

# Regional Allocation, Distribution, and Dispensing Strategic National Stockpile Full-Scale Exercise

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After-Action Report/Improvement Plan  
SouthEast Texas Regional Advisory Council  
October 31- November 2, 2013



## EXECUTIVE SUMMARY

### SouthEast Texas Regional Advisory Council Point of Contact

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### Overview

The 2013 RADD SNS FSE is designed to test regional and local plans and identify gaps associated with the distribution and dispensing of medical countermeasures during a region-wide incident. This FSE emphasizes the joint collaboration among jurisdictions in the RCPI, SETRAC region and DSHS-HSR 6/5 South that will be needed to coordinate security, public information, and delivery of supplies from the receiving, staging, and storing (RSS) site to points of mass dispensing and/or continuity of operations plans for our hospital.

The Catastrophic Medical Operations Center (CMOC) was partially activated (level 3) as of 1:30pm October 31, 2013 in response to an influx of influenza like illnesses and G.I symptoms at that time there was one confirmed case of anthrax, and several suspected in the Region. The CMOC was fully activated to a level 1 at 7am November 1, 2013.

Participating hospitals in the SETRAC Region (TSA H, R and Q) were tasked with dealing with both influx of patients and mass prophylaxis dispensing during an Anthrax incident.

Listed below is a summary of the AARs for individual hospitals and agencies of the SETRAC region.

This AAR represents all participating hospitals in the 2013 RADD SNS Full Scale Exercise.

## Healthcare Preparedness Capabilities

In addition to the PHP capabilities, the exercise planning team also selected healthcare preparedness capabilities to test in the exercise. Healthcare preparedness capabilities, as outlined in the Office of the Assistant Secretary for Preparedness and Response’s (ASPR), “Healthcare Preparedness Capabilities: National Guidance for Healthcare System Preparedness,” lists healthcare preparedness capabilities to assist healthcare systems, healthcare coalitions, and healthcare organizations with preparedness and response activities. This FSE will test the following healthcare capabilities:

- Emergency Operations Coordination
- Health Care System Recovery
- Information Sharing
- Responder Safety and Health
- Medical Surge

## Exercise Objectives

The planning team selected objectives that focus on evaluating emergency response procedures, identifying areas for improvement, and achieving a collaborative attitude. This FSE will focus on the following objectives:

Item	Core Capability	PHP Capability	Healthcare Capability	Objective
1	Intelligence and Information Sharing	Information Sharing	Information Sharing	1. Evaluate the ability of the Regional Public Health Strategic Advisory Group (RPHSAG) to activate and conduct coordination calls/meetings with member organizations (within DSHS 6/5S), according to the Regional Public Health Coordination Framework.
				2. Evaluate the ability of the Regional Epidemiology Coordination Group (RECG) to activate and conduct coordination calls/meetings with member organizations (within DSHS 6/5S), according to the Regional Epidemiology Coordination Plan.
				3. Evaluate the ability of the state (State Medical Operations Center, State Operations Center), regional (Regional Operations Center, Catastrophic Medical Operations Center, and Disaster District Committee), and local agencies (local health departments and emergency operations centers) to maintain situational awareness and make decisions based on relevant plans.
2	Operational Coordination	Emergency Operations Coordination	Emergency Operations Coordination, Health Care System Recovery (COOP Medical Surge)	1. Demonstrate the ability to activate, staff, and operate a public health emergency operations center (EOC), establish medical surge operations, and maintain continuity of essential healthcare functions in response to a bioterrorism attack affecting the region in accordance with established state, regional, local, and hospital emergency plans.
				2. Evaluate the ability of local EOCs, ROC, SMOC, CMOC, and healthcare facilities to request medical materiel according to incident needs and state, regional, and local SNS plans.

Item	Core Capability	PHP Capability	Healthcare Capability	Objective
3	Public Health and Medical Services	Medical Material Management and Distribution	NA	1. Demonstrate the ability to activate the receiving, staging, and storage (RSS) site and receive, stage, pick up, and ship SNS assets through the RSS to point-of-dispensing (POD) sites according to established DSHS 6/5 South RSS plans.
		Medical Countermeasure Dispensing	Responder Safety and Health	1. Activate and execute mass prophylaxis operations region-wide in accordance with established regional, local, and hospital emergency plans.
4	Public Information and Warning	Emergency Public Information and Warning	NA	1. Coordinate emergency public information messages among the RPHSAG and other response entities, including ROC, SMOC, CMOC, and Disaster District Committee (DDC), according to the Regional Public Health Coordination Framework and local, regional, and state plans. .

## Major Strengths Demonstrated

The following are major strengths identified during the exercise; where applicable, recommendations follow.

- **Observation 1.1:** Communications between hospitals and CMOC enhanced the regions ability to respond to emergency situations.
- **Observation 1.2:** Hospitals were able to utilize WebEOC for resource request and for situational awareness with ease.
- **Observation 1.3:** Hospitals had the ability to communicate effectively both internally and externally with the assistance of systems such as WebEOC and Everbridge.
  - **Recommendation 1.1.1:** Continue to train and exercise the internal communication capability to ensure current levels of communications are sustained and improved.
- **Observation 2.1:** Hospitals were able to set up incident command and fill the ICS roles to a no-notice incident.
- **Observation 2.2:** The use of Job Aids and other ICS documents assisted with the response efforts of local hospitals and help become more responsive to the community’s needs.
- **Observation 3.1:** Hospital staff was very observant and acknowledged almost immediately the severity of the symptoms presented. The promptness of their evaluation was superb and the staff reacted quickly
- **Observation 3.2:** Hospital’s pharmacies throughout the region were able to dispense the meds quickly.
- **Observation 3.3:** Onsite security reacted appropriately to the emergency, effectively locking down the emergency department to avoid any further exposure to the facility, staff, patients, and guests.
- **Observation 3.4:** Requests to the Strategic National Stockpile were submitted quickly via WebEOC, Email and phone calls to the CMOC.

## Primary Areas for Improvement Identified:

- **Observation 1.1:** Some hospitals experienced issues with unitizing WebEOC, Everbridge, and EMResource during the RADD exercise.
  - **Recommendation 1.1.1:** Conduct additional trainings on WebEOC, Everbridge and EMResource throughout the region
  - **Recommendation 1.1.2:** Everbridge Notification System Groups should be updated with most current contact information and all new leadership should be added.
- **Observation 1.2:** Call down lists were either outdated, not complete or was not broken down essential personnel vs. non-essential personnel.
  - **Recommendation 1.2.1:** Improve internal communication through training and additional small drills on the call down system and store this document in both electronic format and hard-copy.
  - **Recommendation 1.2.2:** Develop a COOP call-down list, that list a backup person for all essential functions.
- **Observation 1.3:** Some facilities experienced issues with radio system for internal communications.
  - **Recommendation 1.3. 1:** Hospitals will update the inventory of radios, educate operators and train and exercise as needed.
- **Observation 2.1:** Job Action Sheets for Greeter, Screener, and Dispensing roles could be expanded and more site-specific
  - **Recommendation 2.1.1:** Work collaboratively with leadership, pharmacy, and nursing to further develop Job Action Sheets as well as other preparedness and response-related documents for this process.
- **Observation 2.2:** Employee education is in need of improvement, employees who are near or who work in departments that are most vulnerable to exposure, should be educated on the location of any switches that would shut down the airflow in the exposed department to avoid contamination throughout the facility.
- **Observation 2.3:** the decontamination team will continue to benefit from the most recent available education in decontamination of hazardous materials. Additional team members would also be beneficial.
  - **Recommendation 2.3.1:** Host hospital decontamination trainings throughout the region.
- **Observation 2.4:** There was confusion as to which department was responsible for manning particular entrances into the building.
  - **Recommendation 2.4.1** review Emergency Operations Plan with staff to include communication and the department's role during a disaster.
  - **Recommendation 2.4.2:** Signs indicating that the facility is locked down and directing traffic to the ER should be prepared in advance since the message was simple and applicable to multiple incidents.
  - **Recommendation 2.4.3** Conduct mock command center activation drills to better familiarize staff with command center equipment operation. And exercise participants to use more critical thinking when fulfilling their roles.
  - **Recommendation 2.4.4:** In-service for all departments as to their roles in a similar situation. Minimize confusion as to who is responsible for what function.

- **Observation 3.1:** Hospital staff was very observant and acknowledged almost immediately the severity of the symptoms presented. The promptness of their evaluation was superb and the staff reacted quickly
  - **Recommendation 3.1.1:** Prophylaxis and/or treatment for exposure to various materials/viruses should be clarified in regards to the amount a patient should be given. Is a patient to receive only one treatment and return for the next dose when it is due or should the patient be given one dose and told to follow up with their physician? Should a patient be given 3-5 days of treatment and then follow up with a physician for continued treatment, etc.?
- **Observation 3.2:** Existing Mass Prophylaxis Plan was very cumbersome and took too long to implement per person.
  - **Recommendation 3.2.1:** review and update dispensing plans for pharmacy and update testing plans for laboratory to also include determining alternate locations for the dispensing center.
  - **Recommendation 3.2.2:** Identifying staff and family members who should be notified to come in and begin medication.
  - **Recommendation 3.2.3:** Having a flow chart on how each area will come down and screened for medication.
  - **Recommendation 3.2.4:** The new medication distribution plan calls for the screening to be done by the employee health nurse and two assistants. The screening forms and medication counseling forms (English & Spanish) are to be emailed to all employees. They are to be filled out before the employees get to the screening personnel who will discuss the forms and any questions the employees have. The pharmacist will focus on issuing the meds and answering any lingering questions. After the drill, the pharmacist also created preprinted medication labels which would speed up the issuing process in future.
  - **Recommendation 3.2.5:** All nurses will be educated on bio terrorism and the biological agents that could be used in a threat.
  - **Recommendation 3.2.6:** To have medication cards made to give to staff and families after screening to give to dispensing table to keep the flow more smooth.

## ST. JOHN HOSPITAL IMPROVEMENT PLAN

This IP has been developed specifically for St. John Hospital as a result of the RADD SNS FSE conducted on October 31- November 2, 2013. The recommendations included in this IP draw on evaluator observations and/or participant comments documented during after action meetings/debriefings.

#	Recommendations	Corrective Action to be Implemented	Responsible Party/Agency	Projected Completion Date
HPP 2 & HPP 7	Establish review team for procedures/guidelines for testing/lab.	1. Identify team members	Director of Laboratory Services and EPO	2/15/2014
HPP 7	Establish review team for procedures/guidelines for dispensing of medications	1. Identify team members 2. Conduct regular meetings 3. Create procedures/guidelines for medication dispensing?	Director of Pharmacy Services and EPO	2/15/2014
HPP 3	Conduct another drill/tabletop	1. Establish Exercise Planning team 2. Hold regular exercise planning meetings 3. Conduct a drill/table top exercise	Director of Pharmacy and Laboratory Services	4/30/2015

**Authorizing Signature:** Tamara Coy-Tremant **Date:** 11-15-2013

## NORTHWEST MEDICAL CENTER IMPROVEMENT PLAN

This IP has been developed specifically for Northwest Medical Center as a result of the RADD SNS FSE conducted on October 31- November 2, 2013. The recommendations included in this IP draw on evaluator observations and/or participant comments documented during after action meetings/debriefings.

#	Recommendations	Corrective Action to be Implemented	Responsible Party/Agency	Projected Completion Date
HPP 6	Contact Updates Needed (specifically Everbridge, WebEOC)	Update contacts in Everbridge (new employees and any updated numbers and/or e-mail addresses) Use all pathways to send notifications (e-mail, phone, pager, etc., especially when including Corporate Incident Command)	Cyndi McCauley Almeta West	Immediate Action Required
HPP 7	Mental Health Assistance Needed	Policy and/or procedure needed to specify how mental health/emotional health/counseling will be provided in the event that it is needed during an emergency (chaplain, American Red Cross, nearby facilities, social worker, etc.)	Emergency Management Committee, Environment of Care Committee	Immediate Action Required
HPP 2	Medication Distribution Specifications need to be defined clearly	Distribution of medication in regards to length of treatment should be specified, as well as how the patient should follow up after first round of treatment given by HNMC. Should HNMC provide a 3-5 day supply per patient or should the facility provide only one dose per patient, etc.?	Marshall Steglich	Immediate Action Required
HPP 3	Employee Education Implementation for Emergency Shut-Off Switches and/or Valves, etc.	Employees who are located in areas vulnerable to exposure from a hazardous material (viral/biological/chemical) should be educated on the location of any shutoff valves or similar protective devices in the event of an emergency.	Human Resources/Occupational Health/Maintenance/Plant Operations	Immediate Action Required

**Authorizing Signature:** Marshall Steglich **Date:** 11-21-2013



## ST LUKE'S PATIENTS MEDICAL CENTER IMPROVEMENT PLAN

This IP has been developed specifically for St Luke's Patients as a result of the RADD SNS FSE conducted on October 31- November 2, 2013. The recommendations included in this IP draw on evaluator observations and/or participant comments documented during after action meetings/debriefings.

#	Recommendations	Corrective Action to be Implemented	Responsible Party/Agency	Projected Completion Date
HPP 6	Improve response to notification system when a message is relayed to staff	Review list and gather information for the notification system and retest the communications when list is updated	Patrick McCabe St Luke's	12/30/13
HPP 7	Doxycycline cache needs to be updated	Work with RHPC to get needed supplies placed into inventory for distribution during future drills or actual situations.	Patrick McCabe RHPC	12/30/13

Authorizing Signature: Mike South Date: 11/20/2013

## ST. LUKE'S SUGAR LAND HOSPITAL IMPROVEMENT PLAN

This IP has been developed specifically for St. Luke's Sugar Land Hospital as a result of the RADD SNS FSE conducted on October 31- November 2, 2013. The recommendations included in this IP draw on evaluator observations and/or participant comments documented during after action meetings/debriefings.

#	Recommendations	Corrective Action to be Implemented	Responsible Party/Agency	Projected Completion Date
HPP 3	Participate in regular command center set-up to improve staff knowledge of equipment within the command center	Simulate activation of command center on a quarterly basis.	Dan Brightman	11/1/2014
HPP 6	Supply additional contact information in all contact binders in the command center	During update of staff/leadership contact information each quarter provide contact information in all binders.	Daphne Coney	1/1/2014
HPP 6	Ensure command center staff has full view of WebEOC information on a projector	Work with our IT department to ensure projector connectivity in the command center	Dan Brightman/IT Dept.	1 <sup>st</sup> Quarter 2014
HPP 2	Implement an ongoing review of pharmacy CACHE	Work with SETRAC/CMOC to replace expired pharmacy CACHE	Dan Brightman/Harlus Barber	6/2014

**Authorizing Signature:**     Dan Brightman     **Date:**     11/20/13

## HOUSTON PHYSICIANS HOSPITAL IMPROVEMENT PLAN

This IP has been developed specifically for Houston Physicians Hospital as a result of the RADD SNS FSE conducted on October 31- November 2, 2013. The recommendations included in this IP draw on evaluator observations and/or participant comments documented during after action meetings/debriefings.

#	Recommendations	Corrective Action to be Implemented	Responsible Party/Agency	Projected Completion Date
HPP 6	The organization did not have anyone trained on WebEOC and limited staff able to access EMResources	WebEOC training has been scheduled for Jan. 2014 EMResource forms submitted to SETRAC and awaiting user id and password allocation.	SETRAC	WebEOC – Jan. 2014. No timeline given by SETRAC for EMResource.
HPP 3	There was a lack of employee understanding of their role in a disaster	Conduct at a minimum 2 drills, one of them a community drill.	HPH Education dept. in conjunction with dept. managers	Nov. 2014
HPP 3	Uncertainty by the organization regarding the thoroughness of the emergency operations plan	Meet with SETRAC representative to better understand the requirements.	HPH CNO	Mar. 2014

**Authorizing Signature:** Patricia Ford RN, MSN **Date:** 11/14/13

## TEXAS CHILDREN’S HOSPITAL – WEST CAMPUS IMPROVEMENT PLAN

This IP has been developed specifically for Texas Children’s Hospital – West Campus as a result of the RADD SNS FSE conducted on October 31- November 2, 2013. The recommendations included in this IP draw on evaluator observations and/or participant comments documented during after action meetings/debriefings.

#	Recommendations	Corrective Action to be Implemented	Responsible Party/Agency	Projected Completion Date
<b>HPP 2</b>	Create a list of possible alternate POD setup locations around the Texas Children’s – West Campus.	Have additional options in location for setting up the dispensing center.	Emergency Management & West Campus Leadership	01/31/2014
<b>HPP 6</b>	Consider additional modes of communication to reach staff before and during the exercise.	Have additional options for communicating with staff about the availability and operation of the dispensing center.	Emergency Management & West Campus Leadership	01/31/2014
<b>HPP 7</b>	Look into the cause of a 20% non-compliance rate among on-shift staff and learn how this percentage may be reduced.	Lower the rate of non-compliance among staff by understanding the reasons for not participating in the exercise and addressing these reasons.	Emergency Management & West Campus Leadership	01/31/2014
<b>HPP 2</b>	Conduct a second exercise of the dispensing center at a later date with more real-life elements incorporated.	Determine a more accurate dispensing rate.	Emergency Management & West Campus Leadership	01/01/2015

**Authorizing Signature:**     Amy Puglia     **Date:**     November 18, 2013

## TOPS SURGICAL SPECIALTY HOSPITAL –IMPROVEMENT PLAN

This IP has been developed specifically for TOPS Surgical Specialty Hospital as a result of the RADD SNS FSE conducted on October 31- November 2, 2013. The recommendations included in this IP draw on evaluator observations and/or participant comments documented during after action meetings/debriefings.

#	Recommendations	Corrective Action to be Implemented	Responsible Party/Agency	Projected Completion Date
<b>HPP 3</b>	Update the Disaster Plan	Strengthen the disaster plan. Have back up personal to inherit disaster process	Facility management/safety officer	March 2014
<b>HPP 2 HPP 7</b>	Create a Drug Stockpile	Have on hand, a stockpile of required drugs for disasters	Pharmacy	March 2014

**Authorizing Signature:**     Kent Cavender                          **Date:**     11-21-2013

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## PARK PLAZA IMPROVEMENT PLAN

This IP has been developed specifically for Park Plaza Hospital as a result of the RADD SNS FSE conducted on October 31- November 2, 2013. The recommendations included in this IP draw on evaluator observations and/or participant comments documented during after action meetings/debriefings.

#	Recommendations	Corrective Action to be Implemented	Responsible Party/Agency	Projected Completion Date
HPP 7	Identify other storage location to consolidate if possible	Review alternate options for possible	Paul Williams	12/2013
HPP 6	Educate other leaders on use of Auto Communication system	<ul style="list-style-type: none"> <li>Identify Key Members of leadership</li> <li>Train identified Leaders on the Communication system</li> </ul>	Bill Doods	2/2014

**Authorizing Signature:** Paul Williams **Date:** 11/21/2013

## COLUMBUS COMMUNITY HOSPITAL IMPROVEMENT PLAN

This IP has been developed specifically for Columbus Community Hospital as a result of the RADD SNS FSE conducted on October 31- November 2, 2013. The recommendations included in this IP draw on evaluator observations and/or participant comments documented during after action meetings/debriefings.

#	Recommendations	Corrective Action to be Implemented	Responsible Party/Agency	Projected Completion Date
HPP 7	Update the antibiotic cache due to expired medication	The antibiotic cache will be updated	Amy Othold, Pharmacist/Pharmacy	May 2014

**Authorizing Signature:** Lana Wied **Date:** 11/20//2013

## BELLVILLE ST. JOSEPH HEALTH CENTER IMPROVEMENT PLAN

This IP has been developed specifically for Bellville St. Joseph Health Center as a result of the RADD SNS FSE conducted on October 31- November 2, 2013. The recommendations included in this IP draw on evaluator observations and/or participant comments documented during after action meetings/debriefings.

#	Recommendations	Corrective Action to be Implemented	Responsible Party/Agency	Projected Completion Date
HPP 3	Improve policy with more detail	Update to St. Joseph Health System Policy	Darlene Wood	March 1, 2014
HPP 2 HPP 7	Filling out dispensing labels took too long by pharmacy if needed.	Check with the DSHS to see if dispensing labels for each family member is required during a disaster.	Mike Koehn	March 1, 2014
HPP 6	Calling all employees took too long.	Work with St. Joseph Health System to improve mass employee communication.	Kurt Sunderman	March 1, 2014

**Authorizing Signature:** Darlene Wood **Date:** 11/20/2013



## ASPIRE BEHAVIORAL HEALTH IMPROVEMENT PLAN

This IP has been developed specifically for Aspire Behavioral Health as a result of the RADD SNS FSE conducted on October 31- November 2, 2013. The recommendations included in this IP draw on evaluator observations and/or participant comments documented during after action meetings/debriefings.

#	Recommendations	Corrective Action to be Implemented	Responsible Party/Agency	Projected Completion Date
HPP 6	Enhance redundant communications	Develop a secondary contact for all staff members incase cell phone coverage is non-existent.		
HPP 2	Ensure patients receive meds during a bioterrorism attack.	IC director will call ancillary locations if needed and get a total head count to include staff and patients	IC director	N/A
HPP 6	Monitor Social media during emergencies	This responsibility will be assigned to the Public Information Officer for future incidents/exercises		
HPP 3	Train additional staff on Decon	If the need arose we would send any masses of people that needed decontamination to CRMC, but we still need more than 2 certified people in the hospital		Feb. 2013

**Authorizing Signature:** John Carmona **Date:** 11-21-2013

## KINDRED BAY AREA HEALTH IMPROVEMENT PLAN

This IP has been developed specifically for Aspire Behavioral Health as a result of the RADD SNS FSE conducted on October 31- November 2, 2013. The recommendations included in this IP draw on evaluator observations and/or participant comments documented during after action meetings/debriefings.

#	Recommendations	Corrective Action to be Implemented	Responsible Party/Agency	Projected Completion Date
HPP 6	Troubleshoot communication system	Determine why radios were out of service and utilize MHz radio to maintain communication with other facilities.		11/30/2013
HPP 2	Involve more front line staff in future drills for exposure to real world incidents preparation	Involve more front line staff in future drills for exposure to real world incidents preparation		11/15/2013
HPP 2	Allocation-Strategically place additional supplies and scrubs in alternate locations for availability when needed.	Allocation-Strategically place additional supplies and scrubs in alternate locations for availability when needed.		12/15/2013
HPP 3	Update Resource Books at each department	Update Resource Books at each department		Feb. 2013

Authorizing Signature: Samantha Robinson Date: 11-21-13

**In addition to the AARs above, the following facilities participated in the exercise with internal AAR's (not included within this document):**

- CHRISTUS Health
- Clear Lake Regional Medical Center
- Cornerstone Hospital of Houston @ Clear Lake
- Doctor Hospital Tidwell
- El Campo Memorial Hospital
- HCA West Houston Medical Center
- Health Bridge Children's Hospital
- Houston Methodist San Jacinto
- Houston Orthopedic & Spine Hospital
- Houston Physician Hospital
- Huntsville Memorial Hospital
- Kindred Clear Lake LTAC
- Kindred Clear Lake Rehabilitation Hospital
- Kindred East Houston
- Kindred Hospital Sugar Land  
Kindred Hospital Town and Country
- Kindred Medical Center
- Kindred Tomball & Spring
- Memorial Hermann Healthcare System
- Memorial Hermann Memorial City
- Methodist Sugar Land Hospital
- Oak Bend Medical Center
- Reliant North Houston Rehabilitation Hospital
- Rice Medical Center
- Saint Anthony's Hospital
- Shriners Hospital
- Solara Hospital Conroe
- St Joseph Medical Center at the Height's
- St. Joseph Medical Center
- St. Luke's Episcopal Hospital
- St. Luke's Hospital at The Vintage
- Surgery Specialty Hospitals of America - SE Houston Campus
- Texas Orthopedic Hospital
- The Methodist Hospital - Medical Center
- U.T. MD Anderson Cancer Center
- West Houston Medical Center
- Woodland Heights Medical Center

## SETRAC PARTICIPANT ROSTERS

Organizations / Functions	Number of Participants
<b>Departments: St. John Hospital</b>	
Pharmacy	[4]
ER	[10]
Risk Management	[2]
Lab	[6]
IC	[6]
Plant Operations	[4]
Medical Staff/Volunteers	[10]
<b>Total:</b>	[42]
<b>Exercise Support</b>	
Controllers/Simulators	[1]
Evaluators	[2]
<b>Bellville St. Joseph Health Center Organizations / Functions</b>	
<b>Departments</b>	
Pharmacy	[2]
ER	[2]
Risk Management	[1]
Nursing	[2]
Business Office	[6]
Administration	[3]
Surgery	[3]
Laboratory	[3]
Imaging	[3]
Dietary	[1]
Housekeeping	[3]
Maintenance	[2]
Physical Therapy	[2]
Medical Records	[1]
Central Supply	[1]
<b>Total</b>	[35]
<b>Physician Offices</b>	
Staff	[5]
<b>Total</b>	[5]
<b>Exercise Support</b>	
Controllers/Simulators	[1]
Evaluators	[1]
<b>Total:</b>	[2]
Organizations / Functions	Number of Participants

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<b>Departments: Matagorda Regional Medical Center</b>	
Pharmacy	
ER	
Risk Management	
Lab	
IC	
Plant Operations	
Medical Staff/Volunteers	
<b>Total:</b>	88
<b>Exercise Support</b>	
Controllers/Simulators	
Evaluators	
Others	
<b>Total:</b>	12
<b>Kindred Bay Area</b>	
Quality	
Plant Ops Director	
CEO	
CCO	
DON	
Nursing	
Administration	
Controller	
Respiratory	
Pharmacy	
Education	
Admissions	
Case Management	
Housekeeping	
Materials Management	
HIM	
Rehab	
Marketing	
Infection Control/Employee Health	
Dietary	
TOTAL Participants:	26
<b>Organizations / Functions</b>	
<b>Number of Participants</b>	
<b>Departments</b>	
Pharmacy	2
ER	2
Risk Management	2

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<b>Total:</b>	6
<b>SLPMC EMPLOYEES</b>	
Directors	14
Support Staff- sec, evs, etc	12
<b>Total:</b>	26
<b>Total:</b>	
<b>Exercise Total</b>	32
<b>Organizations / Functions</b>	<b>Number of Participants</b>
<b>Departments</b>	
Pharmacy	1
ER	2
Administration (CNO)	1
Risk Management/Quality	1
Business Office/Registration	1
HIM	1
Materials Management	1
Infection Control	1
Perioperative Services	3
Imaging Services	1
Human Resources	1
<b>Total:</b>	14
<b>Local Emergency Management</b>	
Emergency Management Coordinator (internal)	1
Others	
<b>Total:</b>	1
<b>Total:</b>	15
<b>Organizations / Functions</b>	<b>Number of Participants</b>
<b>Departments- St. Luke's Sugar Land</b>	
Pharmacy	1
ER	6
Risk Management	1
Hospital Leadership from all Departments	20
<b>Total:</b>	28
<b>Local Emergency Management</b>	
Emergency Management Coordinator	1
Others	0
<b>Total:</b>	1
<b>Total:</b>	0
<b>Federal Agencies</b>	
CMOC	1
<b>Total:</b>	
<b>Exercise Support</b>	
Controllers/Simulators	1

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Evaluators	1
Others	
<b>Total:</b>	
<b>Exercise Total</b>	
<b>Organizations / Functions</b>	<b>Number of Participants</b>
<b>Departments- Texas Children’s Hospital- West Campus</b>	
Pharmacy	2
Administration	1
Emergency Management	2
Support Services	1
<b>Total:</b>	6
<b>Public Volunteers (Not affiliated with an organization)</b>	
Volunteers	1
<b>Total:</b>	1
<b>Exercise Support</b>	
Evaluators	3
<b>Total:</b>	3
<b>Additional Participants</b>	
Responding Staff	42
<b>Total:</b>	42
<b>Exercise Total:</b>	52
<b>Organizations / Functions</b>	<b>Number of Participants</b>
<b>Departments: Tops Specialty</b>	
Pharmacy	1
ER	1
Risk Management	1
Emergency Management	1
SETRAC	1
Pondarosa FD	1
<b>Exercise Support</b>	
Controllers/Simulators	[1]
Others	[#]
<b>Total:</b>	[3]
<b>Organizations / Functions</b>	<b>Number of Participants</b>
<b>Departments- Houston Northwest Medical Center</b>	
Pharmacy	1
ER	2
Administration (CNO)	1
Risk Management/Quality	1
Business Office/Registration	1
HIM	1
Materials Management	1
Infection Control	1
Perioperative Services	3
Imaging Services	1

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Dispensing Strategic National Stockpile  
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FOR EXERCISE USE ONLY**

<b>Human Resources</b>	1
<b>Total:</b>	14
<b>Emergency Management Coordinator (internal)</b>	1
<b>Others</b>	[#]
<b>Total:</b>	15
<b>Organizations / Functions</b>	
<b>Number of Participants</b>	
<b>Departments</b>	
Pharmacy	[2]
ER	[2]
Risk Management	[1]
Employee health	[1]
EVS & Food And Nutrition Services (FANS)	[1]
Cardiopulmonary Dept.	[1]
Lab & Radiology Dept.	[1]
Maintenance	[2]
IT	[1]
<b>Organizations / Functions</b>	
<b>Number of Participants</b>	
<b>Departments- ICON</b>	
Pharmacy Director- Dispensing	1
Infection Control- Dispensing	1
Risk Management- Incident Commander	1
Materials Management- Supplies	1
Plant Operations Manager- Security	1
Nursing Manager- Greeter	1
Case Management Director- Education	1
Director of Non-clinical- - Greeter	1
Housekeeping Manager- WebEOC or EMResource	1
Therapies Manager- Screening	1
Business Office- Security	1
Executive Assistant- Media	1
Staff	40
<b>Total:</b>	52
<b>Organizations / Functions</b>	
<b>Number of Participants</b>	
<b>Departments- Park Plaza</b>	
Pharmacy	3
ER	4
Risk Management	1
Security	2
Environmental Services	5
Radiology	3
Laboratory	2
<b>Total:</b>	20
<b>Total Hospital Exercise Participants</b>	<b>442</b>



**2013 Regional Allocation, Distribution and  
Dispensing Strategic National Stockpile  
Full-Scale Exercise  
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