Operation Purple Haze Functional Exercise

SouthEast Texas Regional Advisory Council

AFTER ACTION REPORT & IMPROVEMENT PLAN

April 14-April 16, 2015

Operation Purple Haze

Chemical Release Functional Exercise

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Exercise AAR/IP Point of Contact

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Exercise/Incident Detail:

After Action Report for:	☒ Exercise ☐ Actual Event/Incident
Exercise/Incident Date(s):	April 14-16, 2015
Exercise/Incident Type:	☐ Drill ☐ Tabletop ☒ Functional ☐ Full-Scale
Exercise/Incident Geographical Scope:	☐ Local ☒ Regional ☐ State ☐ Multi-State ☐ International

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Executive Summary

The SETRAC/RHPC functional chemical release exercise *Operational Purple Haze* was developed to test the ability of the Catastrophic Medical Operations Center to coordinate the capabilities of Healthcare System Preparedness, Healthcare System Recovery, Emergency Operations Coordination, and Information Sharing. The exercise planning team was composed of:

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Based on the exercise planning team's determination, the following mission(s) and objectives were developed for *Operational Purple Haze*.

Mission(s):

Response

HPP Capabilities Tested:

Capability 2: Healthcare System Recovery

Capability 3: Emergency Operations Coordination

Capability 5: Fatality Management

Capability 6: Information Sharing

Capability 10: Medical Surge

Overview:

Regional Healthcare Preparedness Coalition (RHPC) *Operational Purple Haze* Functional Exercise was a multiple-agency, multiple-site event designed to exercise and assess the capability of the regional medical response plan, through the Catastrophic Medical Operations Center (CMOC), to respond in a coordinated effort to a no-notice incident. The incident focused on emergency operations coordination, medical surge, and communications. The *Operational Purple Haze* Functional Exercise provided an opportunity to test and evaluate the implementation of doctrine and policies provided in existing plans.

Operational Purple Haze was a functional exercise that focused on chemical release scenarios in and around the RHPC Region. The exercise was a single four (4) hour exercise that was repeated for each of the five (5) corridors served by the Catastrophic Medical Operations Center (CMOC).

Major Strengths Demonstrated:

The major strengths identified during this exercise/incident are as follows:

1. Evaluators noted a high level of interaction amongst CMOC personnel and external entities. CMOC participants worked well with healthcare and non-healthcare agencies within the RHPC region.

2. The CMOC concept of operations was determined by evaluators to be capable of meeting the demands of an incident involving chemical release resulting in mass casualties and mass fatalities.

3. Although several exercise participants were new and unfamiliar with CMOC operations, the majority of them quickly became comfortable with their roles and responsibilities. For these new participants, just-in-time training was adequate to assure that the mission was not compromised.

4. Most corridor representatives were experienced and knowledgeable with CMOC operations and software technologies. This allowed representatives to be fairly proficient at developing technical and operational work-around solutions when faced with unanticipated technology failures.

Primary Areas for Improvement Identified:

The primary areas for improvement, including recommendations, are as follows:

1. Automated Systems:

    The most notable area for improvement was information sharing, and using the available software available to participants. The WebEOC platform presented participants with significant challenges due to unexpected disruption of services due to server issues. Players also had difficultly retrieving records previously entered due to system errors. Evaluators observed that at some point during each day, a manual process needed to be employed to continue operations when unexpected technology failures occurred.

2. Process and instruction:

    One of the most important aspects of CMOC operations is the process and procedures used by participants to move data and ensure that information is being correctly received and acted upon appropriately. On successive exercise days corridor reps were given slightly different operating procedures. CMOC personnel participating over multiple days were unsure as to which process was correct. Evaluators noted that during one of the exercises, CMOC personnel were given different procedural instructions from each of the command level positions.

Section 1:   Exercise/Incident Overview

Exercise/Incident Name/Designation:
> *Operational Purple Haze*

Exercise/Incident Dates:
> April 14-16, 2015

Exercise/Incident Duration:
> Four (4) hour exercise that was repeated for each of the five (5) RHPC corridors served by the Catastrophic Medical Operations Center (CMOC).

Exercise/Incident Location(s):
> CMOC COOP Location- Harris County Emergency Operations Center

Sponsor:
> Regional Healthcare Preparedness Coalition (RHPC) / SouthEast Texas Regional Advisory Council (SETRAC)

Funding Source:
> U.S. Department of Health and Human Services (HHS), Assistant Secretary for Preparedness and Response (ASPR), Hospital Preparedness Program (HPP)
> State Homeland Security Program

Program Requirements Addressed:
> HHS/ASPR

Mission(s) Tested During the Exercise/Event:
> Response and Recovery

Capabilities Demonstrated/Validated:
- Capability 2: Healthcare System Recovery
- Capability 3: Emergency Operations Coordination
- Capability 5: Fatality Management
- Capability 6: Information Sharing
- Capability 10: Medical Surge

Exercise Scenario/Incident Type:
> Intentional chemical release

Organizational Participants:

    See Tab C for participant list.

Section 2: Exercise Design Summary and Analysis of Capabilities

2.01   Exercise/Incident Purpose and Design:

The purpose of the *Operational Purple Haze* Functional Exercise was to evaluate the RHPC Catastrophic Medical Operations Center (CMOC) regional medical response and evacuation plans, as well as coordination of capabilities in healthcare facilities in the event of a major chemical release.

This exercise was designed and executed in accordance with the US Department of Homeland Security Exercise Evaluation Program guidance. The exercise planning team discussed the complexities of responding to a major chemical release. This process was completed over a five (5) month period by completing three (3) exercise planning meetings, and extensive communication between the vendor and SETRAC/RHPC. These meetings were held at the SETRAC offices.

2.02   Scenario Summary:

The *Operational Purple Haze* Functional Exercise was based on a chemical release scenario. The exercise began with a simulated intelligence bulletin from the Texas Fusion Center reporting uncorroborated information about a subject expressing his desire to steal Hydrogen Fluoride from his place of employment and intentionally releasing it in a public venue. The exercise then progressed with two (2) subsequent releases of Hydrogen Fluoride in public venues resulting in high numbers of ill and deceased.

2.03   Exercise/Incident Capabilities, Objectives, Activities and Analysis:

Capabilities-based planning allows for exercise planning teams to develop exercise objectives and observe exercise outcomes through a framework of specific action items that are derived from federal grant programs (ASPR Healthcare Preparedness Capabilities) or executive directive. The mission related capabilities included below form the foundation for the organization of all objectives and observations in this exercise. The capability-based objectives used for *Operational Purple Haze* are listed below, followed by the activities required to demonstrate the objective. Each capability is followed by a listing of the activities required to demonstrate the objective, observations of performance of the selected activities, analysis of the impact of the observed performance and recommendations for improvements where required.

Capability 2: Healthcare System Recovery

Objective 2.1: Assess the ability of the CMOC staff to relocate and operate efficiently at the designated alternate location in a timely manner.

Activity 2.1.1: The CMOC staff should demonstrate the ability to effectively relocate to the Continuity of Operations (COOP) site as directed by the exercise personnel.

Observation: Strength

Analysis:

Staff was able to operate from the COOP site and effectively execute the mission of the CMOC in response to a chemical release resulting in mass casualties and mass fatalities. Sufficient workspace and supporting technologies were present to support CMOC operations.

Recommendations:

Maintain the Harris County Emergency Operations Center and its capabilities as an alternate site for purposes of Continuity of Operations.

Observation: Area for Improvement

Analysis:

During the exercise, participants found it difficult to communication with other CMOC staff due to the lack of headphone at the backup locations. At the Main CMOC location, staff have headphones available to them to assist with CMOC briefings, communicating with other departments and keeping the noise level down. Not having this proved to be a reoccurring issue.

Recommendations:

CMOC Staff should work with all COOP locations to ensure this capability is available to them during an activation.

Capability 3: Emergency Operations Coordination

Objective 3.1: Demonstrate the activation process as described in the CMOC Activation Plan as required in response to an incident involving medical surge and mass fatalities.

Activity 3.1.1: Implement the CMOC Activation plan and apply pertinent Mass Fatality concepts to the process.

Observation: Strength

Analysis:

CMOC has developed, trained on and instituted numerous plans and check list to assist participants with CMOC operations. Each CMOC position has a specialized binder of documents that will be needed by that position in activation.

Recommendations:

CMOC Staff should continue to update documents as needed for activations.

Observation: Area of Improvement

Analysis:

During the exercise, some exercise participants failed to utilize the Job Action Checklist for their positions. This resulted in those players missing a key items during the drill that would have been caught if they utilized resources currently available to them.

Recommendations:

CMOC staff should fully utilize all resources available at their disposal to effectively augment CMOC operations.

Objective 3.2: Prioritize objectives and coordinate the operational objectives designated by the Operations Chief, according to the National Response Framework and NIMS, for each operational period, throughout the entire operational period.

Activity 3.2.1: Operations Chief designates operational period objectives and assigns each a priority for accomplishment.

Observation: Strength

Analysis:
During the exercise, the CMOC Chief gave a concise and effective briefing before each operational period. They ensured that all staff members knew what was going on and what the mission was during that activation.

Recommendations:
Continue to have operational briefings for CMOC staff, this allows all participants to situational awareness of the incident.

<u>Objective 3.3:</u> Maintain the regional response to an incident involving medical surge and mass fatalities in accordance with the CMOC Basic Plan.

Activity 3.3.1: Provide direction, information, and/or support as appropriate to Emergency Operation Centers at the local, state, federal and tribal levels.

Observation: Strength

Analysis:

CMOC front row staff did a great job at managing the chemical release incident, they ensured that the RHPC region received exercise pertinent information in a timely manner. They used existing resources (EMTrack and EMResource) to manage the mass casualty/fatality incident.

Recommendations:

Continue to train and exercise staff on the use to of EMSystem, in order to main current level of success with the system.

Observation: Area of Improvement

Analysis:

Unreliable research sources were used to obtain critical information regarding the chemical, associated hazards, treatment methods, and other important issues. At times, representatives in the back row were conducting their own research in order to advise their hospitals as to proper treatment strategies. Tasking this responsibility to Public Health was a good use of available manpower, however Public Health noted that they would need to validate and seek approval from their superiors prior to the distribution of treatment recommendations

Recommendations:

CMOC binders should be updated to include a resource guide on where to obtain chemical information to include treatment(s). Resource Guide include trusted websites, reference books, and how to access and use those resources.

Objective 3.4: Evaluate the utilization of resource management systems that are being used during the exercise for effectiveness of allocation, deployment and utilization of resources being requested.

Activity 3.4.1: Utilize available resource management tools to effectively allocate, deploy, utilize, and track available resources.

Observation: Area of Improvement

Analysis:

During the exercise there was confusion with the process of submitting resource requests through the WebEOC Local Request (LoRe) board. Some participants had some confusion on the difference between processing internal CMOC requests and request from healthcare agencies.

General Requests made via the LoRe board in WebEOC appeared to go to the incorrect positon, the Operations Chief for action. Causing a delay in fill resource needs of the region.

Recommendations:

Additional training is needed for CMOC staff and healthcare agencies on routing resource request, and utilizing the LoRe board in WebEOC.

Activity 3.4.2: Report and document the incident by completing and submitting required forms, reports, documentation, and follow-up notations.

Observation: Strength

Analysis: CMOC staff utilized existing technologies (WebEOC, EMResource and EMTrack) to document the incident. CMOC was able to connect to Healthcare agencies in TSA H via WebEOC for the first time during this drill, allowing all players to communicate and document exercise activities within the same WebEOC Server. When technology issues arose, CMOC staff were able to quickly determine an issue existed and implement a back-up plan quickly. City of Houston WebEOC Administrator and Intermedix were on site to fix any issues that arose.

Recommendations:
Continue to utilize and training CMOC and hospital staff on existing systems to document the incident.

Capability 5: Fatality Management

Objective 5.1: Demonstrate effective coordination and timely activation of individual hospital Family Reception Centers.

Activity 5.1.1: Effectively coordinate with hospital personnel to determine ability to activate a Family Reception Center (FRC) per their individual plans.

Observation: Strength

Analysis: CMOC and the region has developed robust FAC templates for the region. CMOC staff and regional stakeholders had a good understanding of the plan and what was expected of them. When a FAC activation was requested, the region was knowledgeable of what was in the plan.

Recommendations: Continue to train on the plan and update as needed.

Objective 5.2: Demonstrate effective and efficient support of activated individual hospital Family Reception Centers.

Activity 5.2.1: Support Family Reception Center operations at the hospital level.

Observation: Area of Improvement

Analysis:

Confirmation of activation of hospital's FRCs took longer than would be desirable under actual response conditions. There was a question following the stand-up order as to whether FRCs had actually achieved operational status. In some instances support was requested by a hospital without the CMOC being aware that operational status had been achieved.

Recommendations:

Formalize the process of notifying CMOC that an FRC has been fully activated by linking that notification to a specific job title at each institution and writing that responsibility into each activation plan.

Capability 6: Information Sharing

Objective 6.1: CMOC personnel and participating agencies will use EMSystem and WebEOC to transmit timely, relevant, and actionable incident specific healthcare information to incident management throughout the incident.

Activity 6.1.1: Incident response information is effectively communicated through the use of all appropriate communications methods (i.e., 2 way communications, EmSystem, WebEOC, etc).

Observation: Strength

Analysis:

CMOC staff and regional were very knowledgeable on information sharing systems used during CMOC. There was a major improvement from previous years exercises, where users were unable to log into the system.

Recommendations:

Continue to train and exercise the region on technologies used in the region.

Observation: Area of Improvement

Analysis:

Evaluators noted that WebEOC has various filtered views available to the users. Often the users misplaced information because they were looking on the wrong filtered view of the data, leading to delayed or unfinished tasking(s).

Recommendations:

Update current trainings in order to allow users to become more familiar with the different views in WebEOC.

Activity 6.1.2: Maintain a common operating picture (COP) for real-time sharing of information with all participating entities to ensure all responder healthcare agencies are working from the same information.

Observation: Area of Improvement

Analysis:

All CMOC Briefings were not consistent, some Chiefs gave clear, concise objectives and information to CMOC players in a timely manner. Other Chiefs struggled with situational briefings during the drills. This led to late information and some incorrect information going out to the CMOC players.

Recommendations:

Training is needed for some Ops Chief on conducting situational briefings to CMOC staff. Briefings should be concise and highlight the main known facts. Briefing information could also be posted for all to review as some staff may be on the phone and unable to hear all of the briefing.

Capability 10: Medical Surge

Objective 10.1: Use EMSystem, WebEOC, and other data collected to define the needs of the incident and the available healthcare staffing and resources throughout the incident.

Activity 10.1.1: EMSystem, WebEOC, and systems are used to collect and document data, available healthcare staffing and resources throughout the incident.

Observation: Strength

Analysis:

CMOC staff were able to run bed reports in EMSystem, in order to determine the bed availability of the corridor in response to a large scale Mass Casualty Incident (MCI) and Mass Fatality Incident (MFI). When the CMOC experienced technology issues, they were able to continue to manage the surge during the incident by having back row staff call all healthcare agencies to get updates.

Recommendations:

Continue to utilize current technologies for managing surge in the region, include the contingency plans practiced (when technology failed) into current plans, in case a technology failure occurs again.

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Section 3: Conclusion

The objectives set forth by the exercise planning team were met and most cases exceeded the expectations of the planning team and contractor staff involved in this exercise. Healthcare System Preparedness, Healthcare System Recovery, Emergency Operations Coordination, and Information Sharing were the overarching objectives for this event, but the CMOC staff and the hospitals also reflected an attitude of true commitment to making this exercise a learning experience which is always an underlying objective for any exercise, large or small.

This exercise was a success in many aspects but it has also shown an opportunity for improvement of understanding by the hospitals regarding CMOC concept and the computer systems available to them. CMOC players that participated in previous activations were knowledgeable about the CMOC concept and assisted the new staff members when they were called upon to help complete a task. The participation of senior leadership from Southeast Texas Regional Advisory Council, the Regional Healthcare Preparedness Coalition, and outside agencies in this exercise reflects a commitment to the preparedness of the region in and a strong commitment to serving the residents of each of their regions.

A robust improvement plan that will address all aspects of the exercise, not just the issues discussed in this document, has been drafted and discussed thoroughly with all parties.

All of the staff that participated in the exercise are obviously very committed to the CMOC concept and to the residents of TSA H, R and Q regions. Even though there were several areas of improvement noted in this year's exercise, there has been noted improvement over the performance during last year's event.

In the opinion of the staff contracted to assist with this event, this was a very successful exercise. All participating agencies should be able to utilize the outcomes as building blocks for future planning, training considerations, and expenditures to improve their overall response capabilities and better serve the citizens of the TSA H, R and Q regions.

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IMPROVEMENT PLAN

This IP has been developed specifically for the Southeast Texas Regional Advisory Council/RHPC a result of *Operational Purple Haze* Functional Exercise conducted on April 14th-16th 2015. The recommendations included in this IP draw on evaluator observations and recommendations as well as exercise participant recommendations documented during after action meetings/debriefings.

Capability/ Objective #	Recommendations	Corrective Action to be Implemented	Responsible Party/Agency	Projected Completion Date
2.1	During the exercise, participants found it difficult to communication with other CMOC staff due to the lack of headphone at the backup locations. At the Main CMOC location, staff has headphones available to them to assist with CMOC briefings, communicating with other departments, and keeping the noise level down. Not having this proved to be a reoccurring issue.	CMOC Staff should work with all COOP locations to ensure this capability is available to them during activation.	*SETRAC*	*July 1, 2015*
3.1	During the exercise, some exercise participants failed to utilize the Job Action Checklist for their positions. This resulted in those players missing key items during the drill that would have been caught if they utilized resources currently available to them.	CMOC training should ensure that CMOC Staff fully utilize all resources available at their disposal to effectively augment CMOC operations.	SETRAC	*Ongoing*
3.3	Unreliable research sources were used to obtain critical information regarding the chemical, associated hazards, treatment methods, and other important issues. At times, representatives in the back row were conducting their own research in order to advise their hospitals as to proper treatment strategies. Tasking this responsibility to Public Health was a good use of available	CMOC binders should be updated to include a resource guide on where to obtain chemical information to include treatment(s). Resource Guide include trusted websites, reference books, and how to access and use those resources.	SETRAC	April 1, 2016

	manpower, however Public Health noted that they would need to validate and seek approval from their superiors prior to the distribution of treatment recommendations			
3.4	During the exercise there was confusion with the process of submitting resource requests through the WebEOC Local Request (LoRe) board. Some participants had some confusion on the difference between processing internal CMOC requests and request from healthcare agencies. General Requests made via the LoRe board in WebEOC appeared to go to the incorrect positon, the Operations Chief for action. Causing a delay in fill resource needs of the region.	Additional training is needed for CMOC staff and healthcare agencies on routing resource request, and utilizing the LoRe board in WebEOC.	SETRAC	*Ongoing*

Authorizing Signature: Lori Upton   **Date:**   7/15/15

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TAB A

Exercise Evaluation Team

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The following individuals served as the evaluation team for *Operational Purple Haze*.

Name	Position	E-Mail	Phone
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TAB B

Corrective Action Plan

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[Exercise/Incident]
CORRECTIVE ACTION PLAN

Capability:		Observation Title:	

Recommendation:

Corrective Action Description:

Office of Primary Responsibility: (Lead Entity)	(Agency Name)		
Point of Contact: (POC)	(Name)	(Phone)	(Email)

Support Programs/Functions:

Program/Function	POC	Contact Information
		Phone: Email:
		Phone: Email:
		Phone: Email:

Tasks & Timeline for Full Implementation:

ID	Task	POC	Start Date	Completion Date

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Corrective Action Plan - Instructions for Use

The Corrective Action Plan (CAP) is a tool for use as the "next step" in the improvement planning process following the completion of the Improvement Plan section of the AAR/IP. The CAP is intended as a tool that allows for defining the overall timeline for implementation of a corrective action as well as tracking the implementation process to its conclusion. The CAP enables officials within an organization to:

1. Based on the capabilities selected to be tested during the exercise, select the most appropriate recommended corrective action to be implemented and assign a projected completion date,
2. Identify the individual within the organization that will take the lead in the implementation process,
3. Identify any programs, functions or other organizations whose support is required to achieve full implementation,
4. Identify the individual within the identified support program, function or organization that is assigned to carry out the defined support role,
5. Identify the various individual tasks or steps that must be accomplished to achieve full implementation of the selected corrective action and assign a timeline for completion of each.

Capability:
: Capability (from the PHEP, HPP Preparedness Capabilities and/or the DHS Target Capabilities List) addressed during the exercise / incident response to which the objective/corrective action is linked.

Observation Title:
: A summary title/description of the objective/performance impacted by the corrective action recommendation.

Corrective Action Description:
: Statement of the corrective action selected for implementation to improve overall and specific preparedness capabilities identified as being required during the exercise / response.

Office of Primary Responsibility: (OPR)
: This is the program, function or organizational office charged with insuring complete and full implementation of the selected corrective action required to improve overall and specific capabilities as identified during the exercise / response.

Point of Contact (POC):
: The individual within the OPR that is identified as taking the lead to ensure complete and full implementation of the identified corrective action.

Support Programs / Functions:
: Programs, functions and/or other entities whose support is required to accomplish the full implementation of the selected corrective action. This includes the identification of the individuals within these entities that will take the lead in supporting the implementation along with their contact information.

Tasks & Timeline for Full: Implementation
: A breakout of the individual tasks that, when each is accomplished, allows for full implementation of the selected corrective action. This includes when each task is to be initiated and when each should be completed. These tasks should be listed in the order each is required as a building-block approach.

TAB C

Exercise/Incident Participant Rosters

Please complete the appropriate roster(s) for the exercise activity conducted by providing the number of participants for each area. The individual rosters are:

- *Hospital Participants*
- *Public Health Department Participants*
- *Local Government Emergency Management*
- *State Agencies/Organizations**
- *Federal Agencies*
- *Exercise Staff/Support*

If there is insufficient space provided to list all participating entities, please copy and paste the appropriate roster(s). (e.g. individual hospitals by facility name, local health departments, local government emergency management, etc. The rosters are not protected and can be modified as necessary.)

(* - Regional Advisory Council and Councils of Governments may be included under "State Agencies and Organizations by modifying the roster.)

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Organizations / Functions
State Agencies/Organizations
Dept. of State Health Services
Texas Department of State Health Services 4/5N
Catastrophic Medical Operation Center
East Corridor
North Channel EMS
Cleveland Fire Department
Bayside Community Hospital
Liberty Fire Department
Port Arthur Fire Department
Winnie Community Hospital
Bayshore Medical Center
Liberty Dayton Regional Medical Center
Liberty County EMS
East Houston Regional
The Medical Center of Southeast Texas
Houston Methodist San Jacinto Hospital
Christus St Elizabeth
Christus Dubuis Hospital BMT/PTA
CHRISTUS Hospital St. Mary
Baptist Hospital
The Medical Center of Southeast Texas
Victory Surgical Hospital East Houston
North Channel EMS
Downtown Corridor
Houston Orthopedic and Spine Hospital
Memorial Hermann Northwest Hospital
Doctor Hospital Tidwell
St. Joseph Medical Center
Harris County Gateway to Care Medical Reserve Corps
University General Hospital
Houston Methodist- TMC
Texas Children's Hospital - Main Campus
Kindred Houston Medical Center
Park Plaza Hospital
Gulf Coast Regional Blood Center
U.T. MD Anderson Cancer Center
Michael E. DeBakey VAMC
The Woman's Hospital of Texas
Baylor St. Luke's Medical Center

Memorial Hermann-TMC and Children's Memorial Hermann Hospital
Shriners Hospitals for Children
Cornerstone Hospital of Houston - Bellaire
UT HCPC
Promise Hospital of Houston
Select Specialty Hospital - L.P.
Memorial Hermann Southwest Hospital
TIRR Memorial Hermann Hospital
Harris Health System (Ben Taub & LBJ Hospitals)
HCPHES
Victory Medical Center
Memorial Hermann Rehabilitation Hospital Katy
Memorial Hermann Northwest Hospital
Select Specialty Hospital - L.P.-Heights
Select Specialty Hospital - L.P.-West
North Corridor
CHI ST Luke's Health Memorial San Augustine
Nacogdoches Memorial Hospital
Tyler County Hospital
AMERICARE EMS
Sabine County Hospital
Nexus Specialty Hospital
Christus Jasper Memorial Hospital
JASPER/NEWTON/SABINE OEM
Polk County OEM
CHI St. Luke's Health Memorial Livingston
The Surgery Center of Nacogdoches
Woodland Heights Medical Center
County of Nacogdoches
DEEP EAST TEXAS REGIONAL ADVISORY COUNCIL
Stephen F. Austin State University School of Nursing
South Corridor
Kindred Baytown
Kindred Clear Lake Rehab
Surgery Specialty Hospitals of America
Houston Methodist Sugar Land
Memorial Hermann surgical hospital first colony
Kindred Hospital Sugar Land/ Town and Country
Mainland Medical Center
UTMB
Matagorda Regional Medical Center

Mainland Medical Center
Palacios Community Medical Center
Galveston County Health District
Santa Fe Fire & Rescue
St. Luke's Sugar Land Hospital
Texas Emergency Care Pearland
Rice Medical Center
Kindred Clear Lake LTAC
Memorial Hermann Southeast
Matagorda Regional Medical Center
City of Dickinson EMS
HealthSouth, Sugar Land
Houston Methodist Sugar Land
Memorial Hermann Surgical Hospital First Colony
Houston Methodist St. John
Brazoria County Office of Emergency Management
Houston Physician's Hospital
Texas Orthopedic Hospital
CHI St Luke's Sugar Land
Pearland Medical Center
Brazosport Regional Health System
Shriners Hospital for Children Galveston
Clear Lake Regional Medical Center
The Medical Resort at Bayarea
Atrium Medical Center
Cornerstone Hospital of Houston Clear Lake Campus
Sweeny Community Hospital
Bay Area Regional Medical Center
Memorial Hermann Sugar Land
CHI ST LUKES PATIENTS MEDICAL CENTER
Fort Bend County Health & Human Services
HCA Clearlake
West Corridor
Texas Emergency Care - Cypress
Nexus Specialty Hospital
Cypress Creek Hospital
Houston Behavioral Healthcare Hospital
HealthSouth Rehabilitation Hospital of Cypress
Northwest EMS
Houston Methodist St Catherine Hospital
Houston Methodist West Hospital
Friendswood VFD EMS
Cornerstone Hospital Conroe
West Oaks Hospital

Kingwood Pines Hospital
HealthSouth Rehab of the Woodlands
Memorial Hermann Northeast Hospital
Texas Children's Hospital - West Campus
Memorial Hermann The Woodlands
Memorial Hermann Memorial City Hospital
Health Bridge Children's Hospital
Tops Surgical Specialty Hospital
Physicians ER - Lake Area
Houston Northwest Medical Center
HealthSouth Rehabilitation Hospital of Humble
Cypress Creek Hospital
Kindred Hospital Spring
Tomball Regional Medical Center
Cypress Fairbanks Medical Center
CHI St Luke's Health - Lakeside Hospital
Acadian Ambulance Service
Houston Methodist St Catherine Hospital
Houston Methodist West Hospital
Columbus Community Hospital
Huntsville Memorial Hospital
ICON Hospital
CHI St. Luke's Health - The Vintage Hospital
Conroe Regional Medical Center
nexus specialty hospital
Houston Methodist Willowbrook Hospital
CHI St Luke's the Woodlands Hospital
DSHS-HSR 6 & 5 South
Humble Surgical Hospital
Montgomery County Hospital District
IntraCare North Hospital
North Cypress Medical Center
HCA West Houston Medical Center
Memorial Hermann Katy Hospital
HCA Kingwood Medical Center
Bellville St. Joseph Health Center
Texas Emergency Care Atascocita
Nexus specialty hospital-Shenandoah
HCA Kingwood Medical Center

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TAB D

Grant-Based Capabilities Validated/Exercised

Please complete the following form to indicate all public health and healthcare capabilities tested and validated during the exercise/incident response.

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CDC - Identification of Capabilities Exercised/Validated

This worksheet is designed to assist you in documentation of capabilities tested and validated during the exercise. Place an "X" in the "Yes" column below to indicate the public health drill conducted and/or capability exercised.

SNS Program Requirements – Drills (3 of 5)	
This activity included completion of the following drill elements: (Data collection forms are attached.)	**Yes**
TAR 1. Staff Notification, Acknowledgement and Assembly	
2. Site Activation, Acknowledgement and Assembly	
3. Facility Set Up	
4. Dispensing Throughput	
RealOpt Modeling (optional substitute for Dispensing Throughput)	
5. Pick List Generation (HSRs only)	

Public Health Preparedness Capabilities

(Indicate only those capabilities validated through capability-based objectives.)

Capability	Yes
1. Community Preparedness	
2. Community Recovery	
3. Emergency Operations Coordination	x
4. Emergency Public Information and Warning	
5. Fatality Management	
6. Information Sharing	x
7. Mass Care	
8. Medical Countermeasure Dispensing	
9. Medical Materiel Management and Distribution	
10. Medical Surge	x
11. Non-Pharmaceutical Interventions	
12. Public Health Laboratory Testing	
13. Public Health Surveillance and Epidemiological Investigation	
14. Responder Safety and Health	
15. Volunteer Management	

Medical Countermeasures Distribution and Dispensing Full-Scale Exercise Requirements

A full-scale exercise is required to be conducted focusing on Medical Countermeasure Distribution and Dispensing once during the program period. These full-scale exercises are required to test all of the listed performance measures and involve all emergency response partners as appropriate. The following are the requirements for local public health and the DSHS health service regions.

Health Service Regions	Yes
1. Time in which the EOC is fully staffed.	
2. Time in which Strategic National Stockpile state resources is/are requested following medical surveillance indication of need for the request.	
3. Total number of receipt, stage and store (RSS) sites, distribution and security staff activated and needed to operationalize the RSS.	
4. Number of RSS sites distribution and security staff acknowledging ability to assemble within the target timeframe.	
5. Time in which all RSS sites and regional distribution sites (RDS) (if applicable) are made available for use.	
6. Number of RSS, RDS, POD, hospital, etc., locations activated to meet incident needs.	
7. Time to offload countermeasure assets at the RSS site after receipt.	
8. Time to enter and update inventory files to inventory management.	
9. Time to generate pick lists for all identified receiving locations identified in the incident.	
10. Number and load capacity of transportation assets mobilized to meet incident needs.	
11. Time in which medical resources/SNS assets arrive at identified receiving sites, RDS, PODs, hospitals, etc.	

Local Health Departments	Yes
1. Time in which the EOC is fully staffed	
2. Percent of public health personnel who arrive safely within the target timeframe to perform the capability	
3. Percent of volunteer staff acknowledging the ability to assemble at a given response location within the target times specified in the emergency notification.	
4. Time in which the public is provided with accurate and consistent information messages regarding POD locations.	
5. Percent of sufficient, competent personnel available to staff dispensing centers or vaccination clinics, as set forth in SNS plans and state/local plans.	
6. Time for first shift staff to be at POD site and ready.	
7. Time for all POD equipment and operational supplies to be in place.	
8. Percent of security forces designated in the POD-specific plan who report for duty.	
9. Time in which clinical staff and volunteers become available at triage stations.	
10. Percent of PODs that are able to process patients at the rate (persons per hour) specified in SNS plans and state/local plans.	

ASPR Capabilities Worksheet

This worksheet is designed to assist in the identification of the healthcare systems and capabilities tested and validated during the exercise/incident response. Place an "X" in the "Yes" column below to identify the hospital preparedness response system exercised.

Capability (Indicate only those capabilities validated through capability-based objectives.)	Yes
1. Healthcare System Preparedness	
2. Healthcare System Recovery	X
3. Emergency Operations Coordination	X
5. Fatality Management	X
6. Information Sharing	X
10. Medical Surge	X
14. Responder Safety and Health	
15. Volunteer Management	

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TAB E

Department of Homeland Security Core Capabilities

These core capabilities represent an evolution from the Target Capabilities List. The transition to core capabilities expands the focus to include Mitigation and allows greater focus on Prevention and Protection activities based on experience since the release of Homeland Security Presidential Directive 8 (HSEPD-8). Place an "X" in the right column if this capability was exercised and evaluated during this exercise.

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This worksheet is intended to assist you in your exercise reporting efforts. Select the Homeland Security Core Capability (ies) to be exercised by placing an X in the "Yes" column. Indicate only those capabilities validated through capability-based objectives.

Core Capabilities	Mission Areas	Yes
Planning	All	
Public Information & Warning	All	
Operational Coordination	All	
Forensics and Attribution	Prevention	
Intelligence & Information Sharing	Prevention, Protection	
Interdiction & Disruption	Prevention, Protection	
Screening, Search and Detection	Prevention, Protection	
Access Control and Identity Verification	Protection	
Cybersecurity	Protection	
Physical Protective Measures	Protection	
Risk Management for Protection Programs & Activities	Protection	
Supply Chain Integrity and Security	Protection	
Community Resilience	Mitigation	
Long-term Vulnerability Reduction	Mitigation	
Risk and Disaster Resilience Assessment	Mitigation	
Threats and Hazard Identification	Mitigation	
Critical Transportation	Response	
Environmental Response/Health and Safety	Response	
Fatality Management Services	Response	**X**
Infrastructure Systems	Response, Recovery	
Mass Care Services	Response	
Mass Search and Rescue Operations	Response	
On-Scene Security and Protection	Response	
Operational Communications	Response	
Public and Private Services and Resources	Response	
Public Health and Medical Services	Response	**X**
Situational Awareness	Response	
Economic Recovery	Recovery	
Health and Social Services	Recovery	
Housing	Recovery	
Natural & Cultural Resources	Recovery	

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TAB F

CMOC Participant Comments

Exercise Play

- The CMOC public health role in this exercise went beyond the traditional scope. Consider other expertise to better serve the operation.
- Lots of technical difficulties
- The exercise provided an opportunity to feel the OPS tempo of working in CMOC.
- Needed updates during drill. Used paper sheets when WebEOC went down. Corridor leaders worked well together. Computer systems went down.
- WebEOC issues
- Really needed a headset. WebEOC was a huge problem in terms of communication needs.
- Needed a briefing and introduction of key players.
- Corridor leaders thought outside the box to find beds before influx.

Exercise Facilitation

- We did not know that we needed to get approval from the state for information (Public Health).
- Information on the chemical was slow to be released.
- Some of the facilities did not understand how they would receive patients.
- Our computer screen would not let us access P.2 and higher. We were asked to make lists and spreadsheets but could not access the information.
- Communication – not enough. More details needed.
- Need more of these exercises per year.
- Better communication
- I think these requests need to be routed more to corridor leads for proper input before going to logistics. A filter that requires corridor to approve before the LORE is sent to logistics.

What changes would you make to improve this exercise?

- "What if" scenarios would be helpful if presented beforehand. My first time which was great! Due to the volume of the A/C, it was hard to hear verbal updates. Great job.
- Use headsets for communication. Alternate operation due to WebEOC crash.
- Communication from CO to back row – make sure the chemical name is spelled correctly. Every letter is sensitive. Software/hardware issues.
- Teach radio use.
- Make sure hospital info is updated.
- Have headsets available.
- Need list of phone numbers at desks. Improve WebEOC so it won't go down.
- Faster information out to facilities.
- I would have liked to be able to see if/when hospitals responded (eg. Inventory). Would like to be able to communicate with hospitals a different way, especially those that were providing regular updates.
- Provide a better explanation of how the patients would be received at the facility. I believe that there was wrong expectations.

- DSHS pt quality care unit does not get training until right before exercise. Some of us were unable to attend training for WebEOC, so could not access information. Our program

manager does not feel that we will be called to work in emergency. He said the "professionals" would be called, so we were just here to observe what happens.

- Have a logistics seat and a comms seat. Middle LORE board had some visibility issues early on but were connected. Delays in filling requests.
- Initial event notifications must be clear regarding location, address not enough. Needed to be advised threat Huntsville FD was calling.
- Debrief sooner and more often.
- More overview of systems prior to commencement. Ensure WebEOC familiarization within role.
- More training – realistic training in CMOC. Back row was very confusing.
- Prelim of how to get station organized.
- I felt uncomfortable looking up info from the MSDS on chemical.
- Make sure those working stations know their position.
- Well executed.
- I enjoyed the exercise.
- A lot of things could have been sent to public health were not. We did not have much to do.

Is there anything you saw in the exercise that the evaluators might not have been able to experience, observe, and record?
- One hospital was out of radio range.
- Was not able to access beyond page 1 of status report. Was not able to observe or compose spreadsheet as asked.
- Verbal exercise updates from command staff positions should not be yelled out. Many of the CMOC positions were busy on the phone while important exercise information was being distributed verbally.
- None – plenty of evaluators on site. Don't think they missed much.
- I would like to see calls asking to locate patients.
- Lisa, Misty, and Trameka all did a great job.
- My only frustration was receiving an alert about CMOC radio test at 10:15 and the time was off. Actually kind of funny. Only a few minutes to call numerous hospitals.
- The hospitals need to let us (PH) know what medications they have in standard measurements like 70cc or 70 – 2cc vials. Just saying "70" doesn't let us know how much is on hand.

List the applicable equipment, training, policies, plans, and procedures that should be reviewed, revised, or developed. Indicate the priority level for each.
- Ability to fax directly from computers
- Other than WebEOC issue, all was good for me.
- Asked to get information for HF – we did off the CDC website. In reality, we have to go through our state to get this information and they send it back to us. In a real emergency, it does not make a lot of sense. Perhaps a list of approved websites we can extract material from. State WebEOC and SETRAC WebEOC to communicate and interpret – it will reduce redundancy, improve quality and efficiency during a real event.

- Any quick WebEOC guides that could be quickly referred to.
- I need a pre-season admin paper review of the OPS chief duties. Staff/scheduling. Template for starting. Need to review corridor again, filling out ORG chart.
- Front row should be current in all COMM programs and their use.
- Headsets for better communication. The "tombstone wall" acts as a true wall for communication. Better WebEOC training.
- I appreciate the help and support.