in responding to the simulated emergency and perform their regular roles and responsibilities during the exercise. Players initiate actions that will respond to and mitigate the simulated emergency.
- **Controllers.** Controllers set up and operate the exercise site, plan and manage exercise play, and act in the roles of response individuals and agencies that are not playing in the exercise. Controllers direct the pace of exercise play; they routinely include members of the Exercise Planning Team. They provide key data to players and may prompt or initiate certain player actions to ensure exercise continuity.
- **Simulators.** Simulators are control staff personnel who role play nonparticipating organizations or individuals. They most often operate out of the SimCell, but they may occasionally have face-to-face contact with players. Simulators function semi-independently under the supervision of SimCell controllers, enacting roles (e.g., media reporters or next of kin) in accordance with instructions provided in the Master Scenario Events List (MSEL). All simulators are ultimately accountable to the Exercise Director and Senior Controller.
- **Evaluators.** Evaluators evaluate and provide feedback on a designated functional area of the exercise. They are chosen on the basis of their expertise in the functional area(s) they have been assigned to review during the exercise and their familiarity with local emergency response procedures. Evaluators assess and document participants' performance against established emergency plans and exercise evaluation criteria, in accordance with Homeland Security Exercise and Evaluation Program (HSEEP) standards. They typically are chosen from planning committee members or agencies or organizations that are participating in the exercise.
- **Actors.** Actors simulate specific roles during exercise play. They typically are volunteers who have been recruited to play the role of victims or other bystanders.
- **Observers.** Observers visit or view selected segments of the exercise. Observers do not play in the exercise, nor do they perform any control or evaluation functions. Observers view the exercise from a designated observation area and must remain within the observation area during the exercise. VIPs are also observers, but they frequently are grouped separately. A dedicated group of exercise controllers will be assigned to manage these groups.
- **Media Personnel.** Some media personnel may be present as observers, pending approval by Centers for Disease Control and Prevention and the Florida Department of Health personnel and Exercise Support Team members. Media interaction also may be simulated by the SimCell to enhance realism and meet related exercise objectives. A dedicated group of exercise controllers will be assigned to manage these groups.

- **Support Staff.** The exercise support staff includes individuals who are assigned administrative and logistical support tasks during the exercise (e.g., registration, catering).

Exercise Tools

Controller and Evaluator (C/E) Handbook

The *FDOH Limited-Scale Radiation Drill C/E Handbook* is designed to help exercise controllers and evaluators conduct and evaluate an effective exercise. The handbook also enables controllers and evaluators to understand their roles and responsibilities in exercise execution and evaluation. If a player, observer, or media representative finds an unattended handbook, he or she should give it to the nearest controller or evaluator.

Exercise Implementation

Exercise Play

Exercise play will begin at 1:00pm, with a situation update for each participating venue. Play will proceed according to events outlined in the MSEL, in accordance with established plans and procedures. The exercise will conclude after completion of operations and attainment of exercise objectives, as determined by the Exercise Director. The exercise is expected to end by 4:30pm.

Exercise Rules

The following general rules govern exercise play:

- Real-world emergency actions take priority over exercise actions.
- Exercise participants will comply with real-world response procedures, unless otherwise directed by the control staff.
- All communications (e.g., written, radio, telephone) during the exercise will begin and end with the statement **"This is an exercise."**
- Exercise participants who place telephone calls or initiate radio communication with the SimCell must identify the organization, agency, office, or individual with whom they wish to speak.

Safety Requirements

General

Exercise participant safety takes priority over exercise events. Although the participants involved in the FDOH Limited-Scale Radiation Drill come from various response agencies, they share the basic responsibility for ensuring a safe environment for all personnel involved in the exercise. Because aspects of an emergency response are dangerous, professional health and safety ethics should guide all participants to operate in their

assigned roles in the safest manner possible. The following general requirements apply to the exercise:

- A Safety Controller will be identified and will be responsible for participant safety.
- All controllers, evaluators, and exercise staff members will serve as safety observers while exercise activities are underway. Any safety concerns must be immediately reported to the Safety Controller.
- Participants will be responsible for their own and each other's safety during the exercise. All persons associated with the exercise must stop play if, in their opinion, a real safety problem exists. After the problem is corrected, exercise play can be resumed.
- All organizations will comply with their respective environmental, health, and safety plans and procedures, as well as appropriate Federal, State, and local environmental health and safety regulations.

Exercise Setup

Exercise setup involves prestaging and dispersal of exercise materials, including registration materials, documentation, signage, and other equipment as appropriate. Exercise setup will take place on Monday, July 11th, 2011.

Electrical and Generating Device Hazards

All electrical and generating devices will be clearly marked to prevent inadvertent contact. All generating devices will be located in areas where exhaust gases will not pose any potential exposure to exercise participants (i.e., away from buildings to prevent buildup of carbon monoxide inside).

Accident Reporting and Real Emergencies

For an emergency that requires assistance, use the phrase **"real-world emergency."** The following procedures should be used in case of a real emergency during the exercise:

- Anyone who observes a participant who is seriously ill or injured will first advise the nearest controller and then, if possible, render aid, provided the aid does not exceed his or her training.
- The controller who is made aware of a real emergency will initiate the "real-world emergency" broadcast on the controller radio network and provide the following information to the Senior Controller and Exercise Director:
  - Venue and function
  - Location within the venue and function
  - Condition
  - Requirements
- The Safety Controller will be notified as soon as possible if a real emergency occurs.

- If the nature of the emergency requires suspension of the exercise at the venue or function, all exercise activities at that facility will immediately cease. Exercise play may resume at that venue or function after the situation has been addressed.
- Exercise play at other venues and functions should not cease if one venue or function has declared a real-world emergency, unless they rely on the affected venue.
- If a real emergency occurs that affects the entire exercise, the exercise may be suspended or terminated at the discretion of the Exercise Director and Senior Controller. Notification will be made from the SimCell.

Site Access

Security

To prevent confusion and interruption of the exercise, access to exercise sites will be limited to exercise participants only. Players should advise their venue's controller or evaluator if an unauthorized person is present. Each organization should follow its internal security procedures, augmented as necessary to comply with exercise requirements.

Observer Coordination

Each organization with observers will coordinate with the East Central Florida Regional Planning Council for access to the exercise site. Observers will be escorted to an observation area for orientation and conduct of the exercise. All observers must remain within the designated observation area during the exercise. Centers for Disease Control and Prevention and/or Florida Department of Health representatives and/or the observer controller will be present to explain the exercise program and answer questions for observers during the exercise.

Refreshments and Restroom Facilities

Refreshments and potable water will be provided for all exercise participants throughout the exercise.

Exercise Identification

Identification badges will be issued to the exercise staff. All exercise personnel and observers will be identified by agency uniforms or identification badges distributed by the exercise staff.

Communications Plan

Exercise Start, Suspension, and Termination Instructions

The exercise is scheduled to run for 4 hours or until the Exercise Director and Senior Controller determines that exercise objectives have been met. The Exercise Director will

announce the start of the exercise and exercise suspension or termination through the controller communications network.

All spoken and written communications will start and end with the statement "THIS IS AN EXERCISE."

Player Communications

Players will use routine, in-place agency communication systems. Additional communication assets may be made available as the exercise progresses. The need to maintain capability for a real-world response may preclude the use of certain communication channels or systems that usually would be available for an actual emergency. In no instance will exercise communications interfere with real-world emergency communications. Each venue will coordinate its own internal communication networks and channels.

The primary means of communication among the controllers and venues will be telephone and radio. A list of key telephone and fax numbers and radio call signs will be available as a Communications Directory before the exercise starts.

Communications Check

Before the exercise starts, a communications check with be done between all interfacing communication means to ensure redundancy and uninterrupted flow of control information.

Player Briefing

Controllers may be required to read specific scenario details to participants to begin exercise play. They may also have technical handouts or other materials to give to players to better orient them to the exercise environment.

Public Affairs

This exercise enables players to demonstrate increased readiness to deal with a Public Health Radiation Exposure event. Any public safety exercise may be a newsworthy event. Special attention must be given to the needs of media representatives, allowing them to get as complete and accurate a story as possible; however, their activities must not compromise exercise realism, safety, or objectives.

The Centers for Disease Control and Prevention and the Florida Department of Health are responsible for disseminating public information before the FDOH Limited-Scale Radiation Drill. The Planning Team will coordinate this function.

Chapter 3: Player Information and Guidance

Exercise Staff

Exercise Director

The Exercise Director has overall responsibility for planning, coordinating, and overseeing all exercise functions. The Exercise Director also manages exercise activities and maintains close dialogue with the Senior Controller about the status of play and achievement of exercise objectives.

Senior Controller

The Senior Controller is responsible for overall organization of the exercise and takes direction from the Exercise Director. The Senior Controller monitors exercise progress and coordinates decisions regarding deviations or significant changes to the scenario caused by unexpected developments during play. The Senior Controller monitors actions by individual controllers and ensures that they implement all designated and modified actions at the appropriate time. The Senior Controller debriefs controllers and evaluators after the exercise and oversees setup and takedown of the exercise.

Safety Controller

The Safety Controller is responsible for monitoring exercise safety during setup, conduct, and cleanup of the exercise. All exercise participants will assist the Safety Controller by reporting any safety concerns.

Controllers

Individual controllers issue exercise materials to players as required, monitor the exercise timeline, and monitor the safety of all exercise participants. Controllers also provide injects to players, as described in the MSEL. Specific controller responsibilities are addressed in the C/E Handbook.

Evaluators

Evaluators work as a team with controllers. Evaluators are SMEs who record events that take place in their assigned location and submit documentation for review and inclusion in the After Action Report (AAR). Evaluators should not have any direct interaction with players. Specific evaluator responsibilities are addressed in the C/E Handbook.

Player Instructions

Before the Exercise

- Review appropriate emergency plans, procedures, and exercise support documents.

- Be at the appropriate site at least 30 minutes before the exercise starts. Wear the appropriate uniform and identification item(s).
- Sign in when you arrive.
- Read your Player Information Handout, which includes information on exercise safety.

During the Exercise

- Respond to exercise events and information as if the emergency were real, unless otherwise directed by an exercise controller.
- Controllers will give you only information they are specifically directed to disseminate. You are expected to obtain other necessary information through existing emergency information channels.
- Do not engage in personal conversations with controllers, evaluators, observers, or media personnel. If you are asked an exercise-related question, give a short, concise answer. If you are busy and cannot immediately respond, indicate that, but report back with an answer as soon as possible.
- If you do not understand the scope of the exercise, or if you are uncertain about an organization's or agency's participation in an exercise, ask a controller.
- Parts of the scenario may seem implausible. Recognize that the exercise has objectives to satisfy and may require incorporation of unrealistic aspects. Every effort has been made by the exercise's trusted agents to balance realism with safety and to create an effective learning and evaluation environment.
- All exercise communications will begin and end with the statement **"This is an exercise."** This precaution is taken so that anyone who overhears the conversation will not mistake exercise play for a real-world emergency.
- When you communicate with the SimCell, identify the organization, agency, office, or individual with whom you wish to speak.
- Speak when you take an action. This procedure will ensure that evaluators are aware of critical actions as they occur.
- Maintain a log of your activities. Many times, this log may include documentation of activities that were missed by a controller or evaluator.

After the Exercise

- Participate in the Hot Wash at your facility with controllers and evaluators.
- Complete the Participant Feedback Form. This form allows you to comment candidly on emergency response activities and exercise effectiveness. Provide the completed form to a controller or evaluator.
- Provide any notes or materials generated from the exercise to your controller or evaluator for review and inclusion in the AAR.

Simulation Guidelines

Because the FDOH Limited-Scale Radiation Drill is of limited duration and scope, the physical description of what would fully occur at the incident sites and surrounding areas will be relayed to players by simulators or controllers.

Chapter 4: Evaluation and Post exercise Activities

Exercise Documentation

The goal of the FDOH Limited-Scale Radiation Drill is to comprehensively exercise and evaluate plans and capabilities as they pertain to establishing a Community Reception Center (CRC). After the exercise, data collected by controllers, evaluators, and players will be used to identify strengths and areas for improvement in the context of the exercise objectives.

Exercise Evaluation Guides (EEGs)

The DHS has developed Exercise Evaluation Guides (EEGs) that identify expected activities for evaluation, provide consistency across exercises, and link individual tasks to disciplines and expected outcomes.

The EEGs selected by the exercise's trusted agents are contained in the evaluator materials packet, along with the C/E Handbook. These EEGs have been selected because the activities they describe can be expected to be observed during the exercise. The EEGs will guide evaluation to match the exercise objectives. Supplemental evaluation materials designed for the FDOH Limited-Scale Radiation Drill may also be used.

Hot Wash

Immediately after completion of exercise play, controllers will facilitate a Hot Wash with players from their assigned location. The Hot Wash is an opportunity for players to express their opinions about the exercise and their own performance. At this time, evaluators can seek clarification regarding certain actions and what prompted players to take them. The Hot Wash should not last more than 30 minutes. Evaluators should take notes during the Hot Wash and include these observations in their analysis.

Controller and Evaluator Debriefing

Controllers, evaluators, and selected exercise participants will attend a facilitated Controller and Evaluator Debriefing following the exercise. During this debriefing, these individuals will discuss their observations of the exercise in an open environment to clarify actions taken during the exercise. Evaluators should take this opportunity to complete their EEGs for submission to the Lead Evaluator and begin the analysis process outlining issues to be included in the AAR.

After Action Report (AAR)

The AAR is the culmination of the FDOH Limited-Scale Radiation Drill. It is a written report that outlines strengths and areas for improvement identified during the exercise. The AAR will include the timeline, executive summary, scenario description, mission outcomes, and

capability analysis. The AAR will be drafted by a core group of individuals from the Exercise Planning Team.

After Action Conference and Improvement Plan (IP)

The improvement process represents the comprehensive, continuing preparedness effort of which the FDOH Limited-Scale Radiation Drill is a part. Lessons learned and recommendations from the AAR will be incorporated into an Improvement Plan (IP).

After Action Conference

The After Action Conference is a forum for jurisdiction officials to hear the results of the evaluation analysis, validate findings and recommendations in the draft AAR, and begin development of the IP.

Improvement Plan (IP)

The IP identifies how recommendations will be addressed, including what actions will be taken, who is responsible, and the timeline for completion. It is created by key stakeholders from the FDOH Limited-Scale Radiation Drill participating agencies during the After Action Conference.

Appendix A: Exercise Schedule

Time	Personnel	Activity
Thursday, June 30th, 2011		
1330-1500	Controllers and Evaluators	Controller and Evaluator Training
Monday, July 11th, 2011		
1300 to 1600	Exercise Planning Team members	Site Setup
Tuesday, July 12th, 2011		
0800	Exercise staff members	Exercise site setup
0830	Controllers, Evaluators, Participants	Check-in
0900	All Participants	Just-in-Time Training
1115-1215	Controllers and evaluators, Participants (participants, observers),	Lunch
1130-1230	Volunteer-Actors	Registration/Moulage
1200	Controllers and Evaluators	Communications check
1230	Participants/Volunteers-Actors	Briefing
1245	Participants (Players, Observers)	Report to various locations
1300	**All**	**Start of exercise (StartEx)**
1600	**All**	**End of exercise (EndEx)**
Immediately after the exercise	Participants, Controllers, and Evaluators	Hot Wash
Immediately after the Hot Wash	Controllers, Evaluators, and Exercise Planning Team members	Controller and Evaluator Debriefing
1630	Exercise Team members	Site Breakdown/Clean Up

Appendix B: Exercise Site Maps

Figure B.1 Meadow Woods and Surrounding Areas Map

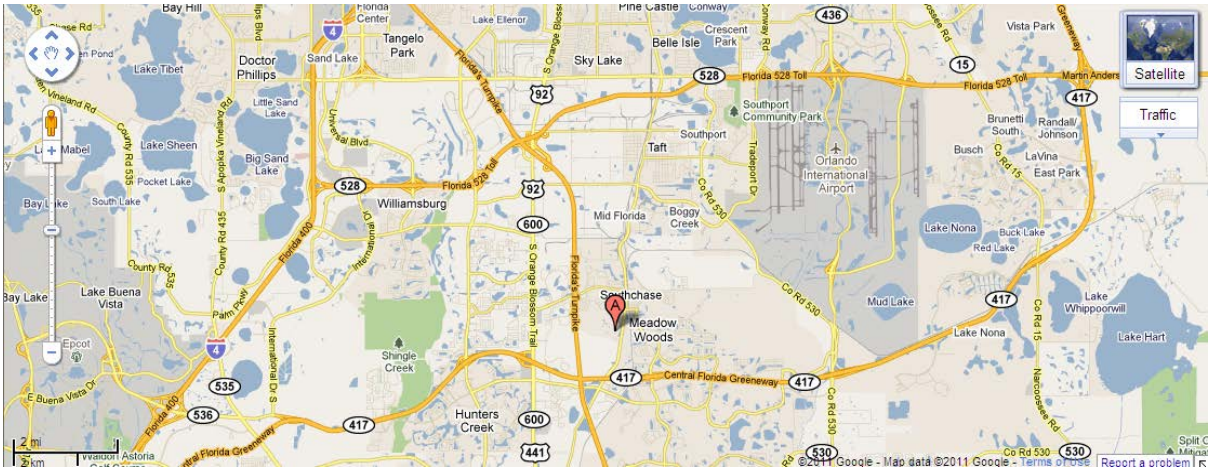

Figure B.2 Cypress Creek High School Aerial

Appendix C: Participating Agencies and Organizations

Participating Agencies and Organizations
Federal
Centers for Disease Control and Prevention
State
Florida Division of Emergency Management
Florida Department of Health
Florida Department of Health Radiation Control
Florida Department of Law Enforcement
State Medical Response Teams
Environmental Health Strike Teams
Epidemiological Strike Teams
Medical Reserve Corp.
Florida National Guard, 44th Civil Support Team
State Laboratory
Regional
East Central Florida Regional Planning Council
Region 5 Incident Management Team (IMT)
Behavioral Health Strike Teams
American Red Cross
Local
Orange County Health Department
Orange County Health Services Department, Office of the Medical Director

Appendix D: Agent Fact Sheet

RADIATION EMERGENCIES

RADIOISOTOPE BRIEF

Cesium-137 (Cs-137)

Half-life: 30.17 years
Mode of decay: Beta and gamma radiation
Chemical properties: Liquid at room temperature, but readily bonds with chlorides to form a powder.

What is it used for?

Cs-137 is used in small amounts for calibration of radiation-detection equipment, such as Geiger-Mueller counters. In larger amounts, Cs-137 is used in medical radiation therapy devices for treating cancer; in industrial gauges that detect the flow of liquid through pipes; and in other industrial devices to measure the thickness of materials, such as paper, photographic film, or sheets of metal.

Where does it come from?

Cs-137 is produced by nuclear fission for use in medical devices and gauges. Cs-137 also is one of the byproducts of nuclear fission processes in nuclear reactors and nuclear weapons testing. Small quantities of Cs-137 can be found in the environment from nuclear weapons tests that occurred in the 1950s and 1960s and from nuclear reactor accidents, such as the Chernobyl power plant accident in 1986, which distributed Cs-137 to many countries in Europe.

Beta particles: electrons ejected from the nucleus of a decaying atom. Although they can be stopped by a thin sheet of aluminum, beta particles can penetrate the dead skin layer, potentially causing burns. They can pose a serious direct or external radiation threat and can be lethal depending on the amount received. They also pose a serious internal radiation threat if beta-emitting atoms are ingested or inhaled.

Gamma rays: high-energy electromagnetic radiation emitted by certain radionuclides when their nuclei transition from a higher to a lower energy state. These rays have high energy and a short wave length. Gamma rays penetrate tissue farther than do beta or alpha particles, but leave a lower concentration of ions in their path to potentially cause cell damage. Gamma rays are very similar to x-rays.

What form is it in?

Because it readily bonds with chlorides, Cs-137 usually occurs as a crystalline powder, rather than in its pure liquid form.

What does it look like?

Small amounts of Cs-137 are incorporated into Lucite disks, rods, and seeds. Larger Cs-137 sources are enclosed in lead containers (such as long tubes that are closed at each end) or small round metal containers. If the lead containers of Cs-137 are opened, the substance inside looks like a white powder and may glow. Cs-137 from nuclear accidents or atomic bomb explosions cannot be seen and will be present in dust and debris from fallout.

How can I be exposed to Cs-137?

Small amounts of Cs-137 are present in the environment from weapons testing in the 1950s and 1960s, so people are exposed to some Cs-137 every day. However, Cs-137 is dangerous in the large, concentrated amounts found in radiation therapy units and industrial gauges. The sources in these devices are designed to remain sealed and keep people from being exposed; however, if these canisters are intentionally or accidentally opened, the Cs-137 inside could be dispersed.

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Radioisotope Brief: Cesium-137 (Cs-137)
(continued from previous page)

How can it hurt me?

External exposure to large amounts of Cs-137 can cause burns, acute radiation sickness, and even death. Exposure to Cs-137 can increase the risk for cancer because of exposure to high-energy gamma radiation. Internal exposure to Cs-137, through ingestion or inhalation, allows the radioactive material to be distributed in the soft tissues, especially muscle tissue, exposing these tissues to the beta particles and gamma radiation and increasing cancer risk.

For more information about Cs-137, see the Public Health Statement by the Agency for Toxic Substances and Disease Registry at http://www.atsdr.cdc.gov/toxprofiles/phs149.html, or visit the Environmental Protection Agency at http://www.epa.gov/radiation/radionuclides/cesium.htm.

For more information on protecting yourself before or during a radiologic emergency, see CDC's fact sheet titled "Frequently Asked Questions (FAQs) About a Radiation Emergency" at http://www.bt.cdc.gov/radiation/emergencyfaq.asp, and "Sheltering in Place During a Radiation Emergency," at http://www.bt.cdc.gov/radiation/shelter.asp.

For information about possible countermeasures for internal contamination with Cs-137, please see CDC's fact sheet on Prussian blue.

The Centers for Disease Control and Prevention (CDC) protects people's health and safety by preventing and controlling diseases and injuries; enhances health decisions by providing credible information on critical health issues; and promotes healthy living through strong partnerships with local, national, and international organizations.

For more information, visit www.bt.cdc.gov/radiation, or call CDC at 800-CDC-INFO (English and Spanish) or 888-232-6348 (TTY).

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Appendix E: Background Scenario

July 8th, 2011

The City of Lime Hospital reported a missing item in an incoming shipment destined for the Blood Bank Lab. The missing item contained Cesium-137.

July 12th, 2011

8:30am – The G25 Summit is holding their annual meeting at the Lime County Convention Center. There are more than 300 individuals in attendance on this particular morning.

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10:10am – A phone call is received by the Channel 17 news station. The caller reports that a suppression system that just went off at the convention center was contaminated with radioactive material. This information is quickly broadcast through the major media outlets.

CONTROLLER/EVALUATOR HANDBOOK

Florida Department of Health Limited-Scale Drill

Community Reception Center Exercise

July 12, 2011

Cypress Creek High School

Orlando, Florida

Preface

The FDOH Limited-Scale Radiation Drill is sponsored by Centers for Disease Control and Prevention and the Florida Department of Health. This Controller and Evaluator (C/E) Handbook was produced with input, advice, and assistance from the CDC and FDOH Limited-Scale Radiation Drill Exercise Planning Team, which followed guidance set forth by the U.S. Department of Homeland Security (DHS) Homeland Security Exercise and Evaluation Program (HSEEP).

The C/E Handbook is a supplement to the FDOH Limited-Scale Radiation Drill *Exercise Plan (ExPlan).* It provides controllers and evaluators with detailed information about the exercise scenario and their specific duties and responsibilities. Controllers and evaluators should refer to the ExPlan for basic information about the exercise, including participating agencies, schedules, briefings, and the responsibilities of various participants. The information in this document is current at the date of publication, and is subject to change as dictated by the CDC and FDOH Limited-Scale Radiation Drill Exercise Planning Team.

Handling Instructions

1. The title of this document is the FDOH Limited-Scale Radiation Drill *Controller and Evaluator (C/E) Handbook.*

2. The information gathered in this C/E Handbook should be safeguarded, handled, transmitted, and stored in accordance with appropriate security directives. Reproduction of this document, in whole or in part, without prior approval from the CDC and FDOH Limited-Scale Radiation Drill Exercise Planning Team is prohibited.

3. At a minimum, the attached materials will be disseminated strictly on a need-to-know basis and, when unattended, will be stored in a locked container or area that offers sufficient protection against theft, compromise, inadvertent access, and unauthorized disclosure.

4. For more information about the exercise, please consult the following points of contact (POCs):

   Exercise Lead:

   April Raulerson
   Emergency Preparedness Manager
   East Central Florida Regional Planning Council
   309 Cranes Roost Blvd., #2000
   Altamonte Springs, Florida 32701
   407-262-7772 (office)
   407-716-8934 (cell)
   araulerson@ecfrpc.org

   Exercise Support Team:

   Kate Hardie
   Emergency Management Planner
   East Central Florida Regional Planning Council
   309 Cranes Roost Blvd., #2000
   Altamonte Springs, Florida 32701
   407-262-7772 (office)
   kate@ecfrpc.org

CONTENTS

Chapter 1: General Information

Introduction

The FDOH Limited-Scale Radiation Drill is designed to establish a learning environment for players to exercise emergency response plans, policies, and procedures as they pertain to activating a Community Reception Center. A Drill is a complex event that requires detailed planning. To ensure an effective exercise, subject matter experts (SMEs) and local representatives from numerous agencies have taken part in the planning process and will take part in exercise conduct and evaluation.

This Controller and Evaluator (C/E) Handbook was produced at the direction of the Centers for Disease Control and Prevention and the Florida Department of Health with input, advice, and assistance from the CDC and FDOH Limited-Scale Radiation Drill Exercise Planning Team. This exercise is evidence of the growing public safety partnership between State and local jurisdictions regarding the response to the threat of Radiation exposure that our Nation and communities face.

Confidentiality

The FDOH Limited-Scale Radiation Drill is an unclassified exercise. Control of exercise information is based on public sensitivity regarding the nature of the exercise rather than the actual exercise content. Some exercise material is intended for the exclusive use of exercise planners, controllers, and evaluators, but players may view other materials deemed necessary to their performance. All exercise participants may view the Exercise Plan (ExPlan), but this C/E Handbook is a restricted document that is intended for controllers and evaluators only.

All exercise participants should use appropriate guidelines to ensure proper control of information within their areas of expertise and protect this material in accordance with current Centers for Disease Control and Prevention and Florida Department of Health directives.

Public release of exercise materials to third parties is at the discretion of the U.S. Department of Homeland Security (DHS) and the CDC and FDOH Limited-Scale Radiation Drill Exercise Planning Team.

Exercise Summary

General

The FDOH Limited-Scale Radiation Drill is designed to establish a learning environment for players to exercise emergency response plans, policies, and procedures as they pertain to the Radiation Exposure event.

Purpose

The purpose of this exercise is to evaluate player actions against current response plans and capabilities for a Radiation Exposure event response.

Assumptions

Assumptions constitute the implied factual foundation for the exercise and, as such, are assumed to be present before the exercise starts. The following general assumptions apply to the exercise:

- The exercise will be conducted in a no-fault learning environment wherein systems and processes, not individuals, will be evaluated.
- Exercise simulation will be realistic and plausible and will contain sufficient detail from which to respond.
- Exercise players will react to information and situations as they are presented, in the same manner as if the exercise were a real incident.

Constructs and Constraints

Constructs are exercise devices that are designed to enhance or improve exercise realism. Constraints are exercise limitations that may detract from exercise realism. Constraints may be the inadvertent result of a faulty construct, or they may pertain to financial and staffing issues. Although there are constructs and constraints (also known as exercise artificialities) in any exercise, the CDC and FDOH Limited-Scale Radiation Drill Exercise Planning Team recognizes and accepts the following as necessary:

- Exercise communication and coordination will be limited to the participating exercise venues and the Simulation Cell (SimCell).
- Only communication methods listed in the Communications Directory will be available for players to use during the exercise.
- Participating agencies may need to balance exercise play with real-world emergencies. Real-world emergencies will take priority.

Target Capabilities

The National Planning Scenarios and 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 because 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 that 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) and the critical tasks of the Universal Task List (UTL). 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 here have been selected by the CDC and FDOH Limited-Scale Radiation Drill Exercise Planning Team from the priority capabilities identified in Region 5's Multi-Year Training and Exercise Plan. These capabilities provide the foundation for development of the exercise objectives and scenario. The purpose of this exercise is to measure and validate performance of these capabilities and their associated critical tasks. The selected capabilities are:

- Epidemiological Surveillance and Investigation
- Environmental Health
- Public Health Laboratory Testing (Urine Sample – Shipping of a sample)
- On-site Incident Management

Exercise Objectives

The CDC and FDOH Limited-Scale Radiation Drill Exercise Planning Team selected objectives that focus on evaluating emergency response procedures, identifying areas for improvement, and achieving a collaborative attitude. This exercise will focus on the following objectives:

1. **Epidemiological Surveillance and Investigation.** Evaluate the capacity to rapidly conduct epidemiological investigations due to a deliberate exposure and evaluate disease detection, rapid implementation of active surveillance, maintenance of ongoing surveillance activities, epidemiological investigation, analysis, communicating with the public and providers about case definitions, disease risk, mitigation, and recommendations for the implementation of control measures.
2. **Environmental Health.** Evaluate the capability to protect the public from environmental hazards and manage the health effects of an environmental health emergency. This capability includes the design, implementation, and interpretation of results from environmental field surveys, laboratory sample analyses, rapid needs assessments, and comprehensive environmental health and risk assessments.
3. **Public Health Laboratory Testing (Urine sample – shipping of a sample).** Evaluate ongoing surveillance, rapid detection, confirmatory testing, data reporting, investigative support, and laboratory networking to address potential exposure, or known exposure, to all-hazards which include chemical, radiochemical, and biological agents in all matrices including clinical specimens, food and environmental samples, (e.g., water, air, soil).
4. **On-site Incident Management.** Evaluate the ability to effectively direct and control incident management activities by using the Incident Command System (ICS) consistent with the National Incident Management System (NIMS).

Exercise Participants

The term *participant* encompasses many groups of people, not just those playing in the exercise. Categories of participants involved in the exercise are as follows:

- **Players.** Players are agency personnel who have an active role in responding to the simulated emergency and perform their regular roles and responsibilities during the exercise. Players initiate actions that will respond to and mitigate the simulated emergency.
- **Controllers.** Controllers set up and operate the exercise site, plan and manage exercise play, and act in the roles of response individuals and agencies that are not playing in the exercise. Controllers direct the pace of exercise play; they routinely include members of the Exercise Planning Team. Controllers provide key data to players and may prompt or initiate certain player actions to ensure exercise continuity. Controllers are the only participants who provide information or direction to players. Controllers may use compressed time to ensure exercise continuity and completion. Any changes that affect the scenario or other areas of play must be coordinated through the Senior Controller, who will coordinate with the Exercise Director. All controllers will be accountable to the Senior Controller. A controller may also serve as an evaluator.
- **Simulators.** Simulators are control staff personnel who role play as nonparticipating organizations or individuals. They most often operate out of the SimCell, but they may occasionally have face-to-face contact with players. Simulators function semi-independently under the supervision of SimCell controllers, enacting roles (e.g., media reporters or next of kin) in accordance with instructions provided in the Master Scenario Events List (MSEL). All simulators are ultimately accountable to the Exercise Director and Senior Controller.
- **Evaluators.** Evaluators evaluate and provide feedback on designated functional areas of the exercise. They are chosen on the basis of their expertise in the functional area(s) they have been assigned to review during the exercise and their familiarity with local emergency response procedures. Evaluators assess and document participants' performance against established emergency plans and exercise evaluation criteria, in accordance with Homeland Security Exercise and Evaluation Program (HSEEP) standards. Evaluators have a passive role in the exercise and only note the actions of players; they do not interfere with the flow of the exercise.
- **Actors.** Actors simulate specific roles during exercise play. They typically are volunteers who have been recruited to play the role of victims or other bystanders.
- **Observers.** Observers visit or view selected segments of the exercise. Observers do not play in the exercise, nor do they perform any control or evaluation functions. Observers will view the exercise from a designated observation area and will remain within the observation area during the exercise. VIPs are also observers, but they are frequently grouped separately. A dedicated group of exercise controllers will be assigned to manage these groups.

- **Media Personnel.** Some media personnel may be present as observers, pending approval by Centers for Disease Control and Prevention and the Florida Department of Health personnel and Exercise Support Team members. Media interaction also may be simulated by the SimCell to enhance exercise realism and meet related exercise objectives. A dedicated group of exercise controllers will be assigned to manage these groups.
- **Support Staff.** The exercise support staff includes individuals who are assigned administrative and logistical support tasks during the exercise (e.g., registration, catering).

Exercise Implementation and Rules

- The Exercise Director will initiate exercise play by transmitting the start of exercise (StartEx) message via the controller communications network.
- The Exercise Director makes the decision to conclude the exercise, based on completion of operations and attainment of exercise objectives.
- Real-world emergency actions take priority over exercise actions.
- All communications (e.g., written, radio, telephone) during the exercise will begin and end with the statement **"This is an exercise."**
- **"Real-world emergency"** will be the designated phrase to indicate that there is an emergency in the exercise area that requires immediate attention and may stop exercise play.
- **"Timeout"** will be the designated phrase that controllers use to temporarily stop exercise play.
- Exercise players will comply with real-world response procedures, unless otherwise directed by controllers. Responder rules of conduct are outlined in the ExPlan.
- Exercise players who place telephone calls or initiate radio communications with the SimCell must identify the organization, agency, office, or individual with whom they wish to speak.

Site Access

Security

To prevent confusion and interruption of the exercise, access to exercise sites will be limited to exercise participants only. Players should advise their venue's controller or evaluator if an unauthorized person is present. Each organization should follow its internal security procedures, augmented as necessary to comply with exercise requirements.

Observer Coordination

Each organization with observers will coordinate with the East Central Florida Regional Planning Council for access to the exercise site. Observers will be escorted to an

observation area for orientation and conduct of the exercise. All observers will remain within the designated observation area during the exercise. Centers for Disease Control and Prevention and/or Florida Department of Health representatives and/or the observer controller will be present to explain the exercise program and answer questions for observers during the exercise.

Exercise Identification

Identification badges will be issued to the exercise staff. All exercise personnel and observers will be identified by agency uniforms or identification badges distributed by the exercise staff.

Logistics

Parking and Transportation

Controllers and evaluators will be responsible for transportation to their respective exercise locations. Parking will be available at the exercise sites.

Lunch

Food and refreshments will be provided for all exercise participants.

Restroom Facilities

Restroom facilities will be located onsite.

Recording and Documenting Activities

Media camera crews and still photographers may be operating throughout the exercise. All participants should be advised of their presence and instructed to cooperate fully.

Cleanup and Restoration

After the exercise, controllers, evaluators, and players will begin cleanup operations to restore the area to pre-exercise conditions. All agencies will assist in these efforts.

Public Affairs

This exercise enables players to demonstrate increased readiness to deal with a Public Health Radiation Exposure event. Any public safety exercise may be a newsworthy event. Special attention must be given to the needs of media representatives, allowing them to get as complete and accurate a story as possible; however, their activities must not compromise exercise realism, safety, or objectives.

The Centers for Disease Control and Prevention and the Florida Department of Health are responsible for disseminating public information before the exercise. The planning team's Public Information Officer (PIO) will prepare a pre-exercise news release for review by the participating agencies. After the news release is finalized, it will be distributed to the participating agencies.

Each venue will follow internal procedures and establish an appropriate plan to work with media personnel during the exercise. Media personnel must be accompanied by assigned escorts to enter the exercise play area.

Chapter 2: Exercise Scenario

Scenario

July 8th, 2011

The City of Lime Hospital reported a missing item in an incoming shipment destined for the Blood Bank Lab. The missing item contained Cesium-137.

July 12th, 2011

8:30am – The G25 Summit is holding their annual meeting at the Lime County Convention Center. There are more than 300 individuals in attendance on this particular morning.

10:00am – An individual, thought to be a Convention Center Maintenance Employee, knocks off a sprinkler head inside the main meeting room during the morning session activities. This sets off the Convention Center's fire suppression system within the meeting room.

10:10am – A phone call is received by the Channel 17 news station. The caller reports that a suppression system that just went off at the convention center was contaminated with radioactive material. This information is quickly broadcast through the major media outlets.

Safety

All participating organizations recognize the importance of conducting an exercise of this magnitude as safely as possible. A Safety Plan will be an integral portion of the exercise planning process.

General

Exercise participant safety takes priority over exercise events. Although the personnel involved in the FDOH Limited-Scale Radiation Drill come from various response agencies, they share the basic responsibility for ensuring a safe environment for all personnel involved in the exercise. Because aspects of an emergency response are dangerous, professional health and safety ethics should guide all participants to operate in their assigned roles in the safest manner possible. The following general requirements apply to the exercise:

- A Safety Controller will be identified and will be responsible for participant safety.

- All controllers, evaluators, and exercise staff members will serve as safety observers while exercise activities are underway. . Any safety concerns must be immediately reported to the Safety Controller.
- Participants will be responsible for their own and each other's safety during the exercise. All persons associated with the exercise are responsible to stop play if, in their opinion, a real safety problem exists. After the problem is corrected, exercise play can be resumed.
- All organizations will comply with their respective environmental, health, and safety plans and procedures, as well as appropriate Federal, State, and local environmental health and safety regulations.

Accident Reporting

All injuries, incidents, and accidents, regardless of severity, must be reported immediately to the nearest controller. Anyone who observes a participant who is seriously ill or injured will first advise the nearest controller and then render first aid, if possible, provided the aid given does not exceed his or her training. For an emergency that requires assistance, participants should use the phrase **"real-world emergency."** If the nature of the emergency requires suspension of the exercise at the venue or function, all exercise activities at that facility will immediately cease. Exercise play may resume at that venue or function after the situation has been addressed. If a real emergency occurs that affects the entire exercise, the exercise may be suspended or terminated at the discretion of the Exercise Director and Senior Controller. Notification will be made from the SimCell.

Alcohol

Alcohol consumption will not be allowed during the exercise. If a controller detects the presence of alcohol on a participant or if a participant is believed to be under the influence of alcohol, the controller will remove the participant from the exercise and report the participant to his or her supervisor for appropriate follow-on action.

Prescription Medication

Participants who take prescription medication must report this information through their chain of command. Supervisors should inform the Safety Controller of the decision to allow these individuals to participate.

Illegal Drugs

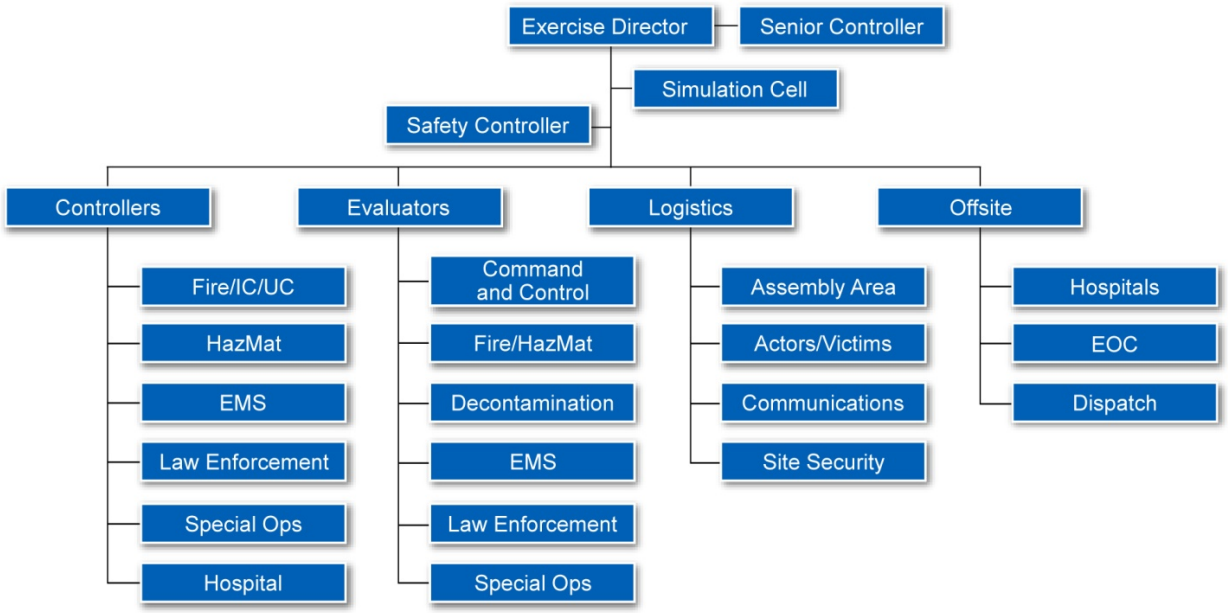
Use of illegal drugs is strictly prohibited. If a controller detects the presence of drugs on a participant or if a participant is believed to be under the influence of illegal drugs, the controller will remove the participant from the exercise and report the participant to his or her supervisor for appropriate follow-on action.

Chapter 3: Controller Information and Guidance

Exercise Controller Organization

Controllers, evaluators, and personnel essential to the exercise are collectively referred to as the exercise staff organization. The exercise staff organization, current at the publication of this document, is shown in **Figure 3.1.** Control of the exercise will be established through an exercise controller organization. This organization will control all exercise activities at all exercise locations.

Figure 3.1. Sample Exercise Staff Organization



Exercise Control

Exercise Start, Suspension, and Termination Instructions

The FDOH Limited-Scale Radiation Drill will be conducted on July 12, 2011, beginning at 12:30. Exercise play is scheduled for 4 hours or until the Exercise Director and Senior Controller determine that the exercise objectives have been met at each venue. The Exercise Director will announce the start of the exercise. The Exercise Director will announce exercise suspension or termination and will instruct participants to stop in place safely.

If an actual emergency occurs, the exercise may be suspended or terminated at the discretion of the Exercise Director, depending on the nature of the incident. The designated phrase in case of a medical emergency is **"real-world emergency."** The Exercise Director will announce resumption of the exercise.

Controller Responsibilities

Table 3.1 details specific controller responsibilities.

Table 3.1. Controller Responsibilities

Controller Responsibilities
Exercise Director
• Oversees all exercise functions • Oversees and remains in contact with controllers and evaluators • Debriefs controllers and evaluators after the exercise • Oversees setup and cleanup of exercise and positioning of controllers and evaluators • Serves as safety officer for his or her site
Venue/Facility Security (Venue Supervisor)
• Establishes and maintains security at exercise venue • Oversees the site security detail • Enforces site access procedures • Serves as safety officer for his or her site
Public Information Officer (PIO)
• Provides escort for observers • Provides narration and explanation during exercise events, as needed • Performs pre-exercise and post exercise public affairs duties • May act as media briefer and escort at exercise site • Serves as safety officer for his or her site
Venue Controller
• Issues exercise materials to players • Monitors exercise timeline • Provides input to players (i.e., injects) as described in MSEL • Serves as safety officer for his or her site
Simulation Cell (SimCell) Controller
• Issues exercise materials to players • Monitors exercise timeline • Provides input to players (i.e., injects) as described in MSEL

Controller Package

Controllers and evaluators will receive their exercise materials at the Controller and Evaluator Briefing. The controller package will consist of the ExPlan, C/E Handbook, activity logs, badges, and other exercise tools (e.g., MSEL) as necessary. Controllers may reorganize the material so information that is critical to their specific assignment is readily accessible. Controllers must bring their packages to the exercise. Controllers may also bring additional professional materials specific to their assigned exercise activities.

Incident Simulation

Because the exercise is of limited duration and scope, the physical description of what would fully occur at the incident site and surrounding areas will be relayed to the players by controllers. Controllers will "paint the picture" for players—verbally or with limited written materials—regarding what is happening in and around the incident scene.

Scenario Tools

The MSEL outlines benchmarks and injects that drive exercise play and provide realistic input to exercise players. It provides information that is expected to emanate from simulated organizations (e.g., nonparticipating organizations, agencies, and individuals that usually would respond to a situation). The MSEL consists of the following two parts:

- **Timeline.** This is a list of key exercise events, including scheduled injects and expected player actions. The timeline is used to track exercise events relative to desired response activities.
- **Injects.** An individual event inject is a detailed description of each exercise event. The inject includes the following pieces of information: inject time, intended recipient, responsible controller, inject type, a detailed description of the event, and the expected player action.

Communications Plan

All spoken and written communication will start and end with the statement "THIS IS AN EXERCISE."

Controller Communications

The principal method of communication for controllers during the exercise will be radios provided by Orange County. A list of key telephone and fax numbers and radio call signs will be available in a Communications Directory before the exercise starts. Controller communications will link control personnel at all play areas and will remain separate from player communications. In no case will controller communications interfere with or override player communications.

Player Communications

Players will use routine, in-place agency communication systems. Additional communication assets may be made available as the exercise progresses. The need to maintain a capability for a real-world response may preclude the use of certain communication channels or systems that usually would be available for an actual emergency incident. In no instance will exercise communications interfere with real-world emergency communications. Each venue will coordinate its own internal communication networks and channels.

Controller Instructions

Before the Exercise

- Review appropriate emergency plans, procedures, and protocols.
- Review appropriate exercise package materials, including the objectives, scenario, injects or implementers, safety and security plans, and evaluator instructions.
- Attend required briefings.
- Review the exercise objectives and controller package for your area of responsibility.
- Report to the exercise check-in location at the time designated in the exercise schedule, meet with the exercise staff, and present the Player Briefing.
- Be at the appropriate location at least 15 minutes before the exercise starts. If you are not assigned to a specific site, be in place to meet participants at least 15 minutes before the exercise starts.
- Obtain or locate necessary communications equipment, and test it to ensure that you can communicate with other controllers and the Exercise Director.

During the Exercise

- Wear controller identification items (i.e., badge). Controller badges will be issued at the Controller and Evaluator Briefing.
- Avoid personal conversations with exercise players.
- If you have been given injects, deliver them to appropriate players at the time indicated in the MSEL (or as directed by the Exercise Director). **Note:** If the information depends on some action to be taken by the player, do not deliver the inject until the player has earned the information by successfully accomplishing the required action.
- When you deliver an inject, notify the Exercise Director and note the time you delivered the inject and player actions.
- Receive and record exercise information from players that would be directed to nonparticipating organizations.
- Record all significant events you observe.
- Observe and record exercise artificialities that interfere with exercise realism. If an exercise artificiality interferes with exercise play, report it to the Exercise Director.
- Begin and end all exercise communications with the statement **"This is an exercise."** This precaution is taken so that anyone who overhears the conversation will not inadvertently mistake exercise play for an actual emergency.

- Do not prompt players regarding what a specific response should be, unless an inject directs you to do so. Clarify information as long as doing so does not provide coaching.
- Ensure that all observers and media personnel stay out of the exercise activity area. If you need assistance, notify the Exercise Director.
- Do not give information to players about scenario event progress or other participants' methods of problem resolution. Players are expected to obtain information through their own resources.
- The Exercise Director will notify you when the exercise has been suspended or terminated. The exercise will be terminated when the Exercise Director determines that all exercise objectives have been met or enough time has elapsed for exercise objectives to have been demonstrated.

After the Exercise

- Distribute copies of Participant Feedback Forms and pertinent documentation. After participants have completed these forms, collect the forms and give them to the Exercise Director. Coordinate this task with the evaluator in your area.
- All controllers are expected to conduct a Hot Wash at their venue and, in coordination with the venue evaluator, take notes on findings identified by exercise players. Before the Hot Wash, do not discuss specific issues or problems with exercise players. At exercise termination, summarize your notes and prepare for the Controller and Evaluator Debriefing. Have your summary ready for the Exercise Director.

Assessment, Review, and Analysis of Exercise

Hot Wash

Immediately after completion of exercise play, controllers will facilitate a Hot Wash with players from their assigned location. This meeting is primarily geared toward participants and their supervisors. The Hot Wash is an opportunity for players to express their opinions about the exercise and their own performance while the events are still fresh in their minds. At this time, evaluators can seek clarification regarding certain actions and what prompted players to take them. All participants may attend; observers are not encouraged to attend this meeting, however. The Hot Wash should not last more than 30 minutes. Evaluators should take notes during the Hot Wash and include these observations in their analysis.

Controller and Evaluator Debriefing

Controllers, evaluators, and selected exercise participants will attend a facilitated Controller and Evaluator Debriefing following the player hotwash. During this debriefing, these individuals will discuss their exercise observations in an open environment to clarify actions taken during the exercise. Evaluators should take this opportunity to complete

their Exercise Evaluation Guides (EEGs) for submission to the Lead Evaluator and begin the analysis process outlining the issues to be included in the After Action Report (AAR).

Evaluations

All evaluations are preliminary and may be revised on the basis of information from other controllers, evaluators, or players. If a controller or evaluator did not observe specific aspects of an organization's performance, exercise players may be asked to comment. The evaluation should indicate that this information was provided by players.

Participant Feedback Forms

Participant Feedback Forms will be used to document participant information about the exercise. The controller will distribute these forms during the Hot Wash. The forms will be collected afterward, along with attendance or participation rosters. Controllers should emphasize to players that these forms provide the opportunity for them to comment candidly on emergency response activities and exercise effectiveness.

After Action Conference

The After Action Conference is a forum for jurisdiction officials to hear the results of the evaluation analysis, validate findings and recommendations in the draft AAR, and begin development of the Improvement Plan (IP). The After Action Conference is tentatively scheduled for Friday, August 26th, 2011.

Exercise Report

An exercise AAR/IP will be prepared to document the evaluation of overall exercise performance. The AAR/IP will include the exercise schedule, scenario, players' activities, evaluations, issues, opportunities, and best practices. The AAR also will contain the following:

- A brief summary, with introductory and general statements noting the exercise scope, purpose, objectives, players, and overall performance assessment
- Assessments for each capability observed
- Issues and recommendations suggested by controller, evaluator, and player comments

A draft AAR will be provided to participating organizations for comment before the After Action Conference is held.

Chapter 4: Evaluator Information and Guidance

General Information

The goal of exercise evaluation is to validate strengths and identify improvement opportunities for the participating organization(s). In FDOH Limited-Scale Radiation Drill, evaluation will attempt to validate plans, procedures, and protocols of Region 5 and participating agencies and determine their level of capability with regard to the exercised target capabilities. Validation attempts to answer the following questions:

- Were established plans, procedures, and protocols followed during the exercise?
- Did the agencies do what they said they were going to do?
- Were the plans, procedures, and protocols effective?
- What level of capability do the plans, policies, and procedures establish?

This validation is accomplished by the following means:

- Observing the event and collecting supporting data
- Analyzing the data to compare performance against expected outcomes
- Determining what changes need to be made to procedures, plans, staffing, equipment, communications, organizations, and interagency coordination to ensure expected outcomes

The evaluation results will provide an opportunity to identify ways to build on strengths and improve capabilities. Because jurisdictions are testing new and emerging plans, skills, resources, and relationships in response to a changed homeland security environment, every exercise or event can be expected to result in multiple findings and recommendations for improvement.

Exercise Evaluation

The FDOH Limited-Scale Radiation Drill uses EEGs formulated by the DHS and evaluation methodologies established in the HSEEP as the guide for conducting all exercise evaluation. The AAR/IP will be formatted so that it conforms to current DHS guidance.

After Action Report and Improvement Plan (AAR/IP)

The AAR/IP will be organized by capability, with a section of the AAR/IP devoted to each of the exercised capabilities. For each capability and subordinate activity, the Lead Evaluator will provide an assessment of how well the executing agency or personnel performed, including best practices and areas for improvement. Specific issues and observations will be identified for each capability and activity, and recommendations for resolving issues will be provided, based on input from controllers, evaluators, and exercise planners.

Finally, the Lead Evaluator will assign a performance rating for each capability (or activity) on the basis of standard criteria. These ratings represent various degrees of capability. Definitions of performance ratings for each capability or activity will be provided.

Exercise Evaluation Guides (EEGs)

The content for the AAR/IP will be drawn from the EEGs. Each evaluator will be provided with an EEG that will give specific guidance regarding what data to collect during the exercise, how to record it, and how to analyze it before submission to the Lead Evaluator. The Lead Evaluator and Senior Controller will compile all evaluator submissions into the first working draft of the AAR/IP.

Each EEG provides a list of subordinate activities and tasks that players are expected to perform during the exercise to demonstrate the specified capability. These tasks, which are drawn primarily from the UTL and the TCL, will be divided into critical tasks (tasks that are required to demonstrate the capability) and supporting tasks (tasks that enhance performance but are not required). Evaluators' observations regarding the level of performance of these tasks will inform the performance ratings assigned by the Lead Evaluator in the AAR/IP.

Evaluator Responsibilities

Player performance must be observed and analyzed against plans, policies, procedures, and practices, using criteria established before the exercise. Evaluators document player performance by using EEGs and information obtained during the Hot Wash. The evaluations, documentation, Hot Wash, and debriefing discussion(s) provide important information that substantiates exercise conduct and performance. The AAR/IP will summarize the overall results of the exercise and provide a comprehensive assessment of capabilities and plans that were demonstrated. Specific evaluator activities include the following.

Before the Exercise

- Review appropriate plans, procedures, and protocols.
- Attend required evaluator training and other briefings.
- Review appropriate exercise materials, including the exercise schedule and evaluator instructions.
- Review the EEGs and other supporting materials for your area of responsibility.
- Report to the exercise check-in location at the time designated in the exercise schedule, and meet with the exercise staff.
- Be at the appropriate location at least 15 minutes before the exercise starts. If you are not assigned to a specific site, be in place to deploy as necessary at least 15 minutes before the exercise starts.
- Obtain or locate necessary communications equipment, and test it to ensure that you can communicate with other evaluators and the Exercise Director.

During the Exercise

- Wear evaluator identification items (i.e., badge). Evaluator badges will be issued at the exercise during check-in.
- Avoid personal conversations with exercise players.
- Do not prompt players with specific responses or interfere with player performance in any way.
- Your primary duty is to document player performance. After the exercise, that information will be used to determine whether the exercised capabilities and plans were effectively implemented or demonstrated and to identify strengths and improvement items.

After the Exercise

- Participate in the Hot Wash, and take notes on findings identified by players. Before the Hot Wash, do not discuss specific issues or problems with participants. After the Hot Wash, summarize your notes and prepare for the Controller and Evaluator Debriefing. Have your summary ready for the Lead Evaluator.

Documenting the Event

Evaluators must keep accurate records and notes because these records will form the basis for evaluation of player performance. Evaluation is valuable because it provides constructive feedback (positive and negative) to improve the effectiveness of an organization's response to emergencies. Accurate and detailed documentation is critical to facilitate a full record of all the events in an exercise and to understand player actions.

Evaluators will document the exercise by using the appropriate EEGs for actions in their area. The EEGs are provided separately as part of the evaluator package. Evaluators should document key activities and those activities that require a timely response for later evaluation.

Evaluators should review their forms and notes immediately after the exercise to ensure an accurate reconstruction of events and activities for discussion at the Controller and Evaluator Debriefing. Evaluation materials, including notes and forms, become part of the exercise documentation. Checklists and evaluation forms must be completed as thoroughly and accurately as possible.

Evaluator Package

Evaluators will receive their materials for review at the Controller and Evaluator Briefing. The evaluator package contains this C/E Handbook, the ExPlan, EEGs, and other items as necessary. Evaluators should bring the package to the exercise. They may reorganize the material so information that is critical to their specific assignment is readily accessible. Evaluators may bring additional professional materials specific to their assigned activities.

Controller and Evaluator Briefing

This briefing will assist in preparing evaluators for performance of their functions and will include a detailed review of event activities. This briefing is the time for evaluators to ask questions and ensure that they completely understand their roles and responsibilities. Evaluator questions should be addressed and information clarified so that controllers and evaluators feel confident that they can perform their assignments effectively.

Evaluator Instructions and Guidelines

General

Evaluators should avoid personal conversations with players. Evaluators should not give information to players about event progress or other participants' methods of problem resolution. Players are expected to obtain information through their own resources.

Evaluation Basics

Remember, your experience and expertise are your most important tools. Experienced evaluators use the following techniques for effective evaluation:

- Use EEGs to confirm that evaluation objectives are met.
- Take detailed notes concerning significant activities observed, including the time they were initiated or completed.
- When more than one evaluator is assigned to an area, divide responsibilities to ensure detailed evaluation of player activities.
- Stay in proximity to player decision-makers.
- Focus on critical tasks, as specified in the EEGs.

Recording Important Events

Although numerous events may occur simultaneously, evaluators do not need to record all the action. Knowing which events are important helps evaluators eliminate superfluous data and provide the kind of information that is most useful for evaluation. Important events that evaluators should record include the following:

- Initiating scenario events
- Actions of players in relation to the event
- Key decisions made by managers and the times these decisions are made
- Deviations from plans and implementation procedures
- Times when significant actions are completed
- Equipment used

What to Look For

Individuals preparing the exercise report will analyze the results provided by all evaluators to achieve an integrated evaluation of exercised plans and capabilities. Their analysis will

focus on the timing of key events, decisions made, and actions taken. To assist in that analysis, you should focus on the following areas:

- Timeliness in actions
- Communication among players and organizations
- Direction and coordination of field activities
- Monitoring and assessing events
- Command and control
- Creative player problem-solving, potentially beyond current plans and implementation procedures
- Plans or procedures that affect player efforts
- Equipment issues in relation to player efforts

Placement and Monitoring

Evaluators should be located so they can observe player actions and hear conversations without interfering with those activities. In certain conditions, more than one evaluator may be needed in a particular setting or area.

Postexercise Activities

The Lead Evaluator will notify you when evaluation of the event has been suspended or terminated. The evaluation will be terminated when the Exercise Director determines that all exercise objectives have been met or enough time has elapsed for exercise objectives to have been demonstrated.

All evaluators are expected to participate in a Hot Wash and take notes on findings identified by players. Before the Hot Wash, evaluators should not discuss specific issues or problems with participants. After the Hot Wash, summarize your notes and prepare for the Controller and Evaluator Debriefing. Have your summary ready for the Lead Evaluator.

Assessment, Review, and Analysis of Exercise

Hot Wash

Immediately after completion of exercise play, controllers will facilitate a Hot Wash with players from their assigned location. This meeting is geared primarily toward participants and their supervisors. The Hot Wash is an opportunity for players to voice their opinions regarding the exercise and their own performance while the events are still fresh in their minds. At this time, evaluators can seek clarification regarding certain actions and what prompted players to take them. All participants may attend; observers are not encouraged to attend this meeting, however. The Hot Wash should not last more than 30 minutes. Evaluators should take notes during the Hot Wash and include these observations in their analysis.

Controller and Evaluator Debriefing

Controllers, evaluators, and selected exercise participants will attend a facilitated Controller and Evaluator Debriefing on July 12, 2011. During this debriefing, these individuals will discuss their exercise observations in an open environment to clarify actions taken during the exercise. Evaluators should take this opportunity to complete their EEGs for submission to the Lead Evaluator and begin the analysis process outlining issues to be included in the AAR.

Evaluations

All evaluations are preliminary and may be revised on the basis of information from other controllers, evaluators, or players. If a controller or evaluator did not observe specific aspects of an organization's performance, exercise players may be asked to comment. The evaluation should indicate that this information was provided by players.

Participant Feedback Forms

Participant Feedback Forms will be used to document participant information about the exercise. A controller will distribute these forms during the Hot Wash. These forms will be collected afterward, along with attendance or participation rosters. Controllers should emphasize to players that these forms provide them with the opportunity to comment candidly on emergency response activities and exercise effectiveness.

After Action Conference

The After Action Conference is a forum for jurisdiction officials to hear the results of the evaluation analysis, validate findings and recommendations in the draft AAR, and begin development of the IP. The After Action Conference is tentatively scheduled for Friday, August 26th, 2011.

Exercise Report

An exercise AAR/IP will be prepared to document the evaluation of overall exercise performance. This AAR/IP will cover the exercise schedule, scenario, players' activities, evaluations, issues, opportunities, and best practices. The AAR also will contain the following:

- A brief summary, with introductory and general statements noting exercise scope, purpose, objectives, players, and an overall performance assessment
- Assessments for each capability observed
- Issues and recommendations suggested by controller, evaluator, and player comments

A draft AAR will be provided to participating organizations for comment before the After Action Conference is held.

Appendix A: Exercise Schedule

Community Reception Center Drill

Timeline

Time	Personnel	Activity
Thursday, June 30th, 2011		
1330-1500	Controllers and Evaluators	Controller and Evaluator Training
Monday, July 11th, 2011		
1300 to 1600	Exercise Planning Team members	Site Setup
Tuesday, July 12th, 2011		
0800	Exercise staff members	Exercise site setup
0830	Controllers, Evaluators, Participants	Check-in
0900	All Participants	Just-in-Time Training
1115-1215	Controllers and evaluators, Participants (players, observers),	Lunch
1130-1230	Volunteer-Actors	Registration/Moulage
1200	Controllers and Evaluators	Communications check
1230	Participants/Volunteers-Actors	Briefing
1245	Participants (Players, Observers)	Report to various locations
1300	**All**	**Start of exercise (StartEx)**
1600	**All**	**End of exercise (EndEx)**
Immediately after the exercise	Participants, Controllers, and Evaluators	Hot Wash
Immediately after the Hot Wash	Controllers, Evaluators, and Exercise Planning Team members	Controller and Evaluator Debriefing
1630	Exercise Team members	Site Breakdown/Clean Up

EXERCISE EVALUATION GUIDES

Florida Department of Health Limited-Scale Drill

Community Reception Center Exercise

July 12, 2011

Cypress Creek High School

Orlando, Florida

Epidemiological Surveillance and Investigation	
Relevant Exercise Objectives	
☐ *Direct Epidemiological Surveillance and Investigation Operations* ☐ *Surveillance and Detection* ☐ *Conduct Epidemiological Investigation*	☐ *Monitor Containment*

Direct Epidemiological Surveillance and Investigation Operations

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	*Identify applicable laws, policies, and implementation procedures for public health reporting and notification.*	*[From plan]*			
[Name, Pg/Sec#]	*Maintain public health communication channels supported by information systems that comply with the PHIIN functional requirements for Partner Communications and Alerting.*	*[From plan]*			
[Name, Pg/Sec#]	*Provide public health information to emergency public information for release.*	*Within 1 hour from implement-ation of response plan*			
[Name, Pg/Sec#]	*Coordinate resources needed to respond to public health concern.*	*[From plan]*			
[Name, Pg/Sec#]	*Report instances of disease that raise the index of suspicion of terrorist or criminal involvement to Federal Bureau of Investigation (FBI) Headquarters (National Response Framework).*	*[From plan]*			
[Name, Pg/Sec#]	*Make public health recommendations for prophylaxis and other interventions.*	*[From plan]*			

Activity Analysis
Observations *(Each bullet will need a completed AAR input form.)*
Strengths • • •
Areas for Improvement • • •
Additional Observations: _____

Surveillance and Detection

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	*Facilitate reporting consistent with disease reporting laws or regulations.*	*[From plan]*			
[Name, Pg/Sec#]	*Compile surveillance data.*	*[From plan]*			
[Name, Pg/Sec#]	*Analyze surveillance data.*	*[From plan]*			
[Name, Pg/Sec#]	*Maintain chain of custody.*	*[From plan]*			
[Name, Pg/Sec#]	*Have or have access to PHIN-compliant information systems to support detecting events of public health significance and tracking of chain of custody.*	*[From plan]*			

Activity Analysis
Observations *(Each bullet will need a completed AAR input form.)*
Strengths • • •
Areas for Improvement • • •
Additional Observations: _____

Conduct Epidemiological Investigation

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	*Conduct epidemiological investigations to identify potential exposure and disease.*	*Initiate within 3 hours from initial notification*			
[Name, Pg/Sec#]	*Confirm the exposure using lab data and disease-tracking data.*	*[From plan]*			
[Name, Pg/Sec#]	*Define case characteristics.*	*Within 12 hours from confirmation of index case*			
[Name, Pg/Sec#]	*Search actively for cases (case finding).*	*Within 24 hours from establishing work case definition*			

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	*Create registries of ill, exposed, and potentially exposed persons.*	*[From plan]*			
[Name, Pg/Sec#]	*Analyze and interpret epidemiological investigation data in coordination with data from counter-terror investigation and law enforcement.*	*[From plan]*			
[Name, Pg/Sec#]	*Recommend control measure for outbreak.*	*[From plan]*			
[Name, Pg/Sec#]	*Have access to information systems to support investigating, describing, and understanding events of public health significance that comply with the PHIN functional area Outbreak Management.*	*[From plan]*			

Activity Analysis
Observations *(Each bullet will need a completed AAR input form.)*
Strengths • • •
Areas for Improvement • • •
Additional Observations:

Monitor Containment

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	*Monitor the course and population characteristics of a recognized exposure.*	*100% of known cases monitored from ID through disposition*			
[Name, Pg/Sec#]	*Have or have access to information systems that support administration of outbreak control and that comply with the PHIN functional requirements for Countermeasure and Response Administration.*	*[From plan]*			
[Name, Pg/Sec#]	*Conduct an after action debriefing (hot wash) to identify deficiencies that require corrective actions in areas such as personnel, training, equipment, and organizational structure.*	*[From plan]*			

Activity Analysis
Observations *(Each bullet will need a completed AAR input form.)*
Strengths • • •
Areas for Improvement • • •
Additional Observations:

Environmental Health	
Relevant Exercise Objectives	
☐ *Direct Environmental Health Operations (Command and Control)*	☐ *Activate Environmental Health*

Direct Environmental Health Operations (Command and Control)

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	*Coordinate the environmental health function into response activities.*	*[From plan]*			
[Name, Pg/Sec#]	*Develop an incident-specific plan to coordinate the various elements of environmental health among Federal, State, and local response.*	*[From plan]*			
[Name, Pg/Sec#]	*Provide environmental health support and coordination for crisis and emergency risk communication (CERC).*	*[From plan]*			
[Name, Pg/Sec#]	*Identify and communicate environmental health risk issues to the affected population.*	*[From plan]*			
[Name, Pg/Sec#]	*Provide input on forecasting and planning aspects as part of the Incident Command System (ICS) for environmental health needs in the subsequent operation period.*	*[From plan]*			

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	*Provide support and coordinate environmental health resources to address HazMat (chemical, biological, radiological, and high-yield explosives [CBRNE]) issues.*	*[From plan]*			

Activity Analysis
Observations *(Each bullet will need a completed AAR input form.)*
Strengths • • •
Areas for Improvement • • •
Additional Observations:

Activate Environment Health

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	*Identify environment health specialties required to assess and support response.*	*[From plan]*			
[Name, Pg/Sec#]	*Mobilize environmental health personnel.*	*[From plan]*			
[Name, Pg/Sec#]	*Mobilize environmental health resources.*	*[From plan]*			

Activity Analysis
Observations ***(Each bullet will need a completed AAR input form.)***
Strengths • • •
Areas for Improvement • • •
Additional Observations: _____

Laboratory Testing	
Relevant Exercise Objectives	
☐ *Direct Laboratory Testing* ☐ *Activate Evacuation and/or In-Place Protection* ☐ *Detecting Testing and Analysis*	☐ *Testing* ☐ *Support Public Health Epidemiological Investigations* ☐ *Report Results*

Direct Laboratory Testing

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	*Coordinate laboratory activities with the LRN within the jurisdiction.*	*[From plan]*			
[Name, Pg/Sec#]	*Function as the gatekeeper for the LRN within the jurisdiction.*	*[From plan]*			
[Name, Pg/Sec#]	*Operate laboratory within the LRN.*	*[From plan]*			
[Name, Pg/Sec#]	*Work in close partnership with public health epidemiology and environmental health as well as poison control to provide timely data to ensure implementation of effective prevention, detection, and control measures, including treatment.*	*Notify within 2 hours of assessment*			

Activity Analysis
Observations *(Each bullet will need a completed AAR input form.)*
Strengths • • •
Areas for Improvement • • •

Activity Analysis
Additional Observations: _____

Activate Evacuation and/or In-Place Protection

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	*Establish and maintain a jurisdiction-wide transport system to ensure timely receipt of samples or specimens for laboratory testing.*	*[From plan]*			
[Name, Pg/Sec#]	*Communicate requirements for all-hazard specimen or sample collection, packaging, and shipping to submitters (e.g., FBI, CST, first responders, hazardous materials teams, LRN sentinel and clinical chemistry laboratories).*	*[From plan]*			
[Name, Pg/Sec#]	*Provide consultation to all submitters regarding appropriate collection and shipment of specimens or samples for testing.*	*[From plan]*			

Activity Analysis
Observations *(Each bullet will need a completed AAR input form.)*
Strengths • • •
Areas for Improvement • • •

Activity Analysis
Additional Observations:

Detection Testing and Analysis

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	*Test initial 20 to 40 clinical specimens to assess human exposure by measuring metabolites of radiological agents (e.g., of nerve agents).*	*Within 36 hours from receipt of specimens*			

Activity Analysis
Observations *(Each bullet will need a completed AAR input form.)*
Strengths • • •
Areas for Improvement • • •
Additional Observations:

Testing

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	*Test results using CDC clinical radionuclide detection methods.*	*48 hours from presumptive notification*			

Activity Analysis
Observations *(Each bullet will need a completed AAR input form.)*
Strengths • • •
Areas for Improvement • • •
Additional Observations: _____

Support Public Health Epidemiological Investigations

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	*Work in close partnership with public health epidemiology and environmental health as well as poison control to provide timely data to ensure implementation of effective prevention, detection, and control measures, including treatment.*	*[From plan]*			

Activity Analysis
Observations *(Each bullet will need a completed AAR input form.)*
Strengths • • •
Areas for Improvement • • •
Additional Observations: _____

Report Results

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	*Report results of CDC radionuclide testing to submitting LRN reference and chemical laboratories through the secure LRN Web site.*	*[From plan]*			
[Name, Pg/Sec#]	*Report confirmed laboratory results to all submitters in a timely manner using PHIN-compliant Laboratory Information Management Systems (LIMS).*	*[From plan]*			
[Name, Pg/Sec#]	*Notify appropriate public health, public safety, and law enforcement officials immediately (24/7) of confirmed laboratory results of a chemical, radiological or biological threat agent.*	*[From plan]*			

Activity Analysis
Observations ***(Each bullet will need a completed AAR input form.)***
Strengths • • •
Areas for Improvement • • •
Additional Observations: _____

Onsite Incident Management	
Relevant Exercise Objectives	
☐ *Direct Onsite Incident Management* ☐ *Exercise Region 5 Incident Management Team*	

Direct Onsite Incident Management

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	*Direct and coordinate with arriving local, tribal, State, regional, and Federal first responders.*	*[From plan]*			
[Name, Pg/Sec#]	*Monitor/measure performance of assigned resources, and request additional resources as needed.*	*[From plan]*			

Activity Analysis
Observations *(Each bullet will need a completed AAR input form.)*
Strengths • • •
Areas for Improvement • • •
Additional Observations: _____

Implement Onsite Incident Management

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	*Conduct initial assessment (sizeup) of facility where CRC is located.*	*[From plan]*			
[Name, Pg/Sec#]	*Determine initial incident site perimeter (first arriving unit) at CRC.*	*[From plan]*			
[Name, Pg/Sec#]	*Initiate and implement the ICS.*	*[From plan]*			
[Name, Pg/Sec#]	*Request additional resources as necessary for operations and onsite incident management.*	*[From plan]*			

Activity Analysis
Observations ***(Each bullet will need a completed AAR input form.)***
Strengths • • •
Areas for Improvement • • •
Additional Observations:

Establish Full Onsite Incident Command

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	*Establish Incident Command.*	*[From plan]*			
[Name, Pg/Sec#]	*Establish the command structure to manage the incident and meet objectives.*	*[From plan]*			
[Name, Pg/Sec#]	*Establish branches, groups, and divisions needed to manage the incident and meet incident objectives, strategies, and tactics.*	*[From plan]*			
[Name, Pg/Sec#]	*Establish an Incident Command Post (ICP), incident bases, camps, staging areas, helispot or wheelbase, and other facilities as required.*	*[From plan]*			
[Name, Pg/Sec#]	*Implement processes to order, track, and assign incident resources.*	*[From plan]*			

Activity Analysis
Observations *(Each bullet will need a completed AAR input form.)*
Strengths • • •
Areas for Improvement • • •

Activity Analysis
Additional Observations: _____

Conduct Resource Management

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	*Implement processes to order, track, assign, and release incident resources.*	*[From plan]*			
[Name, Pg/Sec#]	*Monitor/measure performance of assigned resources, and request additional resources as needed.*	*[From plan]*			
[Name, Pg/Sec#]	*Direct and coordinate with arriving local, tribal, State, regional, and Federal first responders.*	*[From plan]*			

Activity Analysis
Observations *(Each bullet will need a completed AAR input form.)*
Strengths • • •
Areas for Improvement • • •

Activity Analysis
Additional Observations: _____

Develop Incident Action Plan (IAP)

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	*Establish incident objectives, priorities, and operational periods.*	*[From plan]*			
[Name, Pg/Sec#]	*Develop the incident action plan (IAP) to establish priorities, procedures, and actions to be accomplished to meet the incident objectives.*	*[From plan]*			
[Name, Pg/Sec#]	*Obtain Incident Command/Unified Command approval of IAP.*	*[From plan]*			
[Name, Pg/Sec#]	*Establish operational period, not to exceed 24 hours.*	*[From plan]*			

Activity Analysis
Observations *(Each bullet will need a completed AAR input form.)*
Strengths • • •
Areas for Improvement • • •

Activity Analysis
Additional Observations: _____

Execute Plan

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	*Disseminate IAP to other response organizations through operational briefing.*	*[From plan]*			
[Name, Pg/Sec#]	*Direct efforts to meet incident objectives in accordance with current IAP.*	*[From plan]*			
[Name, Pg/Sec#]	*Review progress toward meeting incident objectives.*	*[From plan]*			
[Name, Pg/Sec#]	*Direct efforts to achieve personnel accountability.*	*[From plan]*			
[Name, Pg/Sec#]	*Develop mechanisms for controlling incident.*	*[From plan]*			
[Name, Pg/Sec#]	*Consider potentially affected areas.*	*[From plan]*			
[Name, Pg/Sec#]	*Update IAP based on review of resource requirements.*	*[From plan]*			

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	*Evaluate, revise, and prioritize tactics to meet incident developments.*	*[From plan]*			

Activity Analysis
Observations *(Each bullet will need a completed AAR input form.)*
Strengths • • •
Areas for Improvement • • •
Additional Observations:

Demobilize Onsite Incident Management

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	*Implement demobilization plan.*	*[From plan]*			
[Name, Pg/Sec#]	*Transition Incident Command to recovery management.*	*[From plan]*			
[Name, Pg/Sec#]	*Monitor demobilization/transition process.*	*[From plan]*			

Activity Analysis
Observations ***(Each bullet will need a completed AAR input form.)***
Strengths • • •
Areas for Improvement • • •
Additional Observations: _____

Disaster Behavioral Health	
Relevant Exercise Objectives	
☐ *Evaluate the efficacy of psychological first aid in reducing anxiety* ☐ *Assess the efficacy of a mental health triage system to assess for the need for counseling*	

Provide Psychological First Aid to Reduce Anxiety

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	*Coordinate the delivery of basic psychological first aid*	*[From plan]*			
[Name, Pg/Sec#]	*Identify individuals in need of advance psychological first aid through a mental health triage assessment*	*[From plan]*			
[Name, Pg/Sec#]	*Provide behavioral health support and information to crisis communications*	*[From plan]*			
[Name, Pg/Sec#]	*Integrate disaster behavioral health into response activities*	*[From plan]*			
[Name, Pg/Sec#]	*Develop CERC information for dissemination through the Joint Information Center (JIC) to media, public, partners, and stakeholders.*	*[From plan]*			
[Name, Pg/Sec#]	*Identify all stakeholders and agency representatives or liaisons for mental health response.*	*[From plan]*			

Activity Analysis
Observations *(Each bullet will need a completed AAR input form.)*
Strengths • • •
Areas for Improvement • • •

Activity Analysis
Additional Observations: _____

Assess Need for Counseling

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	*Develop an incident specific plan to coordinate a discharge process*	*[From plan]*			
[Name, Pg/Sec#]	*Identify qualified mental health professionals to assist in the discharge process*	*[From plan]*			
[Name, Pg/Sec#]	*Utilize a brief mental status exam process to determine the need for services*	*[From plan]*			
[Name, Pg/Sec#]	*Identify all stakeholders and agency representatives or liaisons for mental health response, including available resources.*	*[From plan]*			
[Name, Pg/Sec#]	*Ensure familiarity with Florida laws related to individual's rights of under Florida's Mental Health Act*	*[From plan]*			

Activity Analysis
Observations *(Each bullet will need a completed AAR input form.)*
Strengths • • •
Areas for Improvement • • •

Activity Analysis
Additional Observations:

COMMUNITY RECEPTION CENTER DRILL PLANNING PROCESS

Florida Department of Health Limited-Scale Drill

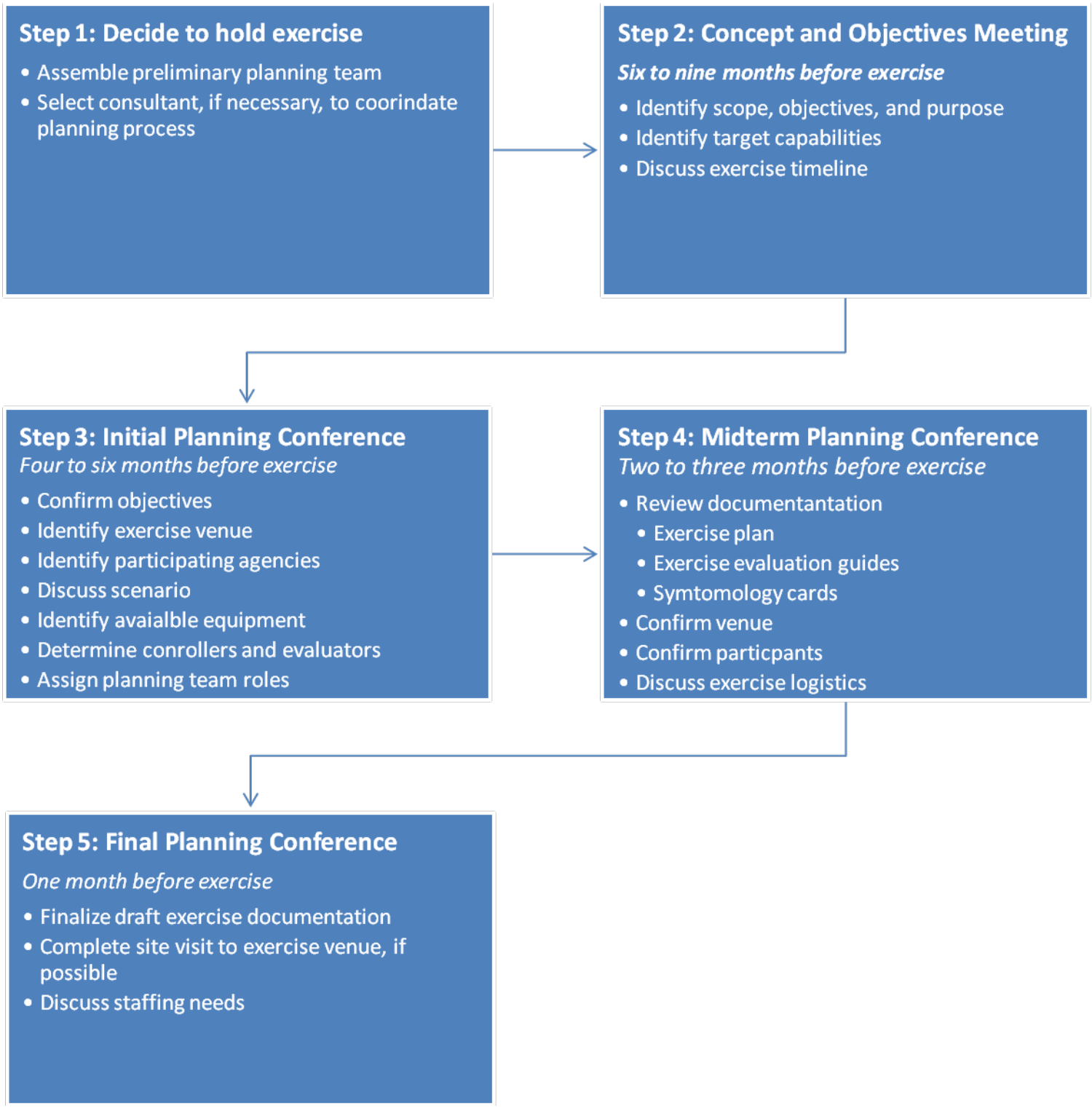
Community Reception Center Exercise

July 12, 2011

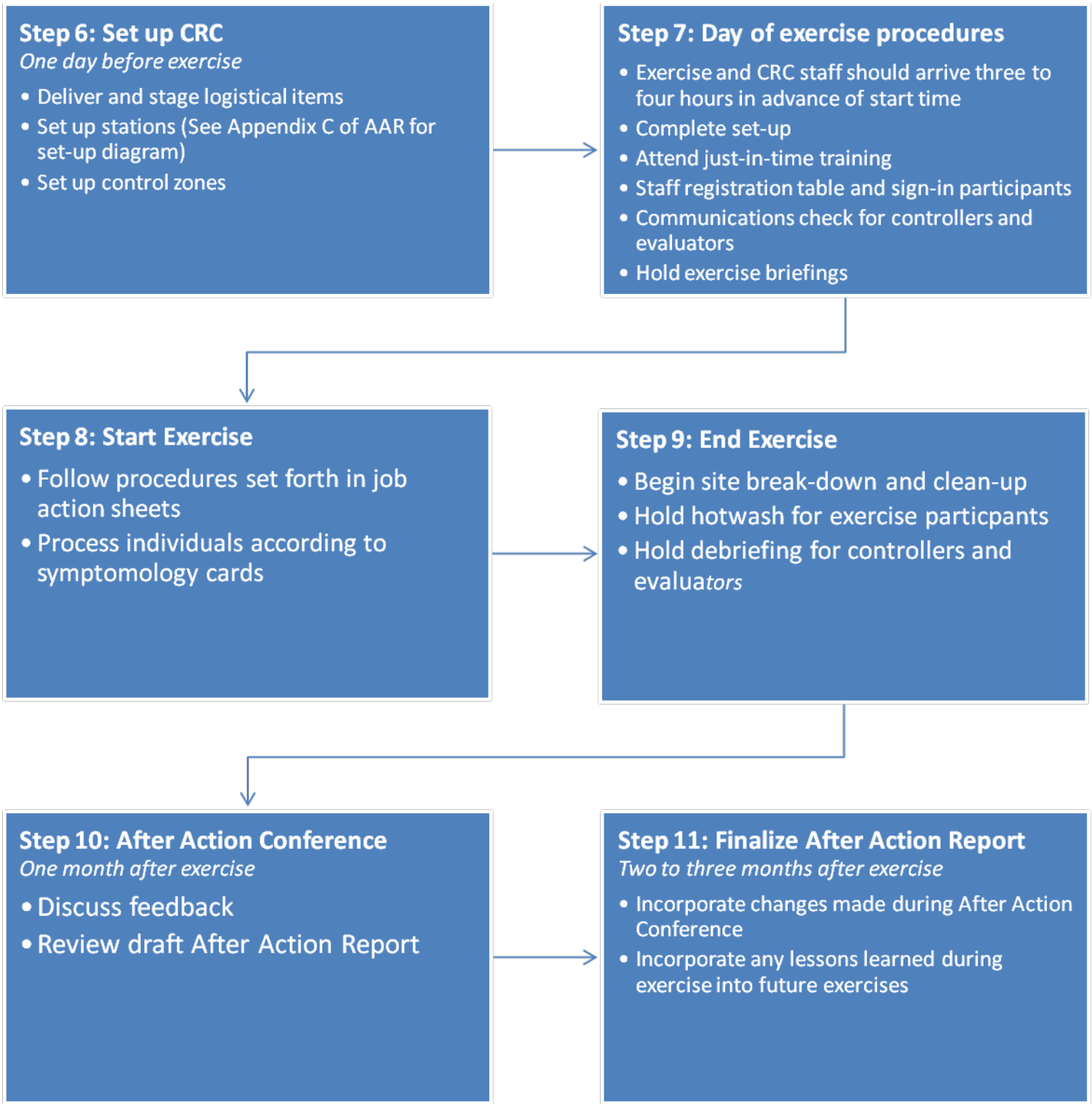
Cypress Creek High School

Orlando, Florida

Community Reception Center Planning Process



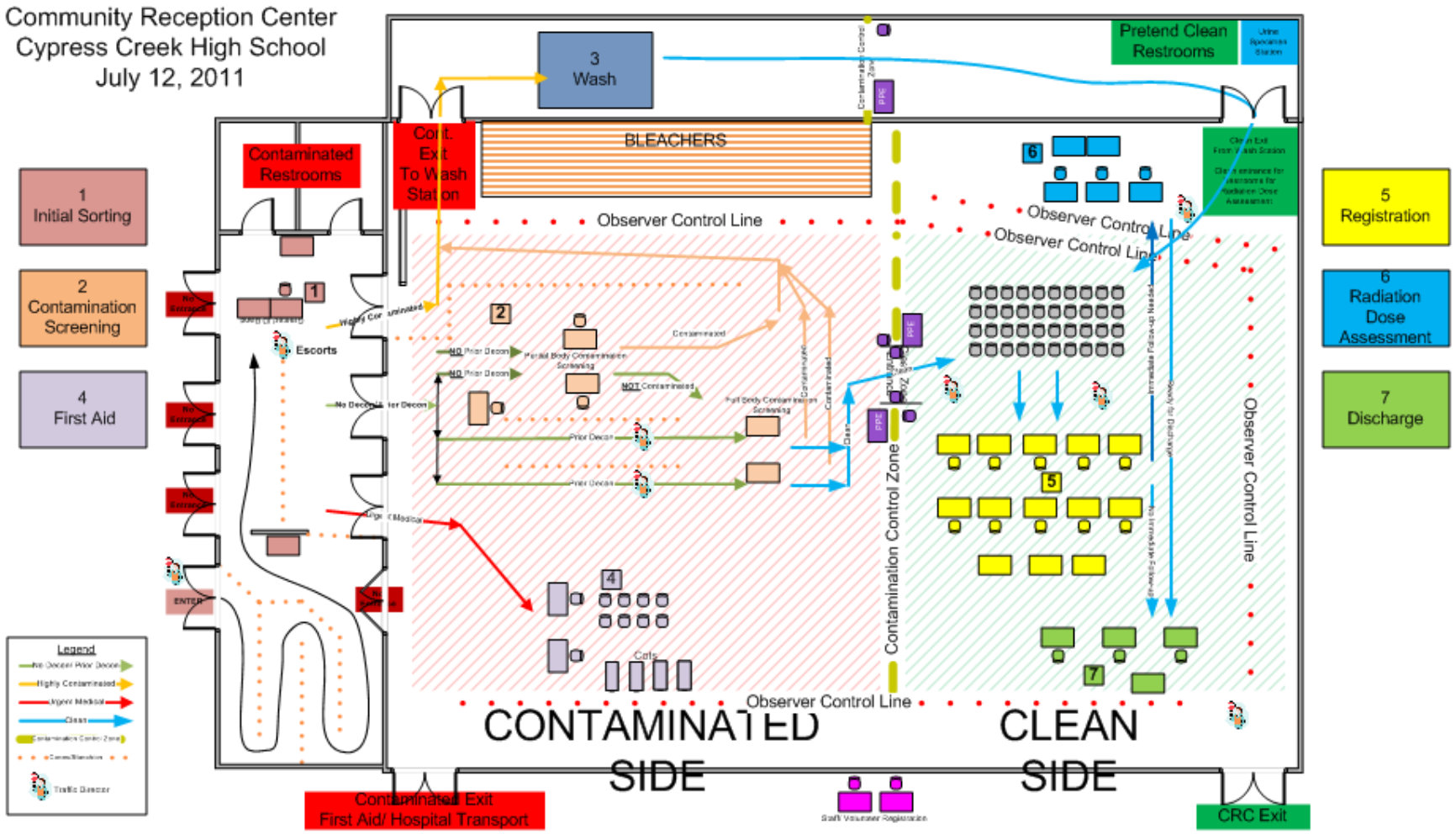
Community Reception Center Planning Process



Limited-Scale Community Reception Center Drill

Appendix C: Community Reception Center Layout and Map

APPENDIX C: COMMUNITY RECEPTION CENTER LAYOUT AND MAP




Cypress Creek High School
1011 Bear Crossing Drive, Orlando, FL
Cypress Creek High School
Bear Creek Recreation Complex
Florida's Turnpike
Central Florida Greeneway
Flamingo
Wetherbee Rd
W Wetherbee Rd
Old Wetherbee Rd
Orange Ave S
Landstar Blvd
Zell Dr
Jetstream Dr
Bentry St
Alabama Woods Ln
Honey Blossom Dr
Chicago Woods Circle
Pinnacle Cove Blvd
Martin Bower Rd
Town Center Blvd
Arbor Meadows Blvd
Sand Arbor
527
417
14
N
S
E
W
Miles 0 0.125 0.25 0.5
Source:
ECFRPC: Major Roads 2008,
County Boundary 2008
ESRI: World Street Map, Bing Maps 2011
Date: September 26th, 2011
Central Florida GIS- CFGIS
www.ecfrpc.org
A Digital Atlas for Central Florida

Limited-Scale Community Reception Center Drill

Appendix D: Forms and Results

TABLE OF CONTENTS

1. EPIDEMIOLOGIC DATA COLLECTION AND RESULTS

To assess level of completeness achieved for the epidemiologic forms used during the radiation drill, all forms collected were scanned and reviewed. A total of two-hundred case scenarios were prepared to be used during the drill. Of these, 40 cases were positive for contamination. Twenty spiked urine samples were placed at the Community Reception Center (CRC) to be used for bioassay prioritization process. All epidemiologic forms administered and collected during the radiation drill were reviewed to obtain a general assessment on the level of completeness of the forms and their and response rates.

At the CRC, A total of one hundred forty four epidemiologic forms were bar-coded and collected. Of these, 138 forms were filled out by the team members of the different components/stations. Thirty epidemiologic forms of positive cases for contamination were processed.

- Eleven questions were defined as key items to screen radiation contamination and individual's priority for bioassay analysis using urine samples previously placed at the CRC. Two questions were defined for radiation screening contamination and 9 questions to prioritize cases for bioassay analysis.

    a. Radiation contamination:

        - B4. Initial screening results: negative for contamination or positive for contamination
        - E1. Were you inside the Lime County Convention Center on July 12, 2011 between 10 am and 2 pm?

    b. Priority for bioassay analysis:

        - B5b. Face/front of neck contaminated?
        - B10. Is the individual still contaminated after 2 decontamination attempts?
        - C1a. If referred for open wound(s), did the individual have radiation contamination detected in open wound(s)?
        - D3. Age
        - D7. If female, pregnant?
        - E2. Since 10am on July 12, 2011, did you work as a responder at the Lime County Convention Center?
        - E3. Vomiting or diarrhea more than once?

- E4. Passing out or loss of consciousness?
- E5. Loss of memory or disorientation?

- Regarding the level of completeness and accuracy of the answers:

a. All answers in the epidemiologic forms were compared with the information provided in the actor scenarios.
b. During the radiation drill ID ban bar codes were attached to144 epidemiologic forms. Of these, 138 forms were filled out by team members from the different stations and collected for analysis.
c. A total of 30 epidemiologic forms were processed as positive cases for radiation contamination (75% of total actor scenarios designed for this drill)
d. Approximately 84% of questions were answered adequately, about 15% were not answered and less than 1% of total of questions were inadequately answered.
e. Response rates for key questions that established radiation contamination and individual's priority for bioassay analysis were higher than 78%

To establish level of completeness, preliminary results are presented based on a comparison between what was registered in the epidemiologic forms vs. Information in the scripts (case scenarios).

Question	% Properly Answered
B4. Initial screening results: Negative for contamination Positive for contamination	98%
B5b. Face/front of neck contaminated?	92%
B10. Is the individual still contaminated after 2 decontamination attempts?	90%
C1a. If referred for open wound(s), did the individual have radiation contamination detected in open wound(s)?	89%
D3. Age	94%
D7. If female, pregnant?	93%
E1. Were you inside the Lime County Convention Center on July 12, 2011 between 10 am and 2 pm?	94%
E2. Since 10am on July 12, 2011, did you work as a responder at the Lime County Convention Center?	90%
Since July 12, 2011 at 10 am, have you or do you currently have any of the following symptoms?	
E3. Vomiting or diarrhea more than once?	79%
E4. Passing out or loss of consciousness?	79%
E5. Loss of memory or disorientation?	79%

Additionally, questions with the highest non-response rates were identified and categorized by each station where these answers were collected:

Question	Station	Non-response Rate
A4. What is your preferred spoken language?	1. Initial Sorting	47%
B3. Screening Criteria	2. Radiation Contamination Assessment	92%
B10. Is the individual still contaminated after 2 decontamination attempts?	3. Wash	10%
C1. The individual was referred to the first aid station for open wound or other?	4. First Aid	11%
E3. Vomiting or diarrhea more than once?	5. Registration	3%
E4. Passing out or loss of consciousness?	5. Registration	3%
G8. Time since exposure	6. Dose Assessment	16%
H3. Time of discharge (Military Time)	7. Discharge	29%

- All positive cases for contamination that were pre-established in the actor scenarios to require bioassay analysis were processed and accurately identified using the epidemiologic forms at the CRC.
- Finally, twenty spiked urine samples pre-positioned at the CRC were linked to its respective case following information provided on the epidemiologic form and went through laboratory procedures for labeling and shipping. However, laboratory barcode label stickers were not placed at their respective section in 25% of these cases (question F7).

EPIDEMIOLOGIC FORM

STATION 1: INITIAL SORTING

Instructions: Attach ID band barcode label here OR enter ID Number.

A1. Barcode or ID Number:_____

A2. Date (MM/DD/YYYY): / /

A3. Time (Military Time): :

A4. What is your preferred spoken language? ☐ English ☐ Other: _____

STATION 2: RADIATION CONTAMINATION SCREENING

B1. Detector type: ☐Hand Held ☐Portal Monitor **B2.** Units: ☐ CPS ☐ CPM **B3.** Screening Criteria: _____

B4. Initial screening results: ☐ Negative for contamination ☐ Positive for contamination

Instructions: If "negative for contamination", send individual to Station 5: Registration using Express Lane. If "positive for contamination", officials conducting radiation contamination screening should complete the table below and escort individual to Station 3: Wash.

Body Area	Contaminated?	If contaminated, measurement?	If contaminated, area of body?
Head/Neck	**B5.** ☐Yes ☐No	**B5a.**	**B5b** ☐ Face/front of neck ☐Other
Trunk	**B6.** ☐Yes ☐No	**B6a.**	**B6b.** ☐Left front ☐Right front ☐Left back ☐Right back
Upper Extremity	**B7.** ☐Yes ☐No	**B7a.**	**B7b.** ☐Left front ☐Right front ☐Left back ☐Right back
Lower Extremity	**B8.** ☐Yes ☐No	**B8a.**	**B8b.** ☐Left front ☐Right front ☐Left back ☐Right back

STATION 3: WASH

B9. Is the individual still contaminated after first decontamination has been completed? ☐ Yes ☐ No
Instructions: If yes, complete a second decontamination. If no, send individual to Station 6: Radiation Dose Assessment.

B10 Is the individual still contaminated after 2 decontamination attempts? ☐ Yes ☐ No
Instructions: If yes or no, send individual to Station 6: Radiation Dose Assessment.

STATION 4: FIRST AID

Instructions: If individual was referred directly to First Aid without going through Station 2, complete section B above.

C1. The individual was referred to the first aid station for: ☐ Open Wound: Site(s)_____ ☐ Other: _____

C1a. If referred for open wound(s), did the individual have radiation contamination detected in open wound(s)? ☐ Yes ☐ No

C1b. If yes, was wound decontamination performed? ☐ Yes ☐ No

STATION 5: REGISTRATION

CONTACT INFORMATION

Instructions: Section D should be completed by the individual. Adults should complete the form for accompanying minors.

D1. Name (Last, First, Middle Initial):

D2. Date of birth (MM/DD/YYYY): / /

D3. Age: ☐ Years or ☐ Months

D4. Ethnicity:
☐ Hispanic
☐ Non-Hispanic
☐ Unknown
☐ Refused

D5. Race (check all that apply):
☐ White ☐ Black
☐ Asian/Pacific Islander
☐ Native American
☐ Unknown
☐ Refused

D6. Gender:
☐ Male
☐ Female
☐ Unknown
☐ Refused

D7. If female, pregnant?
☐ No ☐ Possible
☐ Yes ☐ Refused

D8. Best way to contact you within the next 30 days:
☐ Phone ☐ Mail ☐ Email
☐ Other: _____

D9. Primary Phone Number: _____-_____-

D10. Alternative Phone Number: _____-_____-

D11. Mailing Address:

D12. City:

D13. State:

D14. Zip code:

D15. Email Address:

EXPOSURE INFORMATION

Instructions: Section E should be completed by the interviewer.

E1. Were you inside the Lime County Convention Center on July 12, 2011 between 10 am and 2 pm? ☐ Yes ☐ No

Instructions: If yes, complete E1. If no, skip to E2.

E1a. If yes, were you inside the G25 main meeting room? ☐ Yes ☐ No **Instructions: If no, skip to E2.**

E1b. If yes, how long were you inside the G25 main meeting room? From ____:_____ ☐am ☐ pm to _____:_____ ☐am ☐ pm

E1c. If yes, were you sprayed with water from the ceiling? ☐Yes ☐ No

E2. Since 10am on July 12, 2011, did you work as a responder at the Lime County Convention Center? ☐Yes ☐ No

Since July 12, 2011 at 10 am, have you or do you currently have any of the following symptoms?

E3. Vomiting or diarrhea more than once?	☐ Yes ☐ No
E4. Passing out or loss of consciousness?	☐ Yes ☐ No
E5. Loss of memory or disorientation?	☐ Yes ☐ No

Instructions: If yes to any of the following: E1, E2, E3, E4, E5, send individual to Station 6: Radiation Dose Assessment. Otherwise, check "Released to home" under H1. AND send individual to Station 7: Discharge

Station 6: Radiation Dose Assessment

INSTRUCTIONS: Complete Section D and E for those individuals who did not go through Station 5: Registration.

MEDICAL ASSESSMENT

Instructions: Section F should be completed by the public health professional conducting the medical assessment.

F1. Have you received nuclear medicine tests or therapy procedures during the last 30 days? Examples include cardiac stress test, lung scan, PET scan, bone scan, thyroid uptake or ablation, and implanted radioactive seeds (brachytherapy). ☐ Yes ☐ No ☐ Unknown

F2. What is your height? _____ feet _____ inches **F3.** What is your weight? _____ (pounds)

F4. Urine sample collected for bioassay? ☐ Yes ☐ No ☐ Refused

Instructions: Collect urine if B4 is "positive for contamination" AND E1 is "yes." These question numbers are marked with squares on the form. If urine collected, complete the rest of section F. If urine is not collected, continue completing the form at section G.

F7. **Place Laboratory Barcode Label Sticker Here**

F5. If yes, time since last urination : ☐ Don't know OR _____ ☐ Hours or ☐ Minutes

F6. Bioassay priority: ☐ Yes ☐ No

Instructions: Priority is "yes" if B10, C1a, E2, E3, E4, or E5 is "yes", or if B5b is "face/front of neck", or if D3 is age less than 18 years, or if D7 is "yes" or "possible". These question numbers are marked with circles on the form. If yes, write "PRIORITY" on specimen container.

INTERNAL CONTAMINATION SURVEY

Instructions: Section G should be completed by the professional conducting the assessment for internal contamination. Check the appropriate disposition under H1. according to your results.

G1. Detector type: _____ **G2.** Isotope(s)/Isotope Ratio: _____

G3. Body site assessed: ☐ Back of Chest ☐ Back of Abdomen **G4.** Probe distance: ☐ Contact ☐ 30 cm ☐ 100 cm ☐ 200 cm

G5. Gross count rate: _____ ☐ CPS ☐ CPM **G6.** Background count rate: _____ ☐ CPS ☐ CPM

G7. Route of Exposure: ☐ Inhalation ☐ Ingestion **G8.** Time since exposure: _____ hours

G9. Estimated effective dose: _____ ☐ mRem ☐ REM ☐ mSv ☐ Sieverts **G9a.** Isotope: _____

G10. Estimated effective dose: _____ ☐ mRem ☐ REM ☐ mSv ☐ Sieverts **G10a.** Isotope: _____

Station 7: DISCHARGE

H1. Disposition: ☐ Released to home ☐ Referred to healthcare facility ☐ Other: _____

H2. Date (MM/DD/YYYY): ____/____/_____ **H3.** Time (Military Time): _____:_____

INSTRUCTIONS FOR EPIDEMIOLOGIC FORM

Question	Instructions
Station 1: Initial Sorting	
A1	Individual's ID number or attach individual's barcode label
A2	Date individual enters CRC
A3	Time individual enters CRC using 24 hour clock (i.e. 1:15 pm is 13:15)
A4	Preferred spoken language. If language is "other", identify onsite interpreter or other language resources you can use to guide person through the CRC and obtain the information to complete this form.
Station 2: Radiation Contamination Screening	
B1	Type of radiation detector used for assessment
B2	Units of radiation detection measurement
B3	Screening criteria used
B4	Results from radiation contamination screening. If "negative for contamination", send individual to Station 5: Registration using Express Lane. If "positive for contamination", officials conducting radiation contamination screening should complete the table below and escort individual to Station 3: Wash.
B5-B8	Contamination found on listed body part
B5a-B8a	Contamination measurement found on that body part
B5b-B8b	Specific location of contamination on that body part
Station 3: Wash	
B9	After first decontamination completed, indicate whether individual still has radiation contamination. If yes, complete a second decontamination. If no, send individual to Station 6: Radiation Dose Assessment.
B10	After second decontamination completed, indicate whether individual still has radiation contamination. If yes or no, send individual to Station 6: Radiation Dose Assessment for internal contamination evaluation.
Station 4: First Aid	
C1	Reason individual was referred to first aid station. If referred for open wound(s), indicate the body site(s) for those wounds. If referred for other reason, please describe
C1a	If individual was referred for open wound(s), indicate whether radiation contamination was detected in open wounds
C1b	If radiation contamination was detected in open wound(s), indicate whether open wounds were decontaminated
Station 5: Registration	
Contact Information: Should be completed by the individual.	
D1	Individual's last name, first name, and middle initial
D2	Individual's date of birth
D3	Individual's age. Indicate if this age is in years or months.
D4	Individual's ethnicity
D5	Individual's race. Check all that apply.
D6	Individual's gender
D7	If female, individual's pregnancy status
D8	Best way to contact the individual within the next 30 days
D9	Individual's primary phone number
D10	Individual's alternative phone number
D11	Individual's mailing address. Include street number and street name, apartment number, post

	office box, and any other relevant address information.
D12	Individual's city
D13	Individual's state
D14	Individual's zip code
D15	Individual's email address
Exposure Information: Should be completed by the interviewer. If the individual answers yes to any of the following: E1, E2, E3, E4, E5, send individual to Station 6: Radiation Dose Assessment. Otherwise, send individual to Station 7: Discharge.	
E1	Individual's presence in the Lime County Convention Center during and following the incident. If yes, complete section E. If no, skip to E2.
E1a	Individual's presence in the affected area of the Convention Center. If no, skip to D2.
E1b	Time interval that individual was present in the affected area of the Convention Center
E1c	Whether individual was sprayed with water from the ceiling in the affected area of the Convention Center
E2	Individual's occupation as a responder at the Convention Center during and following the incident.
E3	Since incident date and time, indicate whether individual experienced vomiting or diarrhea more than once.
E4	Since incident date and time, indicate whether individual passed out or lost consciousness
E5	Since incident date and time, indicate whether individual experienced loss of memory or disorientation
Medical Assessment: Should be completed by the health professional.	
F1	Individual's history of nuclear medicine or radiation therapy procedures during the last 30 days. This may affect bioassay or internal contamination assessment results.
F2	Individual's height in feet and inches
F3	Individual's weight in pounds
F4	Indicate if individual provided a urine sample for bioassay analysis. Collect urine if answer to question B4 is positive for contamination AND E1 is yes. If urine was collected, complete the rest of section F. If urine was not collected, continue completing the form at section G.
F5	If urine sample collected for bioassay, individual's time since last urination prior to sample collection.
F6	Individual's priority for bioassay analysis once urine collected. If yes, write "priority" on specimen container. Assign a priority of yes if ANY of the following apply. These questions are also marked with circled question numbers on the form. • Question B5b: Contamination found in "face/front of neck" • Question B10: "Yes" to detectable contamination after 2 decontamination attempts • Question C1a: "Yes" to contaminated open cuts or wounds • Question D3: Age is less than 18 years • Question D7: "Yes" or "possible" pregnancy • Question E2: "Yes" to responder who worked at the incident • Question E3-E5: "Yes" to any symptoms
F7	Attach laboratory barcode in the box

Internal Contamination Survey: Should be completed by the professional conducting the assessment for internal contamination. Perform internal contamination surveys for individuals that meet "priority" criteria according to F6.	
G1	Type of radiation detector being used for internal radiation contamination survey
G2	Isotope(s) and/or isotope ratio
G3	Indicate what individual's body part was assessed
G4	Probe distance from body in centimeters
G5	Gross count rate measurement and units
G6	Background count rate measurement and units
G7	Route of exposure
G8	Time since exposure in hours
G9-G10	Estimated effective dose for each isotope
Station 7: Discharge	
H1	Indicate individual's disposition. If other, specify.
H2	Indicate date of discharge
H3	Indicate time of discharge using 24 hour clock (i.e. 1:15 pm is 13:15)

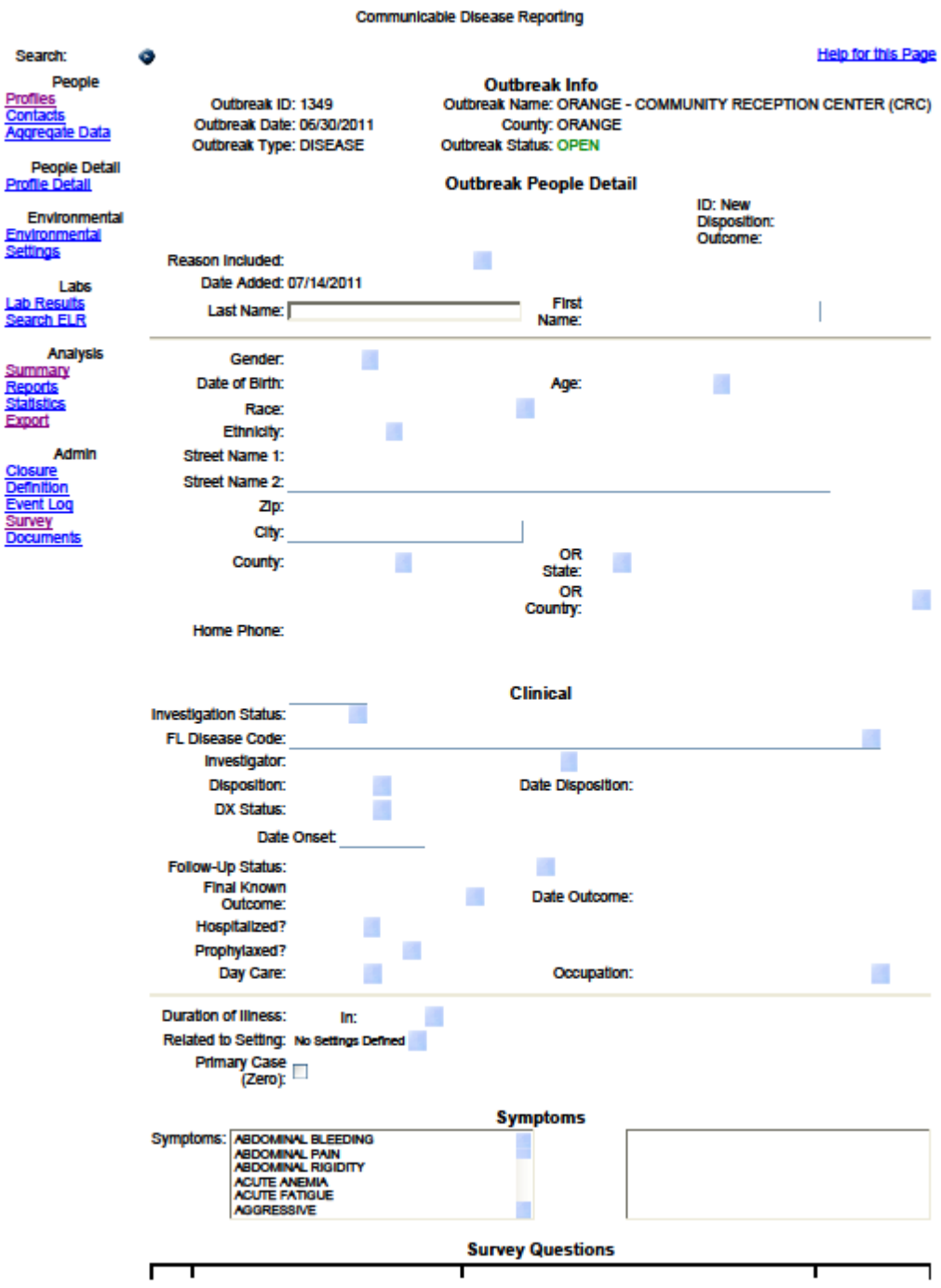
2. MERLIN DESCRIPTION AND FORM

Merlin is the Florida Department of Health's PHIN-compliant, web-based repository of reportable disease case reports, and which is accessible to all registered users within FL DOH. One of its features is the ability for a user to create a separate module for entering case reports due to outbreaks of diseases or exposures that are not otherwise reportable, and to track patient specimens. The availability of the Merlin Outbreak Module enabled more prompt electronic reporting of information collected on paper forms, as data were entered within the CRC itself. Persons staffed for data entry/analysis were already familiar with the module since that skill is a component of their regular job duties, and ultimately 41 records were entered.

Data entered into Merlin can be exported and a line list can be generated using widely available spreadsheet software, such as Microsoft Excel, or the data can be further analyzed using statistical software such as SAS. Although the data entry was performed at the CRC during this exercise, a Merlin user with secure internet access can enter data from any location, including an additional CRC that may have been opened as part of a larger incident, for example. Similarly, data analysis can be performed by any Merlin user, either onsite or at another location. Once entered, the individual case reports can serve as a registry for long-term population monitoring.

The Merlin results spreadsheet file was too large to include in this report; instead, the blank forms in the following section display the data entry fields utilized. A copy of the results spreadsheet may be requested.

MERLIN FORM SCREEN SHOT



Communicable Disease Reporting

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Admin
Closure
Definition
Event Log
Survey
Documents

Outbreak Info

Outbreak ID: 1349
Outbreak Date: 06/30/2011
Outbreak Type: DISEASE
Outbreak Name: ORANGE - COMMUNITY RECEPTION CENTER (CRC)
County: ORANGE
Outbreak Status: OPEN

Outbreak People Detail

ID: New
Disposition:
Outcome:

Reason Included:
Date Added: 07/14/2011
Last Name:
First Name:

Gender:
Date of Birth:
Age:
Race:
Ethnicity:
Street Name 1:
Street Name 2:
Zip:
City:
County:
OR State:
OR Country:
Home Phone:

Clinical

Investigation Status:
FL Disease Code:
Investigator:
Disposition:
Date Disposition:
DX Status:
Date Onset:
Follow-Up Status:
Final Known Outcome:
Date Outcome:
Hospitalized?
Prophylaxed?
Day Care:
Occupation:

Duration of Illness:
In:
Related to Setting: No Settings Defined
Primary Case (Zero):

Symptoms

Symptoms:
ABDOMINAL BLEEDING
ABDOMINAL PAIN
ABDOMINAL RIGIDITY
ACUTE ANEMIA
ACUTE FATIGUE
AGGRESSIVE

Survey Questions

SURVEY QUESTIONS

QUESTION NUMBER	QUESTION	QUESTIONS TO ASSESS INDIVIDUAL'S PRIORITY FOR BIOASSAY ANALYSIS
A1	BARCODE OR ID NUMBER	
A2	DATE (PLEASE RECORD RESPONSE AS MM/DD/YYYY)	
A3	TIME (PLEASE RECORD RESPONSE AS A 4-DIGIT MILITARY TIME).	
A4	WHAT IS YOUR PREFERRED SPOKEN LANGUAGE?	
B1	DETECTOR TYPE (PLEASE RECORD RESPONSE "A" OR "B"): A) HAND HELD OR B) PORTAL MONITOR?	
B2	UNITS (PLEASE RECORD RESPONSE "A" OR "B"): A)CPS OR B)CPM?	
B3	SCREENING CRITERIA:	
B4	WERE INITIAL SCREENING RESULTS POSITIVE FOR CONTAMINATION?(IF "NO" SKIP TO QUESTION C1)	
B5	WAS THE HEAD/NECK CONTAMINATED?	YES
B5A	IF THE HEAD/NECK WAS CONTAMINATED, WHAT'S THE MEASUREMENT?	
B6	WAS THE TRUNK CONTAMINATED?	
B6A	IF THE TRUNK WAS CONTAMINATED, WHAT'S THE MEASUREMENT?	
B7	WAS THE UPPER EXTREMITY CONTAMINATED?	
B7A	IF THE UPPER EXTREMITY WAS CONTAMINATED, WHAT'S THE MEASUREMENT?	
B8	WAS THE LOWER EXTREMITY CONTAMINATED?	
B8A	IF THE LOWER EXTREMITY WAS CONTAMINATED, WHAT'S THE MEASUREMENT?	
B9	IS THE INDIVIDUAL STILL CONTAMINATED AFTER FIRST DECONTAMINATION HAS BEEN COMPLETED? !(IF "NO" SKIP TO QUESTION C1)	
B10	IS THE INDIVIDUAL STILL CONTAMINATED AFTER 2 DECONTAMINATION ATTEMPTS?	YES
C1	WAS THE INDIVIDUAL REFERRED TO THE FIRST AID STATION FOR AN OPEN WOUND?	YES
	***IF YES, PLEASE LIST THE OPEN WOUND SITE(S)	
	IF THE INDIVIDUAL WAS REFERRED TO THE FIRST AID STATION FOR SOMETHING	

	OTHER THAN AN OPEN WOUND, PLEASE SPECIFY	
C1A	IF REFERRED FOR OPEN WOUND(S), DID THE INDIVIDUAL HAVE RADIATION CONTAMINATION DETECTED IN OPEN WOUND(S)?	
C1B	IF YES, WAS WOUND DECONTAMINATION PERFORMED?	
D7	IF FEMALE, IS THE INDIVIDUAL PREGNANT?	YES
D8	WHAT IS THE BEST WAY TO CONTACT THE INDIVIDUAL IN THE NEXT 30 DAYS (PLEASE RECORD RESPONSE AS "A", "B", "C", OR "D"): A)PHONE NUMBER ALREADY PROVIDED, B)MAILING ADDRESSED ALREADY PROVIDED, C)EMAIL ADDRESS SPECIFIED BELOW, D)OTHER SPECIFIED BELOW	
	OTHER MODE(S) TO CONTACT INDIVIDUAL:	
D15	EMAIL ADRESS	
E1	WAS THE INDIVIDUAL INSIDE THE LIME COUNTY CONVENTION CENTER ON JULY 12, 2011 BETWEEN 10 AM AND 2 PM? !(IF "NO" SKIP TO E2)	YES
E1A	IF YES, WAS THE INDIVIDUAL INSIDE THE G25 MAIN MEETING ROOM? !(IF "NO" SKIP TO E2)	
E1B	IF YES, PLEASE INCLUDE WHAT TIME THE INDIVIDUAL ENTERED THE G25 MAIN MEETING ROOM	
E2	SINCE 10 AM ON JULY 12, 2011, DID THE INDIVIDUAL WORK AS A RESPONDER AT THE LIME COUNTY CONVENTION CENTER?	YES
E3	SINCE 10 AM ON JULY 12, 2011, DID THE INDIVIDUAL EXPERIENCE VOMITING OR DIARRHEA MORE THAN ONCE?	YES
E4	SINCE 10 AM ON JULY 12, 2011, DID THE INDIVIDUAL EXPERIENCE PASSING OUT OR LOSS OF CONSCIOUSNESS?	YES
E5	SINCE 10 AM ON JULY 12, 2011, DID THE INDIVIDUAL EXPERIENCE LOSS OF MEMORY OR DISORIENTATION?	YES
F1	DID THE INDIVIDUAL RECEIVE NUCLEAR MEDICINE TESTS OR THERAPY PROCEDURES DURING THE LAST 30 DAYS?	
F2	WHAT IS THE HEIGHT OF THE INDIVIDUAL IN FEET (PLEASE RECORD RESPONSE AS A NUMBER)?	
F3	WHAT IS THE WEIGHT OF THE INDIVIDUAL (PLEASE RECORD RESPONSE IN POUNDS)?	

F4	WAS A URINE SAMPLE COLLECTED FOR BIOASSAY (PLEASE RECORD RESPONSE "Y", "N", OR "R"): Y)YES, N)NO, OR R)REFUSED? !(IF "N" SKIP TO G1)	
F5	IF URINE COLLECTED, PLEASE INCLUDE THE AMOUNT OF TIME SINCE LAST URINATION (PLEASE RECORD RESPONSE AS "U" IF UNKNOWN)	
	PLEASE RECORD F5 RESPONSE AS "A" OR "B": A)HOURS OR B)MINUTES	
F6	BIOASSAY PRIORITY:	
G1	DETECTOR TYPE:	
G2	ISOTOPE(S)/ISOTOPE RATIO:	
G4	PROBE DISTANCE (PLEASE RECORD RESPONSE "A", "B", "C", OR "D"): A)CONTACT, B)30 CM, C)100 CM, OR D)200 CM	
G5	GROSS COUNT RATE:	
	PLEASE RECORD G5 RESPONSE AS "A" OR "B": A)CPS OR B)CPM	
G6	BACKGROUND COUNT RATE:	
	PLEASE RECORD G6 RESPONSE AS "A" OR "B": A)CPS OR B)CPM	
G8	TIME SINCE EXPOSURE IN HOURS:	
G9	ESTIMATED EFFECTIVE DOSE:	
	PLEASE RECORD G9 RESPONSE AS "A", "B", "C", OR "D": A)MREM, B)REM, C)MSV, OR D)SIEVERTS	
G9A	ISOTOPE	
G10	ESTIMATED EFFECTIVE DOSE:	
	PLEASE RECORD G10 RESPONSE AS "A", "B", "C", OR "D": A)MREM, B)REM, C)MSV, OR D)SIEVERTS	
G10A	ISOTOPE	
H1	DISCHARGE DISPOSITION (PLEASE RECORD RESPONSE AS "A", "B", OR "C"): A)RELEASED TO HOME, B)REFERRED TO HEALTHCARE FACILITY, OR C)OTHER	
	F "C", PLEASE SPECIFY:	
H2	DISCHARGE DATE (PLEASE RECORD RESPONSE AS MM/DD/YYYY):	
H3	DISCHARGE TIME (PLEASE RECORD RESPONSE AS A 4-DIGIT MILITARY TIME).	

3. DESCRIPTION OF DOSE ASSESSMENT ELECTRONIC SYSTEMS

A radiation dose assessment software package was used to provide an option to assist first responders and medical professionals on the scene of a radiological or nuclear incident. These tools are designed primarily for prompt use after a radiation incident, facilitating collection, integration, and archiving of data obtained from exposed persons.

A variety of input screens can be found allowing users to enter different types of data, including, but not limited to, demographic, clinical, and radiological. Different Windows-based tools are available on the market, and there are specific packages developed for use on hand-held personal digital assistant devices (PDA).

The appropriate use of these resources will depend on timely, accurate dose information collected by direct-read radiation detection methods. Finally, these tools are not meant to serve as a substitute for treatment decisions by physicians and other trained healthcare professionals but only to assist the professional in interpreting the data. (See Evaluation Appendix: 2-A: Station Specific Evaluation: Station 6 Radiation Dose Assessment)

4. BIODOSE DESCRIPTION, INPUT, AND RESULTS

BioDose is dose assessment software used to analyze laboratory results of radiological activity. The application assigns a radiation dose to each patient based upon several factors, including age, sex, the type and particle size of the radionuclide(s), administration route (e.g. ingestion or inhalation), and International Commission on Radiological Protection documentation.

BioDose is designed to be used during a public health emergency event, where individuals are exposed to radiation. The software allows subject matter experts to make better informed decisions regarding disbursement of scarce medical resources and radiation countermeasures.

BIODOSE INPUT

Analyte	Intake Date MM/DD/YYYY	Intake Time (24h) hh:mm	Route of Intake (if known)	Collection Date MM/DD/YYYY	Collection Time (24h) hh:mm	Time Since Intake (days)	Time Since Last Void (hours)	Analysis Laboratory	Analysis Date	Sample Matrix	Matrix Qualifier	Sample Volume (ml)	Laboratory Sample ID	Local Sample ID	Analytical Result	Units	Creatinine Corrected Result	Creatinine Corrected Units	LOD (Bq/L)	2 sigma Uncertainty (%)	Volume Corrected Result	Volume-Corrected units	First Name	Last Name	DOB MM/DD/YYYY	Age (years)	Gender	Height (cm)	Weight (Kg)	SubjHeight (FEET)	SubjHeight (INCHES)	SubjWeight (POUNDS)
^{137}Cs	07/12/2011	10:10	Inhalation	07/12/2011	13:00	0.12	4	CDC/NCEH	7/18/2011	Urine	Spot	70	11-914-0001-L	SJ00017346	9.72E+03	Bq/L			1.E+02	6.2						29	F			4	11	130
^{137}Cs	07/12/2011	10:10	Inhalation	07/12/2011	13:04	0.12	3	CDC/NCEH	7/18/2011	Urine	Spot	70	11-914-0002-L	SH00019224	8.38E+03	Bq/L			1.E+02	6.3						42	M			5	5	179
^{137}Cs	07/12/2011	10:10	Inhalation	07/12/2011	13:08	0.12	1	CDC/NCEH	7/18/2011	Urine	Spot	70	11-914-0003-L	SB00019132	9.35E+03	Bq/L			1.E+02	6.2						49	F			5	7	163
^{137}Cs	07/12/2011	10:10	Inhalation	07/12/2011	13:12	0.13	2	CDC/NCEH	7/18/2011	Urine	Spot	70	11-914-0004-L	SB00019224	5.61E+03	Bq/L			1.E+02	6.4						62	M			5	3	164
^{137}Cs	07/12/2011	10:10	Inhalation	07/12/2011	13:16	0.13	9	CDC/NCEH	7/18/2011	Urine	Spot	70	11-914-0005-L	SI00017342	9.31E+03	Bq/L			1.E+02	6.2						54	F			5	5	130
^{137}Cs	07/12/2011	10:10	Inhalation	07/12/2011	13:20	0.13	4	CDC/NCEH	7/18/2011	Urine	Spot	70	11-914-0006-L	SJ00019221	1.41E+03	Bq/L			1.E+02	7.4						31	F			6	4	183
^{137}Cs	07/12/2011	10:10	Inhalation	07/12/2011	13:24	0.13	3	CDC/NCEH	7/18/2011	Urine	Spot	70	11-914-0007-L	SG00017349	1.32E+03	Bq/L			1.E+02	7.7						62	M			5	0	199
^{137}Cs	07/12/2011	10:10	Inhalation	07/12/2011	13:28	0.14	7	CDC/NCEH	7/18/2011	Urine	Spot	70	11-914-0008	SE00019222	9.91E+02	Bq/L			1.E+02	8.2						61	F			5	0	122
^{137}Cs	07/12/2011	10:10	Inhalation	07/12/2011	13:32	0.14	4	CDC/NCEH	7/18/2011	Urine	Spot	70	11-914-0009	SG00019164	8.90E+02	Bq/L			1.E+02	8.2						30	M			5	3	144
^{137}Cs	07/12/2011	10:10	Inhalation	07/12/2011	13:36	0.14	2	CDC/NCEH	7/18/2011	Urine	Spot	70	11-914-0010	SB00017351	8.71E+02	Bq/L			1.E+02	8.5						26	F			5	8	140
^{137}Cs	07/12/2011	10:10	Inhalation	07/12/2011	13:40	0.15	4	CDC/NCEH	7/18/2011	Urine	Spot	70	11-914-0011	SI00017351	3.14E+03	Bq/L			1.E+02	6.7						40	M			6	9	200
^{137}Cs	07/12/2011	10:10	Inhalation	07/12/2011	13:44	0.15	1	CDC/NCEH	7/18/2011	Urine	Spot	70	11-914-0012	SJ00017029	2.72E+03	Bq/L			1.E+02	6.9						0	M			2	3	20
^{137}Cs	07/12/2011	10:10	Inhalation	07/12/2011	13:48	0.15	4	CDC/NCEH	7/18/2011	Urine	Spot	70	11-914-0013	SA00017342	5.25E+03	Bq/L			1.E+02	6.4						41	F			6	2	179
^{137}Cs	07/12/2011	10:10	Inhalation	07/12/2011	13:52	0.15	3.5	CDC/NCEH	7/18/2011	Urine	Spot	70	11-914-0014	SI00017347	5.47E+03	Bq/L			1.E+02	6.4						27	F			5	7	165
^{137}Cs	07/12/2011	10:10	Inhalation	07/12/2011	13:56	0.16	1	CDC/NCEH	7/18/2011	Urine	Spot	70	11-914-0015-L	SA00017349	5.69E+03	Bq/L			1.E+02	6.4						55	M			5	0	110
^{137}Cs	07/12/2011	10:10	Inhalation	07/12/2011	14:00	0.16	4	CDC/NCEH	7/18/2011	Urine	Spot	70	11-914-0016-L	SG00019223	1.59E+03	Bq/L			1.E+02	7.5						42	F			6	2	180
^{137}Cs	07/12/2011	10:10	Inhalation	07/12/2011	14:04	0.16	4	CDC/NCEH	7/18/2011	Urine	Spot	70	11-914-0017	SA00017346	1.40E+03	Bq/L			1.E+02	7.5						36	M			6	1	175
^{137}Cs	07/12/2011	10:10	Inhalation	07/12/2011	14:08	0.17	4	CDC/NCEH	7/18/2011	Urine	Spot	70	11-914-0018	SF00017342	2.64E+03	Bq/L			1.E+02	6.9						55	M			5	4	155
^{137}Cs	07/12/2011	10:10	Inhalation	07/12/2011	14:12	0.17	1	CDC/NCEH	7/18/2011	Urine	Spot	70	11-914-0019	SG00017346	9.22E+02	Bq/L			1.E+02	8.1						23	M			5	8	152
^{137}Cs	07/12/2011	10:10	Inhalation	07/12/2011	14:16	0.17	4	CDC/NCEH	7/18/2011	Urine	Spot	70	11-914-0020	SA00017351	2.61E+03	Bq/L			1.E+02	6.9						11	F			4	5	80

BIODOSE RESULTS

Sample Id	Laboratory Id	Batch Id	PID	Intake Date	Sample Date	Nuclide	Bioassay Ty	Dose Descr	Min Dose	Max Dose	Default Do	Unit	Default Intake	Unit	Norm	Comm	Most Aff	Models Used	Calculation comment
SA00017342		1		7/13/2015 10:10	7/13/2015 13:48	Cs137	Spot Urine	Committed Effective Dose, 0 - 50 ye	2.22E-01	1.38E+03	2.22E-01	Sv	4.96E+07	Bq	volume		Y	CS137: IF1, IF0, IF5, IM0, IM1, IM5, IS0,	Adult female treated as 15 year old male; Person Id not
SA00017346		1		7/13/2015 10:10	7/13/2015 14:04	Cs137	Spot Urine	Committed Effective Dose, 0 - 50 ye	8.72E-02	4.90E+02	8.72E-02	Sv	1.86E+07	Bq	volume		Y	CS137: IF1, IF0, IF5, IM0, IM1, IM5, IS0,	Person Id not given.
SA00017349		1		7/13/2015 10:10	7/13/2015 13:56	Cs137	Spot Urine	Committed Effective Dose, 0 - 50 ye	3.69E-01	2.07E+03	3.69E-01	Sv	7.86E+07	Bq	volume		Y	CS137: IF1, IF0, IF5, IM0, IM1, IM5, IS0,	Person Id not given.
SA00017351		1		7/13/2015 10:10	7/13/2015 14:16	Cs137	Spot Urine	Committed Effective Dose, 0 - 60 ye	4.25E-02	3.14E+02	4.25E-02	Sv	1.13E+07	Bq	volume		Y	CS137: IF1, IF0, IF5, IM0, IM1, IM5, IS0,	Person Id not given.
SB00017351		1		7/13/2015 10:10	7/13/2015 13:36	Cs137	Spot Urine	Committed Effective Dose, 0 - 50 ye	3.89E-02	2.41E+02	3.89E-02	Sv	8.71E+06	Bq	volume		Y	CS137: IF1, IF0, IF5, IM0, IM1, IM5, IS0,	Adult female treated as 15 year old male; Person Id not
SB00019132		1		7/13/2015 10:10	7/13/2015 13:08	Cs137	Spot Urine	Committed Effective Dose, 0 - 50 ye	4.84E-01	3.00E+03	4.84E-01	Sv	1.08E+08	Bq	volume		Y	CS137: IF1, IF0, IF5, IM0, IM1, IM5, IS0,	Adult female treated as 15 year old male; Person Id not
SB00019224		1		7/13/2015 10:10	7/13/2015 13:12	Cs137	Spot Urine	Committed Effective Dose, 0 - 50 ye	4.51E-01	2.53E+03	4.51E-01	Sv	9.62E+07	Bq	volume		Y	CS137: IF1, IF0, IF5, IM0, IM1, IM5, IS0,	Person Id not given.
SE00019222		1		7/13/2015 10:10	7/13/2015 13:28	Cs137	Spot Urine	Committed Effective Dose, 0 - 50 ye	4.61E-02	2.86E+02	4.61E-02	Sv	1.03E+07	Bq	volume		Y	CS137: IF1, IF0, IF5, IM0, IM1, IM5, IS0,	Adult female treated as 15 year old male; Person Id not
SF00017342		1		7/13/2015 10:10	7/13/2015 14:08	Cs137	Spot Urine	Committed Effective Dose, 0 - 50 ye	1.63E-01	9.13E+02	1.63E-01	Sv	3.47E+07	Bq	volume		Y	CS137: IF1, IF0, IF5, IM0, IM1, IM5, IS0,	Person Id not given.
SG00017346		1		7/13/2015 10:10	7/13/2015 14:12	Cs137	Spot Urine	Committed Effective Dose, 0 - 50 ye	5.41E-02	2.95E+02	5.41E-02	Sv	1.15E+07	Bq	volume		Y	CS137: IF1, IF0, IF5, IM0, IM1, IM5, IS0,	Person Id not given.
SG00017349		1		7/13/2015 10:10	7/13/2015 13:24	Cs137	Spot Urine	Committed Effective Dose, 0 - 50 ye	9.93E-02	5.58E+02	9.93E-02	Sv	2.12E+07	Bq	volume		Y	CS137: IF1, IF0, IF5, IM0, IM1, IM5, IS0,	Person Id not given.
SG00019164		1		7/13/2015 10:10	7/13/2015 13:32	Cs137	Spot Urine	Committed Effective Dose, 0 - 50 ye	6.44E-02	3.62E+02	6.44E-02	Sv	1.38E+07	Bq	volume		Y	CS137: IF1, IF0, IF5, IM0, IM1, IM5, IS0,	Person Id not given.
SG00019223		1		7/13/2015 10:10	7/13/2015 14:00	Cs137	Spot Urine	Committed Effective Dose, 0 - 50 ye	6.38E-02	3.96E+02	6.38E-02	Sv	1.43E+07	Bq	volume		Y	CS137: IF1, IF0, IF5, IM0, IM1, IM5, IS0,	Adult female treated as 15 year old male; Person Id not
SH00019224		1		7/13/2015 10:10	7/13/2015 13:04	Cs137	Spot Urine	Committed Effective Dose, 0 - 50 ye	7.04E-01	3.96E+03	7.04E-01	Sv	1.50E+08	Bq	volume		Y	CS137: IF1, IF0, IF5, IM0, IM1, IM5, IS0,	Person Id not given.
SI00017342		1		7/13/2015 10:10	7/13/2015 13:16	Cs137	Spot Urine	Committed Effective Dose, 0 - 50 ye	4.61E-01	2.86E+03	4.61E-01	Sv	1.03E+08	Bq	volume		Y	CS137: IF1, IF0, IF5, IM0, IM1, IM5, IS0,	Adult female treated as 15 year old male; Person Id not
SI00017347		1		7/13/2015 10:10	7/13/2015 13:52	Cs137	Spot Urine	Committed Effective Dose, 0 - 50 ye	2.27E-01	1.41E+03	2.27E-01	Sv	5.07E+07	Bq	volume		Y	CS137: IF1, IF0, IF5, IM0, IM1, IM5, IS0,	Adult female treated as 15 year old male; Person Id not
SI00017351		1		7/13/2015 10:10	7/13/2015 13:40	Cs137	Spot Urine	Committed Effective Dose, 0 - 50 ye	2.18E-01	1.23E+03	2.18E-01	Sv	4.66E+07	Bq	volume		Y	CS137: IF1, IF0, IF5, IM0, IM1, IM5, IS0,	Person Id not given.
SJ00017029		1		7/13/2015 10:10	7/13/2015 13:44	Cs137	Spot Urine	Committed Effective Dose, 0 - 70 ye	3.06E-02	1.42E+02	3.06E-02	Sv	3.48E+06	Bq	volume		Y	CS137: IF1, IF0, IF5, IM0, IM1, IM5, IS0,	Person Id not given.
SJ00017346		1		7/13/2015 10:10	7/13/2015 13:00	Cs137	Spot Urine	Committed Effective Dose, 0 - 50 ye	5.26E-01	3.26E+03	5.26E-01	Sv	1.18E+08	Bq	volume		Y	CS137: IF1, IF0, IF5, IM0, IM1, IM5, IS0,	Adult female treated as 15 year old male; Person Id not
SJ00019221		1		7/13/2015 10:10	7/13/2015 13:20	Cs137	Spot Urine	Committed Effective Dose, 0 - 50 ye	6.84E-02	4.24E+02	6.84E-02	Sv	1.53E+07	Bq	volume		Y	CS137: IF1, IF0, IF5, IM0, IM1, IM5, IS0,	Adult female treated as 15 year old male; Person Id not

5. EMSYSTEMS® DESCRIPTION AND RESULTS

Actor/Victims were tracked through the Community Reception Center utilizing the EMSystems® Resource Patient tracking system, which is a web-based application currently in use in Orange County Florida for Special Needs Shelter Tracking and Evacuation (or other) events. The system had previously been used to track actor/victims at nine different sites during a community and hospital disaster exercise this year. The system allowed for initial check-in by placement and scanning of a unique patient identifier bar-code (ID Band) which was then scanned when the actor/victim arrived at the exercise site and again as they departed the site or site to which they were transported for care (pediatric hospital, trauma center, etc.) and finally when they arrived back to the staging area. We were able to track actor/victims and locate individuals who did not return on their original bus using the system.

In this scenario a similar process was utilized by placing a bar code ID band on the actor/victim as they arrived in Initial Sorting. This ID band (Trak Band by DMS Systems, Inc.) also had two detachable, self-adhesive tags for use on the actor/victims forms and bioassay specimen collections if needed. As they progressed through the CRC, the ID band was scanned at entry to a station and finally at Discharge. The technical expert for the system was assigned to communications and tracked the data in real-time. Just-in-time training was provided to the persons assigned as ID Scanners as to the operation of the hand-held scanner and general troubleshooting.

In total 160 actor/victims were scanned into the tracking system and tracked through the CRC. As the event progressed we identified progress and bottlenecks as they occurred real-time in the center and were able to then alert the CRC Manager for intervention. Two problems were noted during the event. The first was hand-held devices losing battery power, which was resolved with battery replacement from on-site chargers, which resulted in minimal delays as all stations had planned redundancy. The second problem was picked up as it was noted the numbers of actor/victims in the CRC were not going down as they were processed through discharge. The technical expert quickly identified that one of the hand-held devices in use in Discharge was not properly programmed for that station and was attributing data to Registration. By transferring the data collected by that device to the proper station code, the data was not lost, was transferred and reflected in the appropriate area. A report was generated after the event and provided for data throughput analysis to the CDC staff.

EMSYSTEMS® RESULTS

Tracking Number	Time Interval-GMT							
	Station 1	Station 2	Station 3	Station 4	Station 5	Station 6	Station 7	Final Discharge (Exit)
SA00017342	18:44					18:54	19:11	19:25
SA00017343				18:45	18:56		19:01	19:06
SA00017344	19:16	19:17			19:20		19:25	19:31
SA00017346	17:18		17:30			17:47	18:36	
SA00017347	18:52	18:55			18:58		19:02	19:09
SA00017348	18:26			18:26	18:39		18:45	
SA00017349	17:14		17:16			17:35	18:35	
SA00017350		18:56			19:01		19:07	19:15
SA00017351	17:56	17:58				18:11	18:42	
SA00019164	18:39	18:44			18:47		18:53	18:59
SA00019223	19:34	19:36			19:39		19:43	19:49
SB00017023	19:10	19:11			19:16		19:20	19:24
SB00017342	19:04				19:07		19:12	19:14
SB00017343	18:52			18:54	19:04		19:11	19:20
SB00017345	17:17	17:22			17:26		17:48	
SB00017346	17:18	17:25			17:29		17:56	
SB00017347	17:44	17:46			17:48		18:32	
SB00017348	18:32			18:35	18:48		18:55	19:02
SB00017349	17:14	17:18			17:20	17:31	17:38	
SB00017351	17:58	18:00				18:27	18:50	18:58
SB00019132	17:13	17:17			17:22	17:34	18:23	
SB00019164	17:14	17:18			17:20		17:33	
SB00019224	17:13		17:16			17:33	17:58	
SC00017023	19:10	19:12			19:16		19:20	19:25
SC00017029	17:24	17:32			17:44		18:34	
SC00017342	17:18	17:27			17:32		18:20	19:32
SC00017343	17:18	17:23			17:28		18:09	
SC00017344	19:11	19:13		19:33		19:26	19:50	19:58
SC00017345	17:16	17:20		17:46	17:22		18:15	

SC00017346	17:18	17:26			17:35		18:37	
SC00017347	17:41	17:43			17:46		18:40	
SC00017348	17:19	17:27			17:37		18:29	
SC00017350	17:16	17:23			17:27	17:43	18:08	
SC00017351	18:08	18:10				18:37	19:02	19:05
SD00017023	19:11			19:11				19:28
SD00017029	19:27			19:33				
SD00017342	17:17	17:23			17:28		17:50	
SD00017343	17:17	17:23			17:27		17:46	
SD00017344	19:10	19:13			19:19		19:23	19:24
SD00017346	17:18	17:26			17:32		18:31	
SD00017347	17:41	17:44			17:47		18:41	
SD00017349	17:13	17:15			17:17		17:22 17:30	
SD00019132	17:22	17:29			17:37		18:39	
SD00019164			17:32			17:55	18:37	
SD00019224	17:22	17:30			17:38		18:38	
SE00017028	17:25	17:35			17:43		18:30	
SE00017029	17:25			17:36 18:00	17:59 18:31		18:44	
SE00017031	17:14	17:18			17:22		17:38	
SE00017342	17:17	17:47 17:25			17:31		18:27	
SE00017343	17:16	17:21			17:25		17:42	
SE00017344	19:08				19:11		19:17	19:19
SE00017345	19:30							
SE00017346	17:18	17:28			17:34		18:36	
SE00017347	17:45				17:48		18:33	
SE00017348	17:17	17:24			17:29		17:58	
SE00017349	17:12	17:14			17:17		17:25	
SE00017350	19:38	19:40			19:43		19:48	19:59
SE00017351	18:17			18:20	18:29		18:40	
SE00019132	17:24	17:33			17:45		18:34	
SE00019164	17:24	17:32			17:45		18:34	
SE00019221	17:22				17:38		18:38	
SE00019222				18:45		18:07		

SE00019223	17:24	17:31			17:43		18:36	
SE00019224	17:24	17:37			17:47		18:21	
SF00017023	19:16				19:20		19:26	19:28
SF00017029	17:53			17:56			18:43	
SF00017031	17:16	17:20	17:54	17:42	17:24	17:40 17:56	18:13	19:32
SF00017342	17:16		17:23			17:45	18:17	19:33
SF00017343	17:16	17:21			17:25		17:39	
SF00017344	19:08	19:10				19:23	19:36	19:43
SF00017346	17:15	17:19			17:23	17:34	17:59	
SF00017347	17:41			17:45			18:41	
SF00017348	17:20	17:29			17:35		18:31	
SF00017349	17:14	17:18			17:21		17:38	
SF00017351	18:17	18:19			18:22	18:30	18:42	19:33
SF00019132	17:41	17:43			17:46		18:17	
SF00019164	17:41	17:43			17:48		18:39	
SF00019221	17:24	17:31			17:41		18:14	
SF00019222	17:24			17:30				
SF00019223	17:24	17:32			17:41		18:33	
SG00017028	17:24	17:37			17:45		18:37	
SG00017031	17:15			17:16	17:34		18:05	
SG00017342	17:16	17:24			17:29		17:54	
SG00017343	17:16				17:24		17:44	
SG00017344	19:09	19:11			19:16		19:21	19:22
SG00017345	19:41					19:50	20:00	20:05
SG00017346	17:14		17:37	17:18		17:56	18:15	
SG00017347	18:45	18:47			18:50		18:54	18:55
SG00017348	19:04	19:05			19:08		19:12	19:20
SG00017349	17:15		17:30	17:23		17:50	18:43	
SG00017350	19:28			19:34	19:52	19:59	20:04	20:08
SG00017351	18:08			18:10				
SG00019132	19:23	19:24			19:27		19:31	19:36
SG00019164	17:58	18:00				18:11	18:43	
SG00019221	17:25	17:33			17:46		18:45	
SG00019222	17:25	17:33			17:42		18:35	
SG00019223	17:25					17:42	18:50	19:05

SG00019224	19:27	19:30			19:33		19:38	19:50
SH00017023	17:22	17:28			17:39		18:00	
SH00017028	17:17	17:23			17:28		17:55	
SH00017029	17:21	17:29			17:41		18:39	
SH00017342	17:16		17:19	17:57		17:44	18:17	
SH00017343	17:16	17:23			17:26		17:52	
SH00017344	19:10			19:12	19:21		19:26	19:29
SH00017345	19:27			19:37	19:51		19:56	20:05
SH00017346	17:13	17:16			17:18		17:23	
SH00017347	18:53	18:55			18:58		19:05	19:09
SH00017348	17:19	17:26			17:31		18:14	
SH00017349	17:14	17:19			17:21		17:34	
SH00017351	18:17	18:19			18:23		18:44	
SH00019132				18:45				
SH00019164	17:13	17:16			17:18		17:31	
SH00019221	17:20				17:36		18:32	
SH00019222	17:23	17:30			17:39		18:36	
SH00019223	17:24		17:58	17:31				
SH00019224	17:13		17:15			17:27	18:00	
SI00017023	17:22	17:30			17:42		18:38	
SI00017028	17:22	17:29			17:41		18:32	
SI00017342	17:15	17:20			17:23	17:37	18:33	
SI00017343	17:13	17:17			17:18		17:30	
SI00017344	19:16	19:18			19:21		19:27	19:30
SI00017345	17:12	17:15			17:17		17:22	
SI00017346	17:13	17:16			17:18		17:28	
SI00017347	18:45					18:57	19:15	19:30
SI00017348	17:19	17:26			17:30		18:29	
SI00017349	17:25	17:35			17:44		18:31	
SI00017350	17:54							
SI00017351	18:17	18:20			18:31		18:52	18:56
SI00019132	19:24			19:38				
SI00019164	19:16	19:18			19:21		19:24	19:26
SI00019221	17:20	17:28			17:36		18:29	
SI00019222	17:19	17:29			17:40		18:24	
SI00019223	17:19	17:29			17:34		18:06	

SI00019224	19:27	19:29		19:31				
SJ00017023	19:04				19:07		19:12	19:15
SJ00017028	17:17	17:24			17:30	17:53		18:28
SJ00017029	18:08	18:10				18:37	19:02	19:05
SJ00017031	19:29			19:52		19:45		
SJ00017342	17:15	17:22		17:47	17:27		18:12	
SJ00017343	17:15	17:20			17:24		17:45	
SJ00017345	18:52	18:54			18:56		19:03	19:06
SJ00017346	17:13	17:17			17:19	17:29	18:22	
SJ00017347	18:52				18:57		19:01	19:09
SJ00017348	17:19	17:29			17:35		18:29	
SJ00017349	17:32	17:37			17:48		18:40	
SJ00017351	18:39				18:43		18:48	
SJ00019221	17:18		17:18			17:46	18:37	
SJ00019222	17:18				17:29		18:04	
SJ00019223	17:18	17:25			17:29		18:03	

6. DISASTER BEHAVIORAL HEALTH FORMS

Radiological Event Mental Health Discharge Form

Participant name:

Address:

Contact numbers:

Home Cell Work

Mental Status Exam completed (Green/Orange): Y – N – Unable to complete (see next page)

Triage Code: Blue Green Orange

Family support identified: Y – N – Unable to assess

Any identified mental health hx: Y - N – Unable to assess

Suicidal ideations: Y – N -- Plan developed --- Code Green or Code Orange

Homicidal ideations: Y – N -- Plan developed --- Code Green or Code Orange

Individual oriented x 4 (Circle): Person – Place – Time – Circumstances

Safety plan developed: Y – N – Unable to complete

☐ Individual can be discharged with follow referral information; stress management information and self-care information:

☐ Individual needs brief intervention; safety planning; and referral for tertiary mental health services:

☐ Individual requires immediate intervention and referral to on-site community mental health services or law enforcement intervention.

Mental Health Clinician: _____License #_____

Brief Mental Status Exam (MSE) Form

1. Appearance	☐ *casual dress, normal grooming and hygiene* ☐ *other (describe):*
2. Attitude	☐ *calm and cooperative* ☐ *other (describe):*
3. Behavior	☐ *no unusual movements or psychomotor changes* ☐ *other (describe):*
4. Speech	☐ *normal rate/tone/volume w/out pressure* ☐ *other (describe):*
5. Affect	☐ *reactive and mood congruent* ☐ *normal range* ☐ *labile* ☐ *depressed* ☐ *tearful* ☐ *constricted* ☐ *blunted* ☐ *flat* ☐ *other (describe):*
6. Mood	☐ *euthymic* ☐ *anxious* ☐ *irritable* ☐ *depressed* ☐ *elevated* ☐ *other (describe):*
7. Thought Processes	☐ *goal-directed and logical* ☐ *disorganized* ☐ *other (describe):*
8. Thought Content	**Suicidal** ideation: ☐ *None* ☐ *passive* ☐ *active* If *active*: yes / no plan ☐ ☐ intent ☐ ☐ means ☐ ☐ **Homicidal** ideation: ☐ *None* ☐ *passive* ☐ *active* If *active*: yes / no plan ☐ ☐ intent ☐ ☐ means ☐ ☐ ☐ *delusions* ☐ *obsessions/ compulsions* ☐ *phobias* ☐ *other (describe):*
9. Perception	☐ *no hallucinations or delusions during interview* ☐ *other (describe):*
10. Orientation	*Oriented:* ☐ *time* ☐ *place* ☐ *person* ☐ *self* ☐ *other (describe):*
11. Memory/ Concentration	☐ *short term intact* ☐ *long term intact* ☐ *other (describe):* ☐ *distractable/ inattentive*
12. Insight/Judgement	☐ *good* ☐ *fair* ☐ *poor*

Practitioner Signature _____ **Date** _____

Patient Name _____ **ID#** _____

http://www.apshealthcare.com/provider/documents/brief_mental_status.pdf

Limited-Scale Community Reception Center Drill

Appendix E: Exercise Evaluation Forms: Station-Specific Evaluation

APPENDIX E: EXERCISE EVALUATION FORMS: STATION-SPECIFIC EVALUATION

STATION 1: INITIAL SORTING

Overview

The initial sorting station determined the appropriate triage of individuals that presented to the Community Reception Center (CRC), on the basis of their case scenarios. Staff identified those who had urgent medical needs, high levels of contamination, special needs, or prior decontamination.

Strengths

Strengths were as follows:

- Excellent organization of the exercise, despite the diversity, size, and first-time status for this type of event;
- Professionalism and skills of participants;
- participants' preparation; and
- team members' consistent use of the stress triage model to appropriately identify stress levels of participants.

Areas for Improvement and Solutions

Areas for improvement, or solutions, are as follows:

- Lay the CRC flow diagram over a planned layout of the specific CRC facility, and distribute the version with the overlay to participants.
- Initial surge (only two personnel's questioning actors) would need more staff for adequate processing.
- Staff remained static and did not "move" along the line of victims waiting to be processed. If the line becomes long and the wait in line becomes significant, injured personnel may have to wait a long time in line.
- The colored dots used to mark patient contamination on forms did not stick well; consider using colored markers instead.
- Build in breaks for staff working in non–air conditioned environments.
- Some disaster behavioral health team members had signs identifying them, whereas others did not.

Suggestions and Additional Observations

Flow and setup suggestions and observations for Station 1 are as follows:

- Make the initial sorting line of victims straight rather than snaking, to avoid possible additional contamination.
- Use colored tape on the floor for victims to follow, telling them to "follow the red line, please"; these colored lines could also match the colors on the CRC flow diagram.

- Instruct the unit leaders to be more flexible in reassigning personnel within their units.
- Place the portal monitor at the entrance of initial sorting for gross contamination.
- Have sorting personnel move along the line to search for victims needing first aid, instead of staying in place waiting for the next person to come to them.
- It would have been very helpful to do a walkthrough (from a victim perspective) of entire process up front (would have identified glitches and trained all disciplines on each role).
- An emergency medical services participant suggested a separate disaster behavioral health crisis area (as opposed to the first aid area, where medical care is provided).

One logistical observation for Station 1 was that wristbands used for the patient tracking system may not work with children (too big) and may not work if wet.

STATION 2: CONTAMINATION SCREENING

Overview

Individuals were monitored for external contamination. Staff used a combination of partial-body and full-body screenings, using either handheld detectors or portal monitors, to screen for contamination. Those who were contaminated went to the Wash Station for decontamination; those who were not contaminated went to Registration.

Strengths

Strengths were as follows:

- Contamination screening was well organized and conducted.
- Leadership of key personnel was excellent (i.e., portal monitors and escort personnel).
- Participants adapted to changes that they encountered.
- Turnout for the drill was excellent.

Areas for Improvement and Solutions

Areas for improvement, or solutions, are as follows:

- Provide more staff during initial surge, in order to survey victims for contamination.
- The second backup of actors affected initial sorting because room in the line for the waiting actors ran out. Initial sorting was asked to slow the sorting in order to allow contamination screening to “catch up.”
- The population became backed up in “choke points”; survey personnel were too slow in performing survey techniques.
- At times, players were being stopped and were waiting in front of the portal monitor; there were not enough escorts to take players to the clean zone screener.
- Contamination control should be improved for players standing in line; instruction to refrain from touching other victims while standing on line was lacking.
- The Contamination Screening Station needed at least one or two more controllers.

- CRC forms were all missing information from this station; provide more explanation during training about forms and how to complete them appropriately.

Suggestions and Additional Observations

Flow and setup suggestions and observations for Station 2 are as follows:

- A head scan was done in the first part of the station and quickly became a slow point of the station. A correction may be having two people doing head scans for every portal monitor.
- From the First Aid Station to the wash area, there was not a clearly marked path for individuals to follow.
- If someone is in the clean area and needs first aid and is not transported to a hospital, he or she needs to go back through screening and not directly back to the clean area, in order to avoid possible contamination of the clean side.

Operational suggestions and observations for Station 2 are as follows: Participants knew by reading the actor/victims papers whether they were contaminated. A colored wristband system could be used instead (e.g., blue wristband for *clean* and red for *grossly contaminated*), and the key information could be closely controlled. In the next station a key could contain more detailed information for that station (e.g., a red band would indicate 1500 counts per minute [CPM] of contamination).

STATION 3: WASH

Overview

Individuals were able to decontaminate themselves at the Wash Station. Some individuals required only minimal decontamination, such as washing their hands or removing their outer layer of clothing. Screening staff in the Wash Station checked individuals for contamination after they decontaminated themselves. If contamination was still present after two showers, the individual was sent to the Radiation Dose Assessment Station.

Strengths

Strengths were as follows:

- The exercise had good strike team representation.
- There was language assistance available for non-English speakers.
- Everyone worked well together and tried very hard to do a good job.
- Participants were engaged throughout the exercise.
- Participants were good at adjusting “on the fly.”

Areas for Improvement

Areas for improvement are as follows:

- Several GM scanners should be available, together with individuals to assist in giving showering instructions to the contaminated victims.
- GM scanners need more training on duties and equipment.
- Better-defined roles for scribes and escorts should be provided.
- Epidemiological Strike Team should be considered to be together as a unit; no incident command structure staffing chart.
- Job Action sheet and quick briefing needed at the Wash Station portal.
- Assigned unit leader should have verification of training to operate portal monitor in the wash area.

Suggestions and Additional Observations

A flow and setup suggestion for Station 3 is to clear the bathroom for collecting urine specimens (corrected/simulated).

A staffing and training suggestion for Station 3 is to provide an escort for each person after wash (corrected with Medical Reserve Corps assistance—may need additional help).

STATION 4: FIRST AID

Overview

Individuals with urgent medical needs went to the First Aid Station for medical care and transport to a medical facility or alternate care site. An urgent medical need is defined as any medical condition that requires immediate medical attention. For the exercise, this included cardiac arrest, heat injuries, or open wounds that could be contaminated or become contaminated in the CRC.

Strengths

Strengths were as follows:

- Aid station layout and patient flow were adequate.
- Patient history, vitals, and radiation surveys were adequate.
- The assigned staff were eager to take patient history, take vitals, provide first aid care, and conduct radiation surveys.

Areas for Improvement

Areas for Improvement are as follows:

- There is a need for two participants (scanners): one, a GM scanner; the other, a barcode scanner. Both were referred to as “scanners”; change the name of one of them to prevent confusion.

- No law enforcement was available for the Baker Act (outside the scope of the drill).
- There should be more explanation during training about forms and how to complete them appropriately.
- There should be a portal monitor at the first aid exit.

Suggestions and Additional Observations

Operational suggestions and observations for Station 4 are as follows:

- A "difficult" patient was taken to a corner area and "talked down."
- Have more patients being "hypothetically" transported to a hospital.
- Walking wounded stopped at the triage table first, whereas more serious patients appeared to go directly to a bed.

Flow and setup suggestions and observations for Station 4 are as follows:

- There may be need for a clean and hot zone inside first aid.
- It should be determined whether a patient at first aid should go through portal monitoring if he or she is clean in first aid.
- Separate areas are needed for medical and disaster behavioral health first aid.
- Radiation surveys in first aid could be a fast scan to help facilitate patients through first aid more quickly.

STATION 5: REGISTRATION

Overview

After being screened for contamination or decontaminated at the Wash Station, individuals who were free of contamination registered with public health staff at the Registration Station. The Merlin System was used to digitally record the collected data. Information collected included: demographic information, destination, proximity to event, and time in affected area. The information collected at this station was used to identify people who needed immediate follow-up at the Radiation Dose Assessment Station.

Merlin Overview

Merlin is the Florida Department of Health's PHIN-compliant, Web-based repository of reportable disease case reports, which is accessible to all registered users within the Florida Department of Health. One of its features is the ability for a user to create a separate module for entering case reports due to outbreaks of diseases or exposures that are not otherwise reportable and to track patient specimens. The availability of the Merlin Outbreak Module enabled more prompt electronic reporting of information collected on paper forms, as data were entered within the CRC itself. Persons staffed for data entry/analysis were already familiar with the module since that skill is a component of their regular job duties; ultimately, 41 records were entered.

Data entered into Merlin can be exported, and a line list can be generated with widely available spreadsheet software, such as Microsoft Excel, or the data can be further analyzed with the use of statistical software such as SAS. Although the data entry was performed at the CRC during this exercise from data collected with a paper form, a Merlin user with secure Internet access can enter data from any location, including an additional CRC that may have been opened as part of a larger incident, for example. Similarly, data analysis can be performed by any Merlin user, either onsite or at another location. Once entered, the individual case reports can serve as a registry for long-term population monitoring.

Strengths

Strengths were as follows:

- Availability of an online electronic system (Merlin) Outbreak Module for data entry enabled more prompt electronic reporting of information collected on paper forms.
- Computers with air cards and access to the Department of Health reporting database, Merlin, were available for epidemiologists to enter and analyze data live. A module reflecting the fields from the CRC form was used to enter data.
- Interviewers demonstrated great attention to detail in filling out and reviewing forms Epidemiological Strike Team members implemented a system to check for completion of forms and processes. Scanners at discharge stations reviewed forms for completion and referred victims to prior stations as indicated.
- Station 5 was staffed with trained epidemiologists to enter and analyze data after just-in-time reassignments were made on the basis of asset typing by Epidemiological Strike Team members.
- Chain-of-custody forms were used in Station 6, Radiation Dose Assessment, for specimen collection, according to appropriate guidelines.

Areas for Improvement

Areas for improvement are as follows:

- There was not enough availability of laptops and working air cards or broadband Internet connections and virtual private network connections; county health departments should monitor the availability of these items and ensure functionality in the field; Information technology support staff should be available within the CRC.
- Completion of data collection forms was inconsistent (See Appendix E for complete form analysis) across stations and staff; communication to all staff in all stations was lacking for key fields that should not be left missing; staff need to be available to check forms for completion at each station.
- CRC structure may need more staff available in the registration station and more staff and space available in the discharge station to avoid lengthy wait times for victims.
- Closer monitoring is needed of persons and equipment that move between the clean and contaminated control zones without don/doff of PPE; an instance was observed in

which neither security nor traffic control restricted a person's movement between the two control zones.

Suggestions and Additional Observations

Data collection and data entry observations and suggestions for Station 5 are as follows:

- Barcodes did not stick well on forms.
- It would be helpful to have a field on the form that indicates which staff member collected and recorded certain information.
- Staff needed instruction on how to prioritize data entry once they were overwhelmed and unable to enter all forms.

One logistical suggestion for Station 5 is that Eltron label makers be provided for Epidemiological Strike Team cache.

Flow and setup suggestions and observations for Station 5 are as follows:

- A numbering system is needed for the wait area for victims, in order to keep them from crowding around registration staff, and more staff are needed at registration.
- Registration was unclear with regard to which stations victims were coming from, and a subject matter expert requested instruction on CRC flow.
- As staff are pulled into a station from another area to assist with overflow, someone needs to be available for just-in-time training.

Operational suggestions and observations for Station 5 are as follows:

- Clipboards were observed to be piled up on interview tables—assigning a "floater" is recommended to return supplies to the Distribution Station after decontamination. Resources utilized by the Behavioral Health Team were very informative and useful. One behavioral health counselor was observed reviewing the CRC form with a victim. It was reported by participants that actors were not familiar with skits.
- Resources used by the behavioral health team were very informative and useful.

Staffing and training suggestions and observations for Station 5 are as follows:

- Ensure that persons are assigned to stations on the basis of expertise.
- Registration staff needed clarification on how to deal with and interview minors.
- Overall training is recommended on the flow through each area so that all staff understand what is happening in each area.

One communication observation for Station 5 was that the branch manager's meetings with unit leaders were well conducted and informative. The visual aids, such as the large laminated flow chart, were valuable resources. Hand signals established by the Radiation Dose Assessment Unit Leader were very useful in determining the needs of the responders (e.g., a

"high five" indicated that everything was good, and "one finger up" indicated that assistance was needed.

STATION 6: RADIATION DOSE ASSESSMENT

Overview

The Radiation Dose Assessment Station was used to screen individuals for internal contamination, assess radiation exposure, assess the need for bioassay, assess the need for treatment, and prioritize individuals for short-term follow-up.

At this station, a radiation dose assessment software package was used to provide an option to assist first responders and medical professionals on the scene of a radiological or nuclear incident. These tools are designed primarily for prompt use after a radiation incident to facilitate collection, integration, and archiving of data obtained from exposed persons.

A variety of input screens can be found that would allow users to enter different types of data, including demographic, clinical, and radiological. Different Windows-based tools are available on the market, and there are specific packages developed for use on hand-held personal digital assistant devices.

The appropriate use of these resources will depend on timely, accurate dose information collected by direct-read radiation detection methods. Finally, these tools are not meant to serve as a substitute for treatment decisions by physicians and other trained healthcare professionals, but only to assist the professional in interpreting the data.

Strengths

Strengths were as follows:

- This exercise provided an excellent opportunity to understand the process of moving people through the station.
- Ability existed to detect bottlenecks, need for additional staff, and cultural needs of clients.
- There were enough actors to reveal flaws in the system, but not enough to stop the process.
- Providing two shifts of actors through the CRC provided a challenge to the exercise participants.
- Participants received adequate training prior to and on the day of the drill.
- Pictorial step-by-step instructions were available at the station, for reference.
- The unit leader consulted a subject matter expert prior to the exercise for proper documents and sample packaging.
- The availability of the Merlin Outbreak Module allowed the creation of a disease registry, generated disease tracking data, and allowed participants to link specimens with cases by using a method that was similar to one they use daily.

- The majority of participants were able to conduct the interviews required during the drill because the interviews were similar to their daily activities. The other participants received sufficient training in such techniques prior to the drill.
- Case characteristics were already established because of the availability of the CRC form.
- Packet shipping instructions were complete and readily available for urine specimens .
- The tracking system seemed like a good tool.
- Internal dose assessment software and meters were easy to use, leading to very prompt assessments.
- Team leaders and staff adapted quickly to modify procedures or find additional resources as problems were encountered during the exercise.

Areas for Improvement

Areas for improvement are as follows:

- Initial surge of contaminated victims created long lines and wait times.
- Speakers of Spanish are needed, people who speak the language of the clients.
- The need exists to learn crowd control; the surge involved worried and anxious populations.
- Some participants involved in case interviews entered incorrect crucial information onto the CRC form:
  - Participants stated that key portions of the form were difficult to interpret or follow, specifically Question F6, which directed participants to refer back to the response for D7 and Question F4. The exercise participants should be contacted to solicit recommendations on how to make these sections easier to understand.
  - Participants stated that they should have had more time to review the form ahead of the exercise start time.
  - Just-in-time training on how to use the CRC form should be expanded and given to each particular station to help participants better understand expectations.
  - An initial surge of cases requiring a bioassay resulted in an insufficient number of interviewers who were themselves still unfamiliar with the flow of the CRC form.
  - Data entry could be facilitated by automatically populating the response to Question F6 in accordance with a “yes” response to any of the specified inclusion questions.
- A dedicated participant for entering specimen information onto a manifest sheet was not always available, so some crucial information was incorrectly recorded by the remaining participants, or was left incomplete until there was an opportunity to retrieve the information from the original completed CRC form. The unit leader should not have reassigned the participant who had been entering the information to be an interviewer; furthermore, the unit leader should have alerted the remaining participants about the reassignment and instructed them to wait for the other participant to return rather than enter the information themselves.
- Both the lab specimen’s barcode and the patient tracking barcode had to be used, and then a cross -reference system was needed. More pull -and -stick labels are perhaps

needed.

- Appropriate supplies to ship urine samples are needed; guidance was given via the CDC documents, but there were not enough supplies on hand.
- Better physical separation should be provided between the victim being scanned for internal contamination and other victims waiting to be scanned for internal contamination. Internal dose assessment staff did not separate the victim being scanned from those waiting.
- The internal function of dose assessment should be better integrated. There was insufficient cross-training of staff or disciplines working the different areas inside the Dose Assessment Station.
- Observations about radiation detectors, dose assessment for internal contamination, and CPM as opposed to µR/hr were as follows: The computer internal dosimetry software program indicated that the format for the internal contamination reading be entered into the computer in CPM. Three of the four radiation detectors read in microR/HR and not CPM; therefore, it appeared that three of the detectors were of no use.. However, after asking more questions of those that installed the program, participants assigned to Station 6 were able to deduce that the computer program was expecting the input to be in microR/hr instead of CPM for the particular instrument that was being used. The question remains whether or not one can input CPM readings into the computer from another instrument and obtain the proper information from the program. Additionally, the information on the green Actor sheet indicated the internal DOSE dose in CPM. So, if the computer was expecting an input in microR/hr and not CPM, then the input of CPM and not microR/hr was incorrect. Additionally, if a person obtains a reading of millR/hr and not micro-R/hr, then he or she will need to convert the reading prior to entry into the computer. It is therefore important that a very knowledgeable person in radiation dose rates be stationed at this position.
- Although the Florida Bureau of Radiation Control has yearly calibration checks of its equipment, it was never determined at what point the radiation detectors were actually checked for calibration dates and source prior to use in the exercise.

Suggestions and Additional Observations

Form and documentation suggestions and observations for Station 6 are as follows:

- The urine sample number and the person identification number (ID) should be made identical.
- There was some confusion about filling out the paperwork, with regard to who was supposed to fill out which section and when. Much of the paper work was filled out in Dose Assessment when it should have been filled out previously. This was mostly a problem with those individuals that were not coming from the showers but from the waiting area, where they had started noticing symptoms.
- The CRC form needs spaces for interviewer ID so that the interviewer can be contacted if a questionable entry is identified.

Flow and setup suggestions and observations for Station 6 are as follows:

- There was no system for knowing who was next in line for discharge.
- The general flow through the Dose Assessment Area could be better arranged. As it was set up, there was not a flow in one general direction but more of a "U" shape, which was somewhat cumbersome. Additionally, the area could have been larger.
- There is much paperwork and many samples taken in the area, and it takes a while to process a person through the Dose Assessment area. This resulted in some backup, so a waiting area had to be created.
- Having two registration stations caused some confusion.
- Whenever actors were referred to Station 6 from Station 5, the Epidemiological Strike Team participants indicated that it would help if someone from Station 5 could accompany participants momentarily in order to explain to the Epidemiological Strike Team members why they were being referred there.
- It was noted that the first "internally contaminated" patients took about 45 minutes in Dose Assessment Station 6.
- It was noted that the second "internally contaminated" patient took about 20 minutes in Dose Assessment.

Operational suggestions and observations for Station 6 are as follows:

- It is unclear who covers the waiting area—should it be Registration or Dose Assessment?
- Prior to the exercise provide an instruction sheet that describes "what to expect."
- The team benefited from the presence of a subject matter expert from CDC who reviewed the chain -of -custody procedure with them, which made it difficult to assess whether they would have performed this satisfactorily without her input. Special crime tape from the Department of Health, Bureau of Laboratories, was supplied; it was different from the type the epidemiological team used in the illustrated instructions, which created some confusion over whether it was proper to use.
- Two major exercise artificialities were observed that likely influenced the results: (1) many actors arrived at Dose Assessment with incomplete CRC forms, resulting in even more confusion among the Epidemiological Strike Team participants there; and (2) staffing at Dose Assessment would have been adequate for this drill if all actors requiring specimen collection had not been grouped together initially, because such grouping was unrealistic and caused unnecessary confusion among the participants .
- Participants involved in handling specimens were also observed handling the CRC form, which may have resulted in those forms' becoming contaminated.

Staffing and training observations and suggestions for Station 6 are as follows:

- There is a need for more people who can escort; exercise participants would tell victims that they were clean, and then victims thought that they could leave.
- There was some confusion about the meaning of the colored stickers used to label patient forms. Exercise participants would have benefited from a more thorough

explanation of the different colors used.
- Special transport of a victim to a hospital was needed, but, because of language barriers, she became "lost" in the system.
- The behavioral health participants provided an important adjunct function to the interview process.
- The team with the contamination survey instruments at Station 6 was wellplaced.
- There were a sufficient number of Epidemiological Strike Team participants for an incident involving a similar number of victims at one location, but not for a larger incident that may involve multiple CRC sites within a broader geographical area.

Logistical suggestions and observations for Station 6 are as follows:

- Taller numbers on easels are needed for people to easily see stations.
- More chairs are needed in the discharge waiting area.
- It was difficult for participants to peel stickers while wearing gloves.
- People need to drink water while role-playing.

One communications observation for Station 6 was that a signal was given that a person needed assistance, but it was unclear who supposed was to respond.

STATION 7: DISCHARGE

Overview

Staff at the Discharge Station assessed the need for counseling and provided referrals for further care. Staff here also provided information for people who were being discharged to their homes and facilitated placement in a public shelter.

Strengths

Strengths were as follows:

- There was good coordination among agencies and teams.
- It was a well-planned and organized exercise.
- Disaster behavioral health staff at the station cooperated, were flexible, and were efficient.

Areas for Improvement

Areas for improvement are as follows:

- Victims at Station 7 did not show evidence of realistic symptoms or a sufficient variety for triage skill training.
- More tables are needed for people to fill out their mental health forms.
- Victims should be directed to tables to fill out forms prior to being seated in the waiting area.

- Not all victims need mental health status assessment or counseling.
- The Discharge Station was a major “bottleneck” in the drill because of the behavioral health component. A more specific and targeted approach for disaster behavioral screening and assessment is needed in order to reduce discharge time. Notably, the “bottleneck” began at the Registration Station; several additional staff were added to Registration, which moved the “bottleneck” to the Discharge Station.

Suggestions and Additional Observations

Operational suggestions and observations for Station 7 are as follows:

- At least one survivor, victim, or volunteer that went through the drill was armed. No one detected or asked the question, “Are you carrying a weapon?” A metal detector, as well as a radiation detector, is needed.
- There was some concern about tracking of the radioactive sources used in the drill. For future drills, it is strongly suggested that an individual with a detector be stationed at the point at which victims exit the drill.
- Ensure that all scenarios identify points or individuals during the drill that require the source of contamination to be removed from the actor. For example, in the drill the sources were removed at the Wash Station. If a scenario had called for a victim to proceed directly from the medical area to a hospital, source retrieval would have been bypassed.

Staffing and training observations and suggestions for Station 7 are as follows:

- Just-in-time-training trainers unfortunately ignored about half their audience—the screen was not visible to those in the "clean" end of the bleachers, and the first speaker spoke the entire time with his back to them and in an inaudible voice.
- Additional training should be offered on the effects of radiation exposure, and realistic expectations should be understood by those expected to counsel or reassure survivors (e.g., a one -page handout specific to radiation exposure symptoms would be useful so people would have a better idea of what to expect, which is one of the key principles in psychological first aid, and such training would give those trying to be helpful something more to offer than hollow assurances such as "You'll be okay."
- Revise triage methods to maximize the use of licensed mental health responders.
- Law enforcement is needed at entrance and exit and at separation of clean and dirty areas.

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Appendix F: Exercise Evaluation Forms: Team-Specific Evaluation

APPENDIX F: EXERCISE EVALUATION FORMS: TEAM-SPECIFIC EVALUATION

INCIDENT MANAGEMENT TEAM

Strengths

Strengths were as follows:

- There was great support from the entire Incident Management Team (IMT). Some individuals were missing because of illness or being called out by their organizations. Even with these few absences, the team quickly melded into action.
- The Incident Command System (ICS) quickly proceeded smoothly, and planning process was done according to the "planning P."
- The entire group melded into a well-organized team even though there were multiple disciplines, jurisdictions, and levels of radiological expertise in the team.
- Subject matter experts were quickly identified to provide technical answers to questions during the planning process and through the joint information center.
- A press conference was established in front of the facility away (Orange TV played mock media for the exercise).
- Communication went well among the team.
- The exercise was an excellent training opportunity for persons with limited experience in some positions.
- The team established incident management immediately.
- Easy identification of roles and responsibilities was accomplished with labeled vests and vehicles.
- Incident command was established by IMT.
- There was good use of personnel on scene to establish a command structure to manage the incident and meet objectives.
- Discussion of information about IMT was excellent for establishing branches, groups, and divisions needed to manage the incident.
- There was good separation of the team for the Incident Command Post, bases, camps, staging areas, and the like.
- The incident objectives, priorities, and operational periods were easily developed by the entire IMT team.

Areas for Improvement

Areas for improvement are as follows:

- The IMT needs to have an ICS tool kit placed on a jump drive. This will eliminate different formats of ICS forms.
- IMT members should bring laptops, printers, and the like when deploying to an incident. Some of the equipment in the Mobile Command Units (MCU) did not function as expected.

- One laptop and printer should perhaps be assigned to the IMT at all times for immediate deployment.
- Uniforms for the IMT were purchased during the winter. The IMT will seek funds to purchase short -sleeve shirts for summer deployments.
- The IMT must aim to exit the mobile command units as soon as the team arrives on scene. Although the MCUs provide some space, it is limited. Even with three MCUs, the quarters were "tight."
- Marketing should be conducted to obtain more Finance/Administrative Section Chiefs for the team. Also, a Finance person should be sought from the location requesting the IMT assistance.
- Standard requisition forms should be provided for the IMT team and its members. Work should be done with the Florida Department of LE and the Florida Department of Emergency Management to obtain a formal request.
- Google Docs and possibly Google position -based accounts would eliminate confusion because of various types of e-mails and firewalls from various organizations.
- The US&R team should be worked with closely in order to determine what resources the IMT can provide to the US&R during exercises and deployments

Suggestions and Additional Observations

Suggestions and additional observations are as follows:

- The staging area was only identified and not practiced. Practicing may be a good exercise in the future for IMT.
- Maps in the command trailer should be posted in a better place so that they are easier to work with (planning map is located next door).
- A wireless printer would help with process and increase work efficiency.
- There was good face -to -face interaction between the PIO liaison, the CRC manager, and IMT.

EPIDEMIOLOGICAL STRIKE TEAMS

Strengths

Strengths were as follows:

- Epidemiological Strike Teams were well equipped for the exercise, with adequate reference materials and guidelines from credible sources, such as the Centers for Disease Control and Prevention, and pertaining to radiological exposures to distribute to responders and victims.
- Epidemiological Strike Teams had adequate resources to respond to the event, including computers with air cards and access to an electronic database for live data entry and analysis, specimen collection, packaging and shipping supplies, and personal protective equipment. Some areas for improvement were identified.
- Epidemiological Strike Teams had skilled responders capable of performing assigned duties.

- Epidemiological Strike Team members received training on radiological exposures prior to and on the day of the drill.
- The Epidemiological Strike Team demonstrated great flexibility and adaptability in response to changing conditions such as bottlenecks; traffic worker and data entry worker became interviewers when the actors who were waiting to be interviewed started backing up.
- Epidemiological Strike Team members received adequate training prior to and on the day of the drill.

Recommendations

Recommendations are as follows:

- It is recommended that consultation with the Regional Epidemiological Strike Team Coordinator occur when assignments are made for Epidemiological Strike Team members, to determine available team members and level of asset typing. The regional Epidemiological Strike Team Coordinator assembled the available team upon notice of the event, and the Epidemiological Strike Team Leader made assignments of team members on the basis of asset typing, experience, and skill sets.
- Treatment should be indicated for radiological events. This information should be included in the After -Action Report to educate participants.
- Response teams were unaware of the treatment indicated for exposure to the agent and of the process for providing treatment. Since response to radiological events is not common for Epidemiological Strike Teams, further exercises involving radiological agents, including the process for providing treatment and prophylaxis, would be beneficial to enhance capacity to respond to such events.
- Epidemiological Strike Teams should compile a resource list for packaging and shipping biological specimens (i.e., vendors for dry ice, contact information for State Bureau of Laboratories and Centers for Disease Control and Prevention, and name and location of local shipping vendors such as Federal Express, United Parcel Service, and the United States Postal Service). Although resource lists may not be all -inclusive, they would provide valuable information needed for rapid response during an event. The Epidemiological Strike Team performed well in locating shipping supplies just in time, such as the dry ice from a local grocery store and shipping supplies from the Bureau of Laboratories in Jacksonville, upon notification of the event. The team also located the nearest shipping vendor contracted with the Department of Health, Federal Express, via Google, and specimens were shipped expeditiously.
- Communications to unit leaders and responders should be improved, with clear instructions on completing forms and process flow, including documentation of which interviewer completed which section of the form, in case information is missing or illegible.
- Clients should be prioritized through stations, particularly those requiring a medical evaluation.
- One participant recommended roping off sections for improved traffic flow.
- Clarification and training for processing minors are recommended.

- Recommend improved adhesive to attach barcodes to interview. Participants were confused about the number of barcodes available to attach to forms and the victim's wristband.
- Further training on ICS structure and chain of command within the CRC is recommended.
  - Controller requested tape to attach a barcode to an interview form. The controller was referred to the deputy branch director for the "clean" area to make the request. Chain of command was reviewed for ICS structure for the event.
  - Reports were received of broken chain of command and instructions received outside of chain of command, as well as conflicting instructions received from the deputy branch director.
- Onsite information technology support is recommended.
  - Although air cards and laptops were available for live data entry and analysis, the team experienced technical difficulties with activating the air cards and accessing the Merlin database. Reception was sporadic. The availability of broadband Internet connections would be more useful.
  - With the current system, only 41 completed data sheets were entered at the event.
  - Improved technical support and increased staffing at the data entry station would likely expedite data entry and analysis to identify critical findings timely, for a more rapid response.
- Reallocation of staffing for adequate span of control and to accommodate surge is recommended.
  - The unit leader over Registration, Data Entry, and Discharge Stations had up to 16 members in her span of control, which led to difficulties in controlling the area and assessing needs.
  - Participants requested further staffing for escorts to be available to give reports on victims to the next station for improved routing and flow. Escorts were rushed to return to stations in this exercise.
  - Waiting areas were created just in time to accommodate the surge of victims in Stations 5, 6, and 7; however, the flow was reported as awkward and disorderly. Suggestions from participants included roping off sections for improved flow and using a numbering system.

GENERAL OBSERVATIONS AND SUGGESTIONS

Forms and documentation observations and suggestions are as follows:

- Develop and provide at CRC a one-page overview regarding radiation exposure, symptoms, and treatment.
- The registration form was not user -friendly for staff or the supervisor.

Flow and setup observations and suggestions are as follows:

- Changes in staffing at any station should be evaluated for downstream impact (e.g., backlog at registration led to additional staff members' being assigned to registration;

this was not communicated and simply transferred the backlog to discharge).

- The space provided for the drill resulted in compression of the activity sites. In future drills or events, space allocation will be critical to reduce congestion, cross-contamination, and noise issues. While we were limited in space that the school provided, the stairs and landing used for registration were cramped and provided a safety risk for falls. An inside open area would have provided better flow and faster registration. If a school is used for the reception site scenario, intake and contamination zone activities are best served in a gymnasium and clean zone activities are best in a cafeteria area. This would gives more space, focus functionality and purpose, and reduce the stress effect of crowding on both victim and responder.
- Planning also needs to address volunteer/staff registration areas for ease of access, environmental (heat) issues, and safety/crowd control for better management and flow.
- A co-located Behavioral First Aid Counseling unit should be established with Medical/First Aid. Initial planning called for 4 to 5 patients with medical issues, but of the 26 persons seen, over 16 victims were sent to First Aid for behavioral issues alone as opposed to medical ones, including 6 Baker Act hospitalizations who should have been better managed by the behavioral health specialists on site (psychologists). It may have been better to co-locate these professionals in the Medical unit for treatment of high - risk clients instead of discharging and triaging those clients, which required a higher level of care there from discharge. First Aid needs to be located in a quieter and more controllable area for both exercise and real situations, with consideration for patient transport requirements.
- Representatives from the local hospital reported that hospital plans are in place to receive and process patients exposed to radiation. It is recommended that the response team receive hospital plans for review and coordinate exercising in future drills prior to the actual event.
- This drill offered an opportunity for agencies from multiple disciplines to plan and interact together in an event of public health and national security significance. Many lessons were learned and acquaintances made with key partners. This was a well-planned and executed exercise.

Staffing observations and suggestions are as follows:

- Law enforcement presence is needed at CRC. The scenario was an intentional release, which would make the CRC a prime target for a secondary attack. (Law Enforcement was outside the scope of this drill).
- During the just-in-time training that was provided the morning of the exercise, only about half of the audience could see the presentation slides or hear speakers.
- It is recommended that prior to beginning the exercise all participants simulate a participant's going through each station (which would educate all and uncover transition issues).

One logistical suggestion is to develop signage or written materials for individuals with hearing impairments (outside of the scope of this limited-scale drill).

One operational observation is that the designation of Station 7 as *Discharge* is misleading—maybe call it *Discharge Counseling* or *Referrals/Discharge*.

Communications observations and suggestions are as follows:

- The scenario indicated that 6 to 12 hours elapsed between events and setup of the CRC. Most would have showered. A risk communication message related to self-decontamination should be developed.
- In many instances there were process discussions/disagreements in front of victims—this gives the impression of incompetence and causes additional stress to victims. These types of conversations should occur away from victims' hearing.

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Appendix G: Participant Feedback and Evaluation Summaries

APPENDIX G: PARTICIPANT FEEDBACK AND EVALUATION SUMMARIES

SUMMARY OF PARTICIPANT FEEDBACK

Avg. Score (1–5)	Assessment Factor
4.16	(A) The exercise was well structured and organized.
4.35	(B) The tasks were plausible and realistic.
4.52	(C) The exercise venue was appropriate.
4.19	(D) The controllers and evaluators were knowledgeable about the material, kept the exercise on target, and were sensitive to group dynamics.
4.42	(E) The materials and equipment used during the exercise was a valuable tool.
4.53	(F) Participation in the exercise was appropriate for someone in my position.
4.43	(G) The participants included the right people in terms of level and mix of disciplines.

Note: Strongly Disagree = 1; Strongly Agree = 5.

DATA COLLECTION AND DATA ENTRY STAFF

Evaluation forms were administered among staff that participated in the drill to obtain information on how to improve the epidemiologic data collection form and related tools or activities for future preparedness exercises or real incidents.

Table 1—Response rates and percentage of responses for STRONGLY AGREE/STRONGLY DISAGREE questions and YES/NO questions.

	INTERVIEWEES (N = 58)			STAFF (N = 37)		
	Response Rate (%)[1]	Agree/Yes (%)[2, 3]	Disagree/ No (%)[2, 3]	Response Rate (%)[1]	Agree/Yes (%)[2, 3]	Disagree/ No (%)[2, 3]
I found the questions on the form easy to understand.	100	98	0	100	73	8
I found the instructions on the form to be adequate.	100	91	5	100	78	3
I found the form to be easy to fill out.	98	91	2	100	70	11
I found the flow of the questions on the form to be logical.	100	98	2	100	65	14

I found there to be too many questions on the form.	100	40	57	97	28	50
I found the time to complete the form to be too long.	100	36	59	97	28	42
Are there any questions that should be added, changed, or deleted?	95	4	96	65	17	75
Do you have any other comments about the form?	97	0	100	68	24	72
I found data collection to be simple using the form.	N/A	N/A	N/A	70	69	4
I experienced technical difficulties using the form.	N/A	N/A	N/A	73	11	59
I had to rely on technical assistance while using the form.	N/A	N/A	N/A	73	11	63
I found that time spent on training regarding the use of the form was adequate.	N/A	N/A	N/A	73	44	33
I found data entry to be simple using the laptop.[4]	N/A	N/A	N/A	100	20	40
I experienced technical difficulties using the laptop.[4]	N/A	N/A	N/A	100	60	10
I had to rely on technical assistance while using the laptop.[4]	N/A	N/A	N/A	100	70	0
I found that time spent on training regarding the use of the laptop was adequate.[4]	N/A	N/A	N/A	100	20	30
Do you have any additional comments that might help us improve the form?	40	22	78	N/A	N/A	N/A
Do you have any additional comments that might help us improve the data collection form, data collection process, or data entry?	N/A	N/A	N/A	22	38	25

[1] The response rate is the percentage of respondents who answered a particular question.

[2] The percentages in the AGREE/YES and DISAGREE/NO columns are of those who actually responded to each question (i.e. the percentages were calculated after having removed BLANK responses). AGREE includes responses of "Strongly Agree" and "Somewhat Agree," while DISAGREE includes responses of "Somewhat Disagree" and "Strongly Disagree."

[3] The percentages in the AGREE/YES and DISAGREE/NO columns may not equal 100%, due to rounding and because either there was an option of N/A or some respondents wrote in N/A (data not shown).

[4] The response rate and percentages in the AGREE/YES and DISAGREE/NO columns reflect the responses of staff in Station 5 (Registration) only, since this question applied primarily to that station (n = 10).

Discussion of Table 1

- Only about 36% of the interviewees and 36% of the staff who staffed one or the stations completed an evaluation.
- Approximately 25% of the staff who completed an evaluation failed to complete the second page of the evaluation.
- The majority of interviewees and staff found that:
  - the questions were easy to understand and flowed well,
  - the instructions on the form were adequate, and
  - the form was easy to fill out.
- Regarding the length of the form, about 40% of the interviewees and over 25% of the staff thought that:
  - there were too many questions on the form, and
  - it took too long to complete the form.
- Regarding the simplicity of using the form, the majority of staff found that:
  - data collection was simple,
  - they did not experience technical difficulties or have to rely upon technical assistance, but
  - about one third would have liked more training on the use of the form.
- Regarding the ease of using the laptops, the majority of staff in Station 5 (Registration) experienced technical difficulties:
  - 70% had to rely upon technical assistance,
  - 40% did not find data entry to be simple, and
  - about one third would have liked more training on the use of the laptops.
  - One person in Station 6 (Radiation Dose Assessment) also had to rely upon technical assistance while using a laptop and would have liked more training on the use of the laptops.
- As for the comments about the form itself, they include:
  - changing the order of the questions to match more closely the flow within and between stations,
  - adding questions about mental health and household contacts/family members,
  - adding space to enter additional symptoms and the initials of the person(s) completing the form, and
  - clarifying the instructions about how to determine the need to collect urine.
- Finally, the comments about the process include:
  - improving the discharge process,
  - spending more time reviewing the form with the staff and practicing data entry prior to the event, and
  - addressing the technical difficulties staff experienced with the laptops, mainly the issues with connectivity.

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Appendix H: Summary of Disaster Behavioral Health Interviewee Feedback

APPENDIX H: SUMMARY OF DISASTER BEHAVIORAL HEALTH INTERVIEWEE FEEDBACK

	# Responses / % of Responses					
	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree	Not Applicable or No Answer
I felt responders cared about me and my feelings.	68	19	2	—	—	—
	77%	21%	2%	—	—	—
The support I received helped me better understand the process.	59	24	4	1	1	—
	66%	27%	5%	1%	1%	—
The responders were warm and understanding.	68	17	4	—	—	—
	77%	19%	5%	—	—	—
The responders body language put me at ease.	60	20	3	2	3	1
	68%	23%	3%	2%	3%	1%
The responders avoided the use of clichés, such as “don’t worry”; or “it’ll be Ok”; or “everything will be alright”, etc.	59	22	3	3	2	—
	66%	25%	3%	3%	2%	—
The mental health counselors were helpful.	62	15	5	1	1	5
	70%	17%	6%	1%	1%	6%
The discharge process was efficient.	56	20	3	6	2	2
	63%	23%	3%	7%	2%	2%
I received good follow up information on how to take care of myself.	62	20	—	2	2	3
	70%	23%	—	2%	2%	3%

	# Responses / % of Responses					
	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree	Not Applicable or No Answer
I was made aware of community resources.	54	19	3	5	2	6
	61%	21%	3%	6%	2%	7%
If needed, I received a referral for services.	53	18	6	—	1	11
	60%	20%	7%	—	1%	12%
My anxiety level about the radiological event as I entered the Community Reception Center was:	15	19	9	23	15	8
	17%	21%	10%	26%	17%	9%
My anxiety level about the radiological event as I left the Community Reception Center was:	36	28	11	5	1	8
	40%	31%	12%	6%	1%	9%

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Appendix I: Exercise Participants', Observers', and Actors' Feedback

APPENDIX I: EXERCISE PARTICIPANTS', OBSERVERS', AND ACTORS' FEEDBACK

TOP THREE SUCCESSES NOTED BY EXERCISE PARTICIPANTS, OBSERVERS, AND ACTORS, BY AGENCY

Agency	Successes
Brevard County Health Department Participant	• Processing of victims through portals
Brevard County Health Department Participant	• Active exercise as a group • Solidify use of equipment • EH Strike Team able to exercise together
Environmental Health Participant	• Many different agencies worked together successfully • Problems worked through chain of command • All equipment worked well
Environmental Health Participant	• Organized once everyone knew their tasks
Florida Crisis Consortium Evaluator	• Excellent cross discipline problem solving
Florida Crisis Consortium Participant	• Open, dedicated staff willing to learn how to make protocols work • Better integration of mental health into protocols • Focused attention to MH needs or population
Florida Crisis Consortium Participant	• Practice • Good Flow • Able to see bottlenecks
Florida Department of Health Participant	• Various agencies cooperating together • The capacity to learn and adapt very quickly • Very knowledgeable on an emergency response
Florida Department of Health Bureau of Radiation Controller	• Registration • Participants took their responsibilities very seriously • Staff work really hard to make this exercise a success
Florida Department of Health Evaluator	• Practice setup of CRC • Concept proven and given "press" • EPIDEMIOLOGICAL evaluation form/tracking system merged and used together
Florida Department of Health Participant	• Organization—ICS • Onsite training • Teamwork—scanner processing
Florida Department of Health Evaluator	• Good integration and cooperation between teams, agencies, etc.

Agency	Successes
Florida Department of Health	• Opportunity to exercise incorporating behavioral health • Cooperation of many agencies • Clear direction
Florida Department of Health Participant	• Ran smoothly • Staffing need • Lunch
Florida Department of Health Participant	• Teamwork • Safety • Competence
Florida Department of Health Participant	• Great teamwork and participation • Very great learning experience. Real-time web based surveillance • Very awesome training and learning opportunity
Florida Department of Health Bureau of Epidemiology Evaluator	• Coordination among players • Flexibility to last minute changes • Amount of Participation
Florida Department of Health Bureau of Preparedness and Response Participant	• Using specialty strike teams from different jurisdictions to improve interoperability • First time exercising CRC in Florida
Florida Department of Health Bureau of Radiation Control Evaluator	• Registration (EPIDEMIOLOGICAL Unit) was well organized, highly adaptable to fluid situation (Fixed problems on the spot) • Great attention to detail in reviewing/filling out forms • Personnel cross training allowed one person to float where needed
Florida Department of Health Bureau of Radiation Control Evaluator	• Proper equipment on hand • Problems resolved quickly
Florida Department of Health Bureau of Radiation Control Controller	• Good teamwork among participants • Ability to adapt to flow of actors
Florida Department of Health Bureau of Radiation Control Controller	• Players all worked together—great teamwork • Timeline in First Aid Station seemed to work well • Equipment used proficiently
Florida Department of Health Bureau of Radiation Control Evaluator	• Participants were professional and organized • Everyone appeared to be prepared • Overall smooth organizational logistics
Florida Department of Health Crisis Consortium Participant	• Setup was ready to go • Pre-Exercise precautions • Lunch/BreakTime
Florida Department	• Well Organized

Agency	Successes
of Health Crisis Consortium Participant	• Great concept • Knowledgeable staff
Florida Department of Health Epidemiological Strike Team Participant	• No riot or craziness • Having the CDC personnel available • Collaboration with other agencies
Florida Department of Health Radiation Control Controller	• Players willingness to learn
Florida Department of Health—Behavioral Health Participant	• Teamwork by multiple disciplines • Air conditioned location • Good escort system overall
Indian River County Health Department Participant	• Fantastic teamwork • Great resource people available • Leaders willing to listen
Indian River County Health Department Participant	• Liked the form
Indian River County Health Department Participant	• Just-in-time training • Organization of process • Logistical support for exercise
Indian River County Health Department Participant	• Know how to use equipment • Actually exercise using equipment • Opportunity for strike team to play together
Lake County Health Department Participant	• Good Flow • Great unit leader • Staff was well trained
Lake County Health Department Participant	• Pods were setup well • Good flow • Everyone helped
Lake County Health Department Participant	• CDC and DOH EPIDEMIOLOGICAL teamwork • Group participation and cooperation • The correct participants were in attendance
Martin County Health Department Participant	• Gained knowledge of CRC setup • The flow and necessary staffing was tested • Additional positions were found to be needed
Orange County Department of Emergency Management Participant	• Setup was done well • Organization • Participants and volunteers

Agency	Successes
Orange County Health Department Participant	• Teamwork • Just-in-time training • Organization
Orange County Health Department Participant	• Planned Well • Teamwork • Smooth
Orange County Health Department Participant	• Able to use equipment and ICS structure in order to survey/monitor population and provide service • Network with other agencies • Practice a real life scenario and obtain onsite feedback from observers/evaluators
Orange County Health Department Participant	• Able to use equipment • Organize • They had all the necessary equipment
Orange County Health Department Participant	• People were greeted quickly • The flow from greeting to screening was good • Having escorts/scribes were essential
Orange County Health Department Participant	• Data entry • Registration • Lab Federal Express delivery
Orange County Health Department Participant	• Epidemiological Strike Team members were flexible and willing to work in any station • CDC liaisons/players were helpful
Orange County Health Department Participant	• Epidemiological team members were flexible and able to complete multiple tasks • CDC staff was very knowledgeable of infrastructure
Orange County MRC Participant	• Initial sorting went smoothly • No major breakdowns in communications • Comfortable cool work area
Orange County Office of Emergency Management Participant	• Plenty of supplies—Masks, gloves, vests etc. • Layout and setup clearly marked and ready • Lunch was fabulous
Regional Disaster Behavioral Health Assessment Teams (RDBHAT) Participant	• People of different professional backgrounds worked well together • Good attendance • Participants were serious about their part in the exercise
Regional Disaster Behavioral Health Assessment Teams (RDBHAT) Participant	• Cross disciplinary knowledge training • Good teamwork • Just-in-time training appropriate to tasks
Regional Disaster Behavioral Health	• Cooperation between teams from different disciplines • Problems encountered along the way were quickly resolved

Agency	Successes
Assessment Teams (RDBHAT) Participant	• Opportunity to apply what has been learned
Regional Disaster Behavioral Health Assessment Teams (RDBHAT) Participant	• Very good coordination • Layout/setup seemed to flow well • Ability of the RDBHAT to interact with all stations
Regional Disaster Behavioral Health Assessment Teams (RDBHAT) Participant	• Good cooperation between multiple agency volunteers • Enthusiastic role players
Regional Disaster Behavioral Health Assessment Teams (RDBHAT) Participant	• Well planned and organized • People stayed calm and cooperative • Great group of volunteers
Regional Disaster Behavioral Health Assessment Teams (RDBHAT) Participant	• Teamwork • Flexibility to situational demands • Professional department
Regional Disaster Behavioral Health Assessment Teams (RDBHAT) Participant	• Organization overall • Number of personnel • Actors/Actresses
Regional Disaster Behavioral Health Assessment Teams (RDBHAT) Participant	• Team members support of each other • CDC online training • Handouts Pre-Exercise
Regional Disaster Behavioral Health Assessment Teams (RDBHAT) Participant	• Teamwork
Seminole County Health Department Participant	• Areas of confusion were discovered and corrected
Seminole County Health Department Evaluator	• Flexibility—Teams adapted to surge and made appropriate adjustments • Smooth flow—Participants seemed calm • Skillful participants and utilization of tools
Seminole County Health Department	• Teamwork • Safety

Agency	Successes
Participant	• Competence of staff
State Medical Response Team 5 Participant	• Good number of patients moved through • Cooperation • Preplanning
University of Central Florida Emergency Management Observer/Actor	• Everything was organized • Participants were friendly • Layout was functional
University of Central Florida Emergency Management Observer	• Teamwork—Everybody working well • Knowledge—Everyone seemed to know what they were doing
University of Central Florida Emergency Management Evaluator	• IMT was well organized • IMT was familiar with their roles and responsibilities • IMT established a IAP quickly and briefed the necessary team members
University of Central Florida Emergency Management Observer	• Operation appeared to run smoothly • Appreciated tour for observers to better understand the operation • Knowledgeable players
University of South Florida Actor	• Good coordination of effort • Friendly, calm participants • Orderly, clear plan of action
Volusia County Health Department Participant	• Interagency cooperation • Agenda followed promptly
Volusia County Health Department Participant	• Good Exercise to work with the radiation equipment • Having some positive “Hot” people was good • Working with team members was good
Volusia County Health Department (MRC) Participant	• Sorting station was extremely successful
Volusia County MRC Participant	• People were banded and led to the proper area • Organization of the entry area • Escorts were available when needed

TOP THREE AREAS FOR IMPROVEMENT NOTED BY EXERCISE PARTICIPANTS, OBSERVERS, AND ACTORS, BY AGENCY

Agency	Improvements	Possible Solutions
Brevard County Health Department Participant	• Wash area	• None provided
Brevard County Health Department Participant	• Wash zone clarification. Hot/cold area and enforcement of such • No clear chain of command • Clear communication of needs for screeners	• Identify needs ahead of time • Provide separate restrooms for use by those doing exercise—people kept crossing hot/cold zones • People were telling others to go through wash portal monitor (non-screeners)
Environmental Health Participant	• More scribes needed • Better organization of controllers • Forms need revamping—not genuine enough	• Forms are too specific • People need to have forms with them all the way through the facility • Put numbers on stickers or print them on a form
Environmental Health Participant	• No clean first-aid • CRC flow was disorganized in beginning • Too many bottlenecks	• None provided
Florida Crisis Consortium Evaluator	• Better communication—Changes at one station had adverse impacts on others • Recommend hand screeners for each portal	• Train participants to understand flow and process • Change DBH triage and screening process
Florida Crisis Consortium Participant	• Communication and flow of activities • Better coordination between station/agencies • Clarity of procedures	• Coordinate between stations, so that discharge (station 7) could add professionals to meet demand
Florida Crisis Consortium Participant	• Comments being made by participants in front of victims when reading diagnostic sheets	• When reviewing sheets talk in “code”
Florida Crisis Consortium Participant	• Students coming and going during exercise • Bathroom assignment not clear	• Students meet instructors outside exercise area • Better determination and signage for bathrooms

Agency	Improvements	Possible Solutions
Florida Department of Health Participant	• Client flow • Do not reassign positions from what we were originally assigned • One main person for staffing	• Have one agency designed for client flow • More detail to adequate staffing
Florida Department of Health Bureau of Radiation Controller	• Greeting was taking too long • Radiation monitoring (hands) took too long	• Greeting/briefing should be short and concise. • Quicker hand monitoring (palms facing up and then down)
Florida Department of Health Evaluator	• Disaster Behavioral Health not integrated smoothly causing bottleneck and last minute unexpected changes and modifications • Lab specimen priority needs clarification • Merlin entry duplicating the demographics information and took too long	• DBH needs to be part of planning conferences by sending concepts and materials to entire group ahead for integration • Form needs to be simplified and clarified • Do Merlin later—analysis is not needed onsite
Florida Department of Health Participant	• Registration—order • Discharge—timelines • Discharge—order	• Processing • Backup—funneling during mass • Medical first aid processing
Florida Department of Health Evaluator	• Anticipate the number of survivors to process and assign personnel accordingly • Initial just-in-time training required half the audience	• None provided
Florida Department of Health	• More volunteers who “act out”	• Clearer instructions to volunteers
Florida Department of Health Participant	• Wash room missing scanners • Bigger screen for training presentation • Registration people should equal discharge people	• None provided
Florida Department of Health Participant	• Flow points • Structure for mental health	• None provided

Agency	Improvements	Possible Solutions
Florida Department of Health Participant	• A little more training with forms before the event • IT personnel onsite and completeness • Reviewer to check accuracy of forms priors to data entry	• Additional training prior to exercise • Address network issues prior to event
Florida Department of Health Bureau of Epidemiological Evaluator	• Improved staffing of stations based on quantity and expertise • Communication between stations • Data collection and completion	• Involve Epidemiological Strike Team and EOC members in assignment of stations • Possibly add runners or other staff members checking on or monitoring the process of other stations • Have a staff member monitor document completion at each station
Florida Department of Health Bureau of Preparedness and Response Participant	• Need to exercise in Tampa area in anticipation of Republican National Convention • A lot of downtime—need to monitor timeline • Need better involved communication of exercise activities/planning with state headquarter agencies	• None provided
Florida Department of Health Bureau of Radiation Control Evaluator	• Some confusion on proper course of action on medical issue (not life threatening) i.e. headache, nausea, • Some computer issues (connectivity using air card) • Better control/direction for egress (some players left from different door	• Clarify policy on non-life - threatening medical issues • Have alternate methods for net access • Have egress from building limited to one point
Florida Department of Health Bureau of Radiation Control Evaluator	• Provide interpreters at initial screening (sorting) • Document initial screening levels at sorting station	• None provided
Florida Department of Health Bureau of Radiation Control Controller	• More behavior specialists in discharge to reduce backup • Lack of 1st come, 1st serve at discharge	• More behavioral health specialists • Use a numbering system for patient service

Agency	Improvements	Possible Solutions
Florida Department of Health Bureau of Radiation Control Controller	• More instruction for forms that need to be completed during exercise • Became "chaotic at times" in first aid, many patients	• Instruction sheet specifying which forms • Have designated admission person directing patients at first aid entrance
Florida Department of Health Bureau of Radiation Control Evaluator	• Decrease bottlenecks in system (line backups)	• Shift personnel roles as needed to meet backup issues
Florida Department of Health Crisis Consortium Participant	• Lack of communication at scanner entry • Lack of flow, not enough participants/clients	• Training/pre meeting of departments
Florida Department of Health Crisis Consortium Participant	• Not enough discharge participants • Volunteers needed more preparation information	• Ensure same number of discharge staff as registration staff • Brief the volunteers
Florida Department of Health EPIDEMIOLOGICAL Strike Team Participant	• More staff—Registrars • Interpreters—Spanish to English • Clipboard should stay at the front, not with client	• More participants from local DOH • Certified interpreters • Identify leaders
Florida Department of Health Radiation Control Controller	• Develop procedures for tasks to be performed • More GM scanners needed for the wash area • Need communication capability for the wash area	• Written tasks for the wash area, and identify specific roles • Provide more scanners to confirm contaminated areas • Provide a method of communication to the station
Florida Department of Health—Behavioral Health Participant	• Better video/sound/AV briefing • Lunch—Better organized • Layout/chair needs • More staffing at first aid	• Audio Visual System—Consider audience size • Box Lunches
Indian River County Health Department Participant	• Waiting area #1 • Waiting area for discharge #2 • Different set up for computers	• #1 use handout number system • #2 provide phone number for mental health • Don't make everyone wait

Agency	Improvements	Possible Solutions
Indian River County Health Department	• Discharge took too long—Mental Health referrals should only be done when needed. Everyone should get a number to call	• None provided
Indian River County Health Department	• Security for clean-side • Escorts from clean to contaminated and back • No clean bathroom, all were in contaminated area	• None provided
Indian River County Health Department Participant	• Not and understanding of how EH strike teams function or how they are an extension of radiation control • Conflicts between scanners and area unit leaders and not a clear chain of command • Not clear what sources were needed at stations regarding screening	• Better understanding of station needs • Better flow from first aid through screening (Change of Flow) • Better Communication between stations
Lake County Health Department Participant	• Need IT support • Need interpreters • Need education sheets in multiple languages • Discharge area back up	• Have Information Technology experts onsite
Lake County Health Department Participant	• A little more instruction as to where different sites are • Faster time in shower area	• None provided
Lake County Health Department Participant	• Need more escorts • Escorts need to know stations and flow process • Need hydration and breaks for staff close to work area	• Review flowchart and process in depth with greeters/escorts • Not as many evaluators • More participants
Martin County Health Department Participant	• Orientation of team leaders to flow responsibilities and who were making what decisions • Span of control was not followed • Branch manager was dictating to unit leader	• Better orientation of team leaders • Do staffing sheet-honoring span of control • More distribution of forms (earlier)
Orange County Department of Emergency Management Participant	• Instructions and training • Leadership positions and direction • Use of volunteers	• During the training session cover all areas of the operation with unit leaders and participants • Control use of volunteers through the entire drill

Agency	Improvements	Possible Solutions
Orange County Health Department Participant	• Registration tables	• Divide the registration tables for participants, evaluators, etc. and have signs or more signs identifying several people at each table
Orange County Health Department Participant	• An announcement should be made indicating when drill starts • More communication where we're at during the drill	• None provided
Orange County Health Department Participant	• Communication • Some staff unable to adapt to their new temporary role at incident • Multiple agencies/staff providing different instruction at such a critical time	• Training
Orange County Health Department Participant	• More staff • More forms • Vest needs to be color coded	• Get more staff and more forms • Depending on the station, have them use color coded vests for quick identification
Orange County Health Department Participant	• Communication of flow • Training of station responsibilities • Adherence/knowledge of job action sheets	• Verbalize to entire team the desired flow/responsibilities • Have unit lead be sure of station responsibilities and able to train staff • Give job action sheets and ensure they coincide with responsibilities assigned
Orange County Health Department Participant	• Assignment before event • Discharge • Things to be done	• Lead given a better understanding of expectations • Train EPIDEMIOLOGICAL staff to appropriate area
Orange County Health Department Participant	• Communication between exercise planners and capabilities • Hydration for players • More EPIDEMIOLOGICAL trained staff • Train persons to fill out forms appropriately	• Assignments day before event like real scenario • Do not send trained staff to other areas used on appropriate areas

Agency	Improvements	Possible Solutions
Orange County Health Department Participant	• Less time for participants to be onsite • Provide assignment before event • More EPIDEMIOLOGICAL trained staff	• Trained EPIDEMIOLOGICAL staff assigned to appropriate areas • Planners should involve managers in assignments for teams
Orange County MRC Participant	• Medical and Behavioral health should be delegated better • Duties should be determined better based on experience and training • Triage should be better deployed and actively supported by mental health	• Concurrent area of medical and behavioral health • Designate mental health area
Orange County Office of Emergency Management Participant	• Go over Forms and paperwork • Be clear in designating span of control • All stations need to be manned and ready to go when victims arrive equipment unlocked too	• Meet with unit leaders together so each unit understands what is happening with other units • Keep recycling victims—no end for their flow
Regional Disaster Behavioral Health Assessment Teams (RDBHAT) Participant	• Need to keep exercise moving • Problems with scanners • Actors were not reading the back of their papers to identify behavioral health	• Test scanners beforehand • More organization for actors
Regional Disaster Behavioral Health Assessment Teams (RDBHAT) Participant	• Traffic flow/layout in the “clean area”	• Cones/type/indicator in clean section to help people move through the stages
Regional Disaster Behavioral Health Assessment Teams (RDBHAT) Participant	• Need for bilingual service providers • Need for bilingual signage • Redundancy of symptoms in first aid area is unrealistic	• Provide Bilingual staff and signs • Have those who have been involved in 1st aid stations design different situations
Regional Disaster Behavioral Health Assessment Teams (RDBHAT) Participant	• Too many patients presented with the exact same symptoms • Flow within first aid not optimum • Not enough staff in first aid • “Name” ID stickers very hard to remove, even without gloves	• Vary symptomology of stress reactions • Make the first aid larger i.e. Triage point and maybe have an area for more than one “stress inoculation” • More medical staffing

Agency	Improvements	Possible Solutions
Regional Disaster Behavioral Health Assessment Teams (RDBHAT) Participant	• Coordination between groups • Clear instructions on play • Too many bosses	• None provided
Regional Disaster Behavioral Health Assessment Teams (RDBHAT) Participant	• Unclear on flow and traffic • Need more understanding of layout of stations and areas of responsibility • Long lull after initial flow of victims	• Victims to turn around with new green sheets immediately to keep exercise moving • At orientation, show a walkthrough or stations and traffic flow
Regional Disaster Behavioral Health Assessment Teams (RDBHAT) Participant	• Information dissemination before start of exercise	• One contact person (instead of CDC and others)
Regional Disaster Behavioral Health Assessment Teams (RDBHAT) Participant	• Add more behavioral assessment to first aid • Clarify form usage (to whom it goes)	• Include more robust numbers of behavioral health with first aid to first aid and early assessment
Regional Disaster Behavioral Health Assessment Teams (RDBHAT) Participant	• Clearer instructions for the wash team • Provide basic Behavioral Health introduction for other teams • More radios	• Increase station pre-exercise (online) • Provide websites individuals can go to for BMH introduction • Increase number of radios
Regional Disaster Behavioral Health Assessment Teams (RDBHAT) Participant	• Layout in sequence • Better communication between stations	• If one station responds to a surge, notify the stations downstream of impending rush
Seminole County Health Department Participant	• Form is confusing as to when urine is collected • Not all areas of form were being filled out at previous stations	• Develop a flow chart method • Station personnel can initial or sign areas they complete
Seminole County Health Department Evaluator	• Clarification on completed forms, section assignments, and flow • Communications—Flow of participants • Break in contamination control (clean and contaminated sections) • Surge—Staff shortages at stations	• More comprehensive training on use of forms and roles • Increase number of escorts to improve flow and communication • Complete documentation on forms

Agency	Improvements	Possible Solutions
Seminole County Health Department Participant	• Process flow and assignments well defined (numerous change at last minute) • Coaching/Instructions for actors • Medical emergency protocol	• Better coordination/review of process flow and assignments by event planners/leaders and key players • Explanation of role expectations and clear instructions for actors • Publish/instruct protocol for non-radiation medical emergencies or evaluations presenting at any station
State Medical Response Team 5 Participant	• More info about paperwork • More staff in first aid	• None provided
University of Central Florida Emergency Management Observer/Actor	• The area for discharge needs to be better organized for patients when waiting	• The waiting area in the discharge area should be set up better and people should be able to move faster and easier
University of Central Florida Emergency Management Observer	• Interpreters • Consider more special needs patients in the future	• None provided
University of Central Florida Emergency Management Evaluator	• IMT IAP forms were not standardized • IMT technology had issues but was adjusted	• More training in command vehicles to help overcome technical issues
University of Central Florida Emergency Management Observer	• None	• None provided
University of South Florida Actor	• Lack of translators • Lack of clarity between green and orange stickers	• More translators

Agency	Improvements	Possible Solutions
Volusia County Health Department Participant	• Pre-exercise preparation • More detailed instructions	• Pre-exercise training • More clearly identify the instructions; For example: Instructions for "Hot" victims were supposed to bypass portal scan and go straight to the wash area. There wasn't a quantifiable determination of very "Hot" people, resulting in scanners sending every hot person to showers
Volusia County Health Department Participant	• Not enough escorts were available • Long periods of inactivity at the portal scanner • Need to send contaminated people in the middle and beginning of the exercise, Most contaminated people came at the end of the exercise at the portal • More guidance prior to start	• Get more volunteers • Send persons thru the scanner more slowly or get more actors to go thru • Mix up actors that were hot
Volusia County Health Department (MRC) Participant	• More escorts needed for sorting • Need to have formal time for section meeting • Separate identification for the section leader	• Assign more escorts • Publish a time for each section to be in place for a briefing and provide a section roster for unit leaders • Color code the tags for unit leaders

Limited-Scale Community Reception Center Drill

Appendix J: Acronyms

APPENDIX J: ACRONYMS

Acronym	Definition
AAR	After-Action Report
BRC	Bureau of Radiation Control
CDC	Centers for Disease Control and Prevention
CERC	Crisis and Emergency Risk Communication
CPM	Counts per minute
CRC	Community Reception Center
DBH	Disaster Behavioral Health
DHS	Department of Homeland Security
ECFRPC	East Central Florida Regional Planning Council
EEG	Exercise Evaluation Guides
EM	Emergency management
EMS	Emergency medical services
EOC	Emergency Operations Center
ESF	Emergency support function
FCC	Florida Crisis Consortium
FDEM	Florida Division of Emergency Management
FDLE	Florida Department of Law Enforcement
FDOH	Florida Department of Health
HSEEP	Homeland Security Exercise and Evaluation Program
IAP	Incident Action Plan
ICS	Incident Command System
IMT	Incident Management Team
IP	Improvement Plan
LIMS	Laboratory Information Management Systems
LRN	Laboratory Response Network
MCU	Mobile command units
MRC	Medical Reserve Corps
NIMS	National Incident Management System
OCHD	Orange County Health Department
PPE	Personal Protective Equipment
PHIN	Public Health Information Network
PIO	Public Information Officer
RDBHAT	Regional Disaster Behavioral Health Assessment Teams
RDD	Radioactive dispersal device

Acronym	Definition
SME	Subject matter expert
SMRT 5	State Medical Response Team 5
TCL	Target Capabilities List
WCFMRC	West Central Florida Medical Reserve Corps

Limited-Scale Community Reception Center Drill

Appendix K: Photographs

APPENDIX K: PHOTOGRAPHS


PORTAL MONITOR
JOHNSON


COBHAM


REGISTRATION
TRAFFIC
OCHD