Limited-Scale Community Reception Center Drill

After-Action Report and Improvement Plan Matrix

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and Improvement Plan Matrix

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Coordinated by the East Central Florida Regional Planning Council

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EXECUTIVE SUMMARY

This After-Action Report / Improvement Plan is for the July 12, 2011, Community Reception Center (CRC) Drill conducted at Cypress Creek High School in Orlando, Florida. This drill was designed to establish a learning environment for players to exercise emergency response plans, policies, and procedures as they pertain to activating a CRC in response to a radiological dispersal device event.

The development, execution, and evaluation of the drill was in compliance with the Homeland Security Exercise Evaluation Program national standard.

The exercise planning team consisted of representatives from the following agencies:

- Behavioral Health Strike Teams
- Centers for Disease Control and Prevention
- East Central Florida Regional Planning Council
- Environmental Health Strike Teams
- Florida Department of Health
- Florida Department of Health Radiation Control
- Florida Department of Law Enforcement
- Medical Reserve Corps
- Orange County Health Department
- Orange County Health Services, Department of the Medical Director
- Florida Regional Domestic Security Task Force Region 5 Incident Management Team (IMT)
- Florida State Medical Response Team 5

The following objectives were developed for the exercise:

- Objective 1: Activate and manage a CRC staffed with local, regional, state, and federal public health personnel.
- Objective 2: Utilize the Regional Domestic Security Task Force Region 5 IMT to manage the overall incident.
- Objective 3: Utilize FDOH Tampa Laboratory to process urine samples.
- Objective 4: Provide additional mental health assessment to CRC procedure.

In order to achieve these objectives, the scenario involved numerous individuals potentially exposed to radiological material, which required the activation of the CRC; the following target capabilities were selected: epidemiological surveillance and investigation, environmental health, public health laboratory testing, on-site incident management, and disaster behavioral health.

Some aspects of this exercise were simulated because of the necessarily limited scope of any drill. The simulated components of the exercise included language translators, law enforcement presence, and hospital transport. The purpose of this report is to analyze exercise results, identify strengths and areas for improvement, and support development of corrective actions.

Major Strengths

After a review of the exercise data, evaluations, and feedback, participants noted several major strengths:

- Integration of radiological monitoring for external and internal contamination
- Integration of an electronic, Web-based, statewide epidemiological data collection program (Merlin)
- Implementation of a barcode based patient tracking technology (EMSystems®)

Primary Areas for Improvement

The exercise scenario and layout provided a true challenge. The following areas for improvement were determined:

- Need for additional resources, including laptops, air cards, radiation GM scanners, and training;
- Adjustment of allocation of staff to help avoid choke points; and
- Provision of crowd control in future exercises.

Although the evaluators identified areas for improvement, it should be noted that participants dealt with many objectives of the exercise in an exemplary way. The participants demonstrated that they work together well as a team in times of crisis and that they can adapt to almost any situation. The teams participating showed great skill in accomplishing the tasks given in CRC activation; the objectives identified for this exercise were met during the 3-hour drill.

SECTION 1: EXERCISE OVERVIEW

EXERCISE DETAILS

Exercise Name

Florida Department of Health Limited-Scale Community Reception Center Drill

Type of Exercise

Drill

Exercise Date

July 12, 2011

Duration

Three (3) hours

Location

Cypress Creek High School

1101 Bear Crossing Drive, Orlando, Florida

Sponsor

U.S. Centers for Disease Control and Prevention

Funding Recipient

East Central Florida Regional Planning Council

Mission

Response

Capabilities

1. Epidemiological Surveillance and Investigation
2. Environmental Health
3. Public Health Laboratory Testing (Urine sample shipping)
4. On-site Incident Management
5. Disaster Behavioral Health

Scenario Type

Because of an act of terrorism, individuals attending a summit at the Lime County Convention Center were exposed to cesium-137, radioactive material, by means of the fire suppression system.

EXERCISE PARTICIPANTS

Table 1—Exercise Planning Team

Name	Agency
Caspary, Kevin	Centers for Disease Control and Prevention
Chamorro, Mirna	Florida Department of Health—Orange County
Chang, Arthur	Centers for Disease Control and Prevention
Collinge, Deborah	Florida Department of Health—Orange County
Crow, Arlene	Orange County Health Department, Emergency Services
Danyluk, Gregory	Seminole County Health Department—Epidemiological
Drawdy, Lynne	Florida Department of Health
Espinosa-Bode, Andres	Centers for Disease Control and Prevention—SciMetrika
Freeman, Dave	Orange County Health Services Department, Office of the Medical Director Orange County Emergency Management State Medical Response Team 5 Commander
Gilley, Debbie	Florida Department of Health—Bureau of Radiation Control
Hardie, Kate	East Central Florida Regional Planning Council
Harris, Alan	Seminole County Emergency Management Office
Jones, Robert	Centers for Disease Control and Prevention
Kitchen, Tim	East Central Florida Regional Planning Council
Lanza, Dr. John	Florida Department Health—Escambia County
Martin, Colleen	Centers for Disease Control and Prevention
McCall, Deshawn	Florida Department of Law Enforcement
Minshew, Paul	Florida Department of Health—Volusia County
Omerod, Betty	Orange County Health Services Department, Office of the Medical Director Central Florida MRC Coordinator (volunteer coordinator)
Otis, Aaron	Florida Department of Health
Podgornik, Michelle	Centers for Disease Control and Prevention
Raulerson, April	East Central Florida Regional Planning Council
Wade, Tracy	Florida Department of Health—Division of Environmental Health
Walsh, Donna	Florida Department of Health—Seminole County
Watkins, Sharon	Florida Department of Health
Williamson, John	Florida Department of Health—Bureau of Radiation Control
Wilson, Emily	Florida Department of Health

Table 2—Exercise Participant Agencies

Organization
Brevard County Health Department
Centers for Disease Control and Prevention
Central Florida MRC Coordinator (volunteer coordinator)
Citrus County Sheriff's Office/REP
East Central Florida Regional Planning Council
Federal Emergency Management Agency RIV NP-TH-REPP
Florida Crisis Consortium / Disaster Behavioral Health Team Member
Florida Department of Health
Florida Department of Health Bureau of Laboratories
Florida Department of Health, Bureau of Environmental Health
Florida Department of Health, Bureau of Preparedness and Response
Florida Department of Health, Bureau of Radiation Control
Florida Department of Health, Bureau of Laboratories
Florida Department of Health, Pinellas County
Florida Department of Health, St. Lucie County
Florida Division of Emergency Management
Florida Hospital
Indian River County Health Department
Lake County Health Department
Medical Reserve Corps—RRVC— Volusia
Orange County Health Department
Orange County Health Department—Public Information Officer
Orange County Health Services Department, Office of the Medical Director
Orange County Office of Emergency Management
Orange County Public Schools
Orlando Emergency Management
Orlando Health
Osceola County Emergency Management
Pasco County Health Department
Region 5 Incident Management Team
Seminole County Health Department
St. Lucie County Health Department
University of Central Florida
Volusia County Health Department

SECTION 2: EXERCISE DESIGN SUMMARY

EXERCISE PURPOSE AND DESIGN

Purpose. The Centers for Disease Control and Prevention (CDC) sought to test the procedure for activating a Community Reception Center (CRC) in Central Florida through a Homeland Security Exercise Evaluation Program–compliant drill. CDC personnel contracted with East Florida Regional Planning Council to plan the exercise, with the purpose to establish and manage a CRC staffed by Central Florida public health personnel in response to a simulated high-volume radiation event. From the perspective of local responders, the drill tested their ability to follow procedures and manage the CRC.

Design. The planning team included CDC personnel and representatives from the Florida Department of Health, the Florida Bureau of Radiation Control, the Florida Regional Domestic Security Task Force Region V Incident Management Team, the Florida Department of Law Enforcement, Orange County Health Services, the Seminole County Health Department, and the East Central Florida Regional Planning Council. The planning process included holding several meetings in which the scenario, objectives, logistics, documentation, and evaluation were discussed and finalized. Building on the existing CDC CRC procedures, location-specific considerations (such as capabilities, objectives, participants, and roles) were incorporated into the exercise plan. The planning team secured the gymnasium at Cypress Creek High School in Orlando, Florida, for the drill. Specific tasks were assigned to team members according to their area of expertise or role in the exercise and completed between meetings. Regular conference calls were held throughout the planning process to share updates and feedback regarding details such as task progress and logistics. Once a majority of the operational and logistical elements had been finalized, the team completed a site visit to determine the appropriate CRC configuration to ensure efficiency in setup, activation, and demobilization.

The following section contains the discussion summary from each planning conference; all included call-in capabilities for those unable to attend.

Concept and Objectives Meeting. The meeting to discuss concepts and objectives was held January 24, 2011, at the Orlando International Airport. The meeting summary is as follows:

- Identified type—drill
- Identified scope, objectives, and purpose of the exercise
  - Exercise epidemiological tools and response
  - Activate a CRC
  - Conduct population monitoring
  - Exercise tracking software
- Identified target capabilities and tasks
  - Epidemiological surveillance and investigation
  - Environmental health
  - Public health laboratory testing (urine sample shipping)

  - On-site incident management
  - Disaster behavioral health
- Discussed exercise timeline
  - Initial Planning Conference—February 14, 2011
  - Midterm Planning Conference—April 18, 2011
  - Final Planning Conference—June 13, 2011
  - Controller and Evaluator Training—June 30, 2011
  - Exercise setup—July 11, 2011
  - Exercise—July 12, 2011

Initial Planning Conference. The Initial Planning Conference was held on February 14, 2011, at the East Central Florida Regional Planning Council offices. The meeting summary is as follows:

- Confirmed exercise objectives
- Identified venue—school or community center
- Identified scenario—individuals attending a meeting at the local county convention center are intentionally exposed to radiation through the fire suppression system.
- Identified participating agencies
  - Centers for Disease Control and Prevention
  - Florida Department of Health
  - Florida Department of Health Radiation Control
  - State Medical Response Team 5
  - Environmental Health Strike Teams
  - Behavioral Health Teams
  - Region 6 Health and Human Services
  - Medical Reserve Corp
  - Region 5 Incident Management Team
  - Orange County Health Department
  - Orange County Health Services Department, Office of the Medical Director,
  - Florida State Laboratory
- Identified controllers and evaluators—Bureau of Radiation Control
- Identified available equipment
- Discussed drafting exercise plan, communications plan, controller and evaluator guides, and symptomology cards for victims

Midterm Planning Conference. The Midterm Planning Conference was held on April 18, 2011, at the Rosen Plaza Hotel. The meeting summary is as follows:

- Reviewed exercise program
- Confirmed Venue—Cypress Creek High School, Orlando, Florida
- Discussed and confirmed objectives
  - Objective 1: Activate and manage a CRC staffed with local public health personnel
  - Objective 2: Utilize the Florida RDSTF Region 5 IMT to manage the overall incident
  - Objective 3: Provide additional behavioral health assessment to CRC procedure
  - Objective 4: Utilize the Tampa Laboratory Response Network to test urine samples
- Reviewed documentation—Exercise Plan, background information and scenario, Controller/Evaluator Handbook, EEGs, and communications plan
- Confirmed participants and participating agencies

- Discussed sources that could provide actors/victims for drill—nursing or medical schools
- Discussed logistical needs and requirements—CDC-FDOH support, staffing needs, victim/actor waivers, and symptomology cards

Final Planning Conference. The Final Planning Conference was held on June 13, 2011, at Cypress Creek High School. The meeting summary is as follows:

- Finalized draft documentation: background information and scenario, master scenario events list (MSEL), Exercise Plan, Controller/Evaluator Handbook, EEGs
- Completed site visit to Cypress Creek High School
- Confirmed logistical items—computer equipment, medical wear, tables/chairs
- Discussed staffing needs—determine the amount of personnel needed and their roles
- Confirmed the Victim/Actor waivers and consent forms needed
- Confirmed symptomology cards

Controller and Evaluator Meeting. The Controller and Evaluator meeting was held on June 30, 2011, at the Florida Bureau of Radiation Control offices. The meeting summary is as follows:

- Familiarized controllers and evaluators with schedule, scenario, and objectives
- Conducted role briefing—controllers would assist with exercise flow and evaluators would assess the participants

After-Action Conference. The After-Action Conference was held on August 23, 2011, at the East Central Florida Regional Planning Council office. The meeting summary is as follows:

- Reviewed the Draft After-Action Report
- Discussed areas of strength and accomplishments from the drill
- Discussed improvement areas to include in Improvement Plan matrix
- Discussed Improvement Plan development

EXERCISE OBJECTIVES, CAPABILITIES, AND ACTIVITIES

The following objectives were developed for the exercise:

- Objective 1: Activate and manage a CRC staffed with local public health personnel
- Objective 2: Utilize the Florida RDSTF Region 5 IMT to manage the overall incident
- Objective 3: Provide additional behavioral health assessment to CRC procedure
- Objective 4: Utilize the Tampa Laboratory Response Network to test urine samples

Based upon these objectives, the following capabilities and activities were selected for evaluation in this exercise:

- **Epidemiological surveillance and investigation**
  - Direct Epidemiological Surveillance and Investigation Operations
  - Surveillance and Detection
  - Conduct Epidemiological Investigation
  - Monitor Containment
- **Environmental health**
  - Direct Environmental Health Operations
  - Activate Environment Health

- **Public health laboratory testing (urine sample shipping)**
  - Direct Laboratory Testing
  - Detection Testing and Analysis
  - Testing
  - Support Public Health Epidemiological Investigations
  - Report Results
- **On-site incident management**
  - Direct On-Site Incident Management
  - Implement On-Site Incident Management
  - Establish Full On-Site Incident Command
  - Conduct Resource Management
  - Develop Incident Action Plan
  - Execute Plan
  - Demobilize On-Site Incident Management
- **Disaster behavioral health**
  - Provide Psychological First Aid to Reduce Anxiety
  - Assess Need for Counseling

SCENARIO SUMMARY

Module One

July 8, 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 12, 2011
8:30 a.m. The G25 Summit is holding its annual meeting at the Lime County Convention Center. There are more than 300 individuals in attendance on this particular morning.

10:00 a.m. 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 action sets off the Convention Center's fire suppression system within the meeting room.

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

In response to the scenario, a CRC was set up at a local high school to screen convention participants for radiation exposure.

SECTION 3: ANALYSIS OF CAPABILITIES

This analysis of capabilities provides an assessment of the capacity to perform tasks required to prevent, respond to, or recover from a disaster. The focus of this analysis is on capabilities rather than processes. Currently, there are 37 capabilities required to prevent, protect against, respond to, and recover from incidents of national significance as identified in the Homeland Security Target Capabilities List (TCL). Capabilities-based planning helps to inform and optimize decision making at all levels of government by linking resource allocation to the capabilities that are most urgently needed to perform a wide range of assigned missions and tasks. The TCL provides a framework for the development of a network of capabilities that will be available when and where they are needed to prevent, protect against, respond to, and recover from incidents of national significance.

The Community Reception Center (CRC) Drill enabled the assessment of the following TCL capabilities: epidemiological surveillance and investigation, environmental health, public health laboratory testing, on-site incident management, and disaster behavioral health.

CAPABILITY 1. EPIDEMIOLOGICAL SURVEILLANCE AND INVESTIGATION

Associated Objective

Objective 1: Activate and manage a CRC staffed with local public health personnel.

Capability Summary

The epidemiological surveillance and investigation capability includes the capacity to

- rapidly conduct epidemiological investigations necessitated by a deliberate exposure,
- evaluate disease detection,
- rapidly implement active surveillance,
- maintain ongoing surveillance activities,
- conduct epidemiological investigation,
- conduct analysis, and
- communicate with the public and providers about case definitions, disease risk, mitigation, and recommendations for the implementation of control measures.

Activities

Activities were directing epidemiological surveillance and investigation operations, conducting surveillance and detection, conducting epidemiological investigation, and monitoring containment.

Observations and Analysis

Direction of Epidemiological Surveillance and Investigation Operations. Applicable laws, policies, and implementation procedures for public health reporting and notification were followed. Personnel coordinated resources needed to respond to the public health concern. Participants made public health recommendations for radiological safety to prevent additional contamination.

Surveillance and Detection. Surveillance and detection were crucial to collecting the ongoing and event-specific health data necessary to recognition of events of public health significance. Participants continually compiled surveillance data such as contamination surveys, medical information, and other vital raw data needed to assess the conditions of the victims. It appeared that the data were sorted in a logical order and that personnel maintained a consistent chain of custody, meaning that specific information was recorded at each station. There were recommendations that individuals filling out portions of the CRC form should sign off on the sections that they completed. Also identified was participants' access to Public Health Information Network (PHIN)–compliant information systems to support detection of events of public health significance, which meant that they had the use of electronic information systems to exchange, communicate, analyze, and protect data.

Conduct of Epidemiological Investigation. Participants conducted epidemiological investigations to identify potential exposure to radiation and confirmed the exposures by using radiological contamination-screening methods. The personnel defined case characteristics by conducting interviews, conducting medical assessments, and collecting exposure and internal contamination information. Participants practiced case finding methods by actively searching for contamination cases. When contaminated victims were recognized, participants created registries of exposed and possibly exposed persons, which allowed for proper documentation and tracking. For contamination and exposure management, personnel had access to information systems to support investigation, description, and understanding of the event.

Monitoring of Containment. Because of the population at risk and recommendations for contamination control, it was essential to assess the effectiveness of containment measures. The participants continuously monitored the course and population characteristics to ensure that the contamination was being properly suppressed. To assist personnel with this process, participants had access to information systems that complied with PHIN functional requirements. At the conclusion of the exercise, associated personnel took part in an after-action debriefing to identify any areas for improvement.

References

http://www.orau.gov/rsb/vcrc/help.html#resources

Recommendations

Recommendations are as follows:

- Consult the Regional Epidemiological Strike Team Coordinator when making assignments for Epidemiological Strike Team members, in order to determine available team members and level of asset typing.
- Exercise treatment recommendations indicated for radiological events.
- Compile resource lists for packaging and shipping of biological specimens.
- Improve availability of laptops, working air cards or access to a broadband internet connection, and virtual private network connections for epidemiological teams.
- Improve consistency in completing forms.
- Have staff filling out forms sign off on the completed sections.
- Conduct further training on Incident Command Systems and chain of command within a CRC.
- Reallocate staffing for adequate span of control and to accommodate surge.
- Increase staff at registration and discharge stations to avoid lengthy wait times and increased anxiety.
- Monitor more closely persons and equipment that move between the clean and contaminated control zone without don/doff of personal protective equipment.

CAPABILITY 2. ENVIRONMENTAL HEALTH

Associated Objective

Objective 1: Activate and manage a CRC staffed with local public health personnel.

Capability Summary

This capability included the design, implementation, and interpretation of results from environmental field surveys, laboratory sample analyses, rapid needs assessments, and comprehensive environmental health and risk assessments.

Activities

Activities were to direct environmental health operations and to activate environment health.

Observations and Analysis

Direction of Environmental Health Operations. The threats of radiological contamination introduced through this scenario were related to the environmental factors external to a person, factors that could affect his or her health. These issues allowed for environmental health functions to be incorporated into response activities. Appropriate personnel also provided environmental health support and coordination for Crisis and Emergency Risk Communication. When the environmental health risk issues were identified exercise participants communicated these concerns to the affected populations. Participants also supported and coordinated environmental health resources to address radiological issues.

Activation of Environment Health. Exercise participants recognized the need to activate environmental health specialties. After the environmental health concerns were identified and the proper plans were developed participants began mobilizing environmental health personnel. This was accomplished by identifying the participant's skill sets and placing him or her in the proper positions throughout the CRC. The next step completed was mobilizing the environmental health resources to help mitigate and respond to the contaminated victims.

References

http://www.orau.gov/rsb/vcrc/help.html#resources

Recommendations

Recommendations are as follows:

- Use a numbering system for victims in wait areas at registration and discharge.
- Provide better physical separation between victims being scanned for internal contamination and other victims waiting to be scanned for internal contamination.
- Better integrate the internal functions of dose assessment.
- Consider sending "clean" victims exhibiting a single acute radiation syndrome symptom to the "clean" First Aid station instead of to dose assessment.
- To reduce contamination, consider having two separate first-aid/medical stations: one in the "contaminated" zone and one in the "clean" zone.
- Consider having at least several restrooms in both "clean" and "contaminated" zones. For urine bioassay, sample collection should have its own separate restroom in the "clean" zone.
- At least one individual staffing the radiation dose assessment station should be able to convert detector readings if necessary.

CAPABILITY 3. PUBLIC HEALTH LABORATORY TESTING (URINE SAMPLE SHIPPING)

Associated Objective

Objective 4: Utilize the FDOH Tampa Laboratory to process urine samples.

Capability Summary

The capability involved evaluation of ongoing surveillance, rapid detection, confirmatory testing, data reporting, investigative support, and laboratory networking to address potential exposure or known exposure to all hazards that include chemical, radiochemical, and biological agents in all matrices, including clinical specimens, food samples, and environmental samples (e.g., water, air, and soil).

Activities

Activities were direction of laboratory testing, detection testing and analysis, sampling of report results and specimen management, and support of public health epidemiological investigations.

Observations and Analysis

Direct Laboratory Testing. The initial actions for this capability were done prior to the drill, such as coordinating laboratory activities through the Laboratory Response Network (LRN) within the jurisdiction. During the drill, participants made contact with the Tampa LRN laboratory, where simultaneous operations were taking place. Participants dealing with specimen management worked in close partnership with public health, epidemiology, and environmental health to provide timely data to ensure implementation of effective detection and control measures, including treatment.

Urine samples were spiked with the analyte of interest. Specimen collection was replicated and provided to participants to simulate proper collection techniques. A jurisdiction-wide transport system was established to ensure timely receipt of specimens for laboratory testing at the Tampa LRN lab. This was simulated as an individual's driving the samples to the lab but was ultimately shipped through Federal Express. The requirement for collection, packaging, and shipping to the LRN was communicated by written instructions. Participants were also consulted on appropriate collection and shipment of specimens for testing.

Detection Testing and Analysis. The detection testing and analysis of the 20 clinical specimens to assess human exposure by measurement of metabolites of radiological agents was completed off-site. CDC originally wanted to ship more urine (100 to 200 samples), but the

Florida Department of Health Tampa Laboratory was not part of the initial planning process and did not have time to prepare to receive this many samples.

Testing. The testing of results under CDC urine radiobioassay methods was completed at the CDC National Center of Environmental Health Laboratory in Atlanta, Georgia; therefore, this testing was unable to be assessed by exercise evaluators.

Support of Public Health Epidemiological Investigations. Laboratory testing supported public health, epidemiology, and environmental health by providing timely data to ensure implementation of effective detection and control measures. Chain-of-custody procedures were also implemented during the sample collection.

Reported Results. The following items were completed off-site:

- Results were reported for CDC radionuclide testing to the submitting LRN reference and chemical laboratories through the secure LRN Web site.
- The report confirmed laboratory results to all submitters timely because of the use of a PHIN-compliant Laboratory Information Management System.
- Appropriate public health, public safety, and law enforcement officials were immediately notified (available 24 hours per day, every day) of confirmed laboratory results of chemical, radiological, or biological threat agents.

References

http://www.orau.gov/rsb/vcrc/help.html#resources

Recommendations

Recommendations are as follows:

- Use of a separate lab specimen barcode and patient tracking barcode was redundant; consider using the same barcode in the future.
- Provide better availability of supplies needed for packing and shipping of urine specimens, including dry ice.
- Bring all of the participating agencies into the planning process from the start.

CAPABILITY 4. ON-SITE INCIDENT MANAGEMENT

Associated Objective

Objective 2: Utilize the Florida RDSTF Region 5 IMT to manage the overall incident.

Capability Summary

The capability includes the evaluation of the effectiveness of direction and control of incident management activities, which means the Incident Command System (ICS), consistent with the National Incident Management System.

Activities

Activities were to implement on-site incident management, establish full on-site incident command, develop an incident action plan, execute the plan, and demobilize on-site incident management.

Observations and Analysis

Direction of On-Site Incident Management. The Incident Management Team (IMT) directed and coordinated with arriving local, state, regional, and federal agencies and first responders, allowing for synchronized incident management. The team monitored/measured performance of assigned resources and requested additional resources as needed.

Implementation of On-Site Incident Management. The IMT conducted an initial assessment of the facility where the CRC was located. The team determined the initial incident site perimeter by performing a walkthrough. During the initial Incident Command briefing, the participants implemented the Incident Command Structure appropriate for a CRC. The Incident Action Plan (IAP) documented that personnel requested additional resources necessary for operations and on-site incident management, as well as additional operational period support. The IMT developed and provided media briefings.

Establishment of Full On-Site Incident Command. The IMT established full on-site incident command, the proper command structure to manage the incident and meet the applicable objectives. The IMT was exceptional at appropriately managing the on-scene personnel. The participants created branches, groups, and divisions required to manage the incident and meet objectives, strategies, and tactics. The IMT established an Incident Command Post, incident bases, staging areas, and other facilities that were required. The multiple command areas allowed for adequate separation of teams.

Conduct of Resource Management. Logistics took the lead on conducting resource management and implemented a process to order, track, assign, and release resources. They also monitored and measured the performance of assigned resources and requested additional resources as needed. The appropriate IMT personnel directed and coordinated with additional local, state, regional, and federal agencies and first responders to ensure collaboration.

Development of an Incident Action Plan. The IMT established incident objectives, priorities,

and operational periods applicable to the CRC exercise. The team also developed an IAP that identified priorities, procedures, and actions to meet incident objectives. The IAP was approved by Incident Command personnel and appropriate operational periods were established.

Execution of the Plan. The IAP was disseminated to the appropriate response organizations. The IMT worked efficiently to direct efforts to meet incident objectives in accordance with the exercise IAP. The participants also reviewed their progress to ensure that they were still working toward the incident objectives.

Demobilization of On-site Incident Management. At the conclusion of the exercise the IMT adequately implemented the demobilization plan.

Reference

http://www.fema.gov/emergency/nims/

Recommendations

Recommendations are as follows:

- The IMT must look at getting out of the mobile command units (MCU) as soon as they arrive on scene. Although the MCUs provide some space, it is limited. Even with three MCUs, the quarters were "tight."
- Current uniforms for the IMT were purchased during the winter. The IMT will seek funds to purchase short-sleeve shirts for summer deployments.
- ICS tool kits should be obtained on jump drives to eliminate different formats of ICS forms.
- One laptop and printer should be assigned to the IMT at all times.
- Market to obtain more finance/administrative section chiefs.
- Standardize requisition requests; work with FDEM and FDLE to obtain a formal request.
- Google docs and possibly Google position-based accounts would eliminate confusion arising from various types of e-mails and firewalls from various organizations.
- The urban search and rescue team should be worked with closely to determine what resources the IMT can provide to the urban search and rescue team during exercises and deployments.

CAPABILITY 5: DISASTER BEHAVIORAL HEALTH

Associated Objective

Objective 4: Provide additional behavioral health assessment to CRC procedure.

Capability Summary

The capability includes the evaluation of the ability to effectively provide psychological first aid and to assess the need for counseling.

Activities

Activities were to provide psychological first aid for anxiety reduction and to assess the need for counseling.

Observations and Analysis

Provision of Psychological First Aid to Reduce Anxiety. Disaster Behavioral Health (DBH) exercise participants adequately coordinated the delivery of basic psychological first aid and, through a mental health triage assessment, continuously identified individuals in need of advanced psychological first aid. The participants worked to provide behavioral health support and information to victims, as well as to other response personnel.

Assessment of Need for Counseling. The DBH team personnel developed an incident-specific plan to coordinate the discharge process to properly release the exercise victims. The participants also identified qualified mental health professionals to assist in the discharge process. The DBH team consistently used brief mental status exam processes to determine the need for services Appendix H. It was also observed that exercise participants were familiar with Florida laws related to individuals' rights under Florida's Mental Health Act.

Reference

The reference for this capability is the Florida Disaster Behavioral Health Plan.

Recommendations

Recommendations are as follows:

- Revise triage methods (lowest level does not require assessment)—provide coping information; mid-level requires mini-assessment and need for support plan; highest level requires a licensed responder's assessment and a discharge plan.
- Obtain more interpreters for non-English speakers.
- Develop a staffing matrix (include backup team leader, and ensure that breaks for team members are included).
- Develop better communication between the clean side and the contaminated side within the CRC.

- Better understand other disciplines working within the CRC.
- Better integrate DBH procedures by planning them into the overall goal of the CRC drill, which is to conduct a rapid radiation assessment and provide decontamination or follow-up resources.
- Revisit fitness-for-duty guidelines for team members.

SECTION 4: CONCLUSION

Both the Centers for Disease Control and Prevention (CDC) and the Florida Department of Health should use the outcomes of this exercise to continue to enhance knowledge and training; this effort will help improve and expand personnel's familiarity with roles and responsibilities during Community Reception Center (CRC) activation.

The Improvement Plan Matrix in Appendix A allows the participating agencies to envision the implementation of actions to continue improvement.

DEMONSTRATED CAPABILITIES

The capabilities that were demonstrated in this exercise are as follows:

- Epidemiological surveillance and investigation
- Environmental health
- Public health laboratory testing (urine sample shipping)
- On-site incident management
- Disaster behavioral health

MAJOR STRENGTHS

The major strengths and successes identified during this exercise were as follows:

- Integration of radiological monitoring for external and internal contamination
- Excellent organization, cooperation, and coordination before and during the exercise
- Excellent communication among exercise participants
- Integration of an electronic, Web-based, statewide epidemiological data collection program (Merlin)
- Implementation of a barcode-based patient tracking technology (EMSystems)
- Participant adaption and flexibility during all phases of the exercise
- Exercise of behavioral screening procedures for psychological first aid
- Strike team and Disaster Behavioral Health team representation
- Availability of subject matter experts
- Packing and Shipping of collected urine samples
- Use of personnel during the exercise

PRIMARY AREAS FOR IMPROVEMENT

Throughout the exercise, several opportunities for improvement in overall design and staffing of the CRC were identified. The primary areas for improvement, including recommendations, are as follows:

- More laptops and air cards (or broadband Internet connection) for use in a CRC
- Adjustment of allocation of staff to help avoid choke points
- Elimination of lengthy wait times for victims during registration and at discharge
- Elimination of the long line experienced by the initial surge of victims
- Provision of more escorts to take victims from station to station
- Provision of better-defined roles for exercise participants
- More radiation GM scanners and training
- Addition of a radiation form section that allows the person completing a particular section to initial it
- Provision of crowd control in future CRC exercises
- Incorporation of law enforcement, fire rescue, and area hospitals in future CRC exercises
- Planning and consideration of how CRC personnel could continue operations for periods of 1 to 3 days at a time

Overall, this exercise was a successful learning tool for all participants; it enabled CDC to test its policies and procedures for CRC activation and management, and enabled Central Florida health responders to test their ability to perform the required tasks and work together.