



ESD2 Crystal Beach “Go Topless” Weekend

After-Action Report/Improvement Plan

8/15/2025

The After-Action Report/Improvement Plan (AAR/IP) aligns exercise objectives with preparedness doctrine to include the National Preparedness Goal and related frameworks and guidance. Exercise information required for preparedness reporting and trend analysis is included; users are encouraged to add additional sections as needed to support their own organizational needs.

EXERCISE OVERVIEW

Exercise Name	ESD2 Crystal Beach “Go Topless” Weekend
Exercise Dates	05/16/25 – 05/18/25
Scope	This exercise is a Full scale “Real World Event”, planned for 36 hours at Crystal Beach on Bolivar Peninsula.
Mission Area(s)	Response
Core Capabilities	<ul style="list-style-type: none"> • HPP Capability 4: Medical Surge • HPP Capability 2: Health Care and Medical Response Coordination
Objectives	<ul style="list-style-type: none"> • Deploy EMTF ambulance strike teams, overhead personnel, and the MMU to Crystal Beach to assist ESD 2 operations, ensuring consistent EMS response, triage, and patient transport while making efficient use of regional healthcare assets. • Ensure the MMU is staffed and equipped to provide field-based interventions including IV fluids, medication administration, and telemedicine consults, with EMS teams routing non-critical patients appropriately to the unit. • All EMS and MMU personnel will log, band, and track patients using real-time patient tracking, maintaining visibility for Unified Command and enabling coordination with hospitals and partner agencies. • Ensure EMS and mutual aid responders receive the communications plan, IAP, and dispatch structure, and operate under the established ICS framework. Maintain a shared common operating picture throughout the incident.
Threat or Hazard	Human-Caused
Scenario	Based on historical trends and current planning, the Bolivar Peninsula is expected to receive up to 200,000 attendees for the event, posing significant public safety and medical response challenges. Given past incidents involving fatalities, injuries, intoxication, and firearms, Unified Command has mobilized substantial law enforcement resources and implemented a new traffic plan. EMS mutual aid resources, including ambulance strike teams and overhead personnel, have been deployed to support local EMS operations and ensure a timely response. Responders should be prepared for rapid changes in assignments and environmental risks such as dehydration

	and heat-related illness due to expected warm weather conditions.
Sponsor	Southeast Texas Regional Advisory Council
Participating Organizations	Participating jurisdictions and organizations included SETRAC and 1 hospitals, and 12 EMS services which are part of EMTF Region 6. These hospitals, and emergency medical services are located in or serve Texas Trauma Service Areas H, Q, and R.
Point of Contact	<p>Grant Kelley EMTF 6 Coordinator Southeast Texas Regional Advisory Council Cell: 832-272-6091 grant.kelley@setrac.org</p> <p>Timothy Chapman Regional Training and Exercise Coordinator Southeast Texas Regional Advisory Council Cell: 832-570-2162 timothy.chapman@setrac.org</p>

ANALYSIS OF CORE CAPABILITIES

Aligning exercise objectives and core capabilities provides a consistent taxonomy for evaluation that transcends individual exercises to support preparedness reporting and trend analysis. Table 1 includes the exercise objectives, aligned core capabilities, and performance ratings for each core capability as observed during the exercise and determined by the evaluation team.

Objective	Core Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
Deploy EMTF ambulance strike teams, overhead personnel, and the MMU to Crystal Beach to assist ESD 2 operations, ensuring consistent EMS response, triage, and patient transport while making efficient use of regional healthcare assets.	HPP Capability 4: Medical Surge	P			

Objective	Core Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
Ensure the MMU is staffed and equipped to provide field-based interventions including IV fluids, medication administration, and telemedicine consults, with EMS teams routing non-critical patients appropriately to the unit.	HPP Capability 4: Medical Surge		S		
All EMS and MMU personnel will log, band, and track patients using real-time patient tracking, maintaining visibility for Unified Command and enabling coordination with hospitals and partner agencies.	HPP Capability 2: Health Care and Medical Response Coordination		S		
Ensure EMS and mutual aid responders receive the communications plan, IAP, and dispatch structure, and operate under the established ICS framework. Maintain a shared common operating picture throughout the incident.	HPP Capability 2: Health Care and Medical Response Coordination		S		
Ratings Definitions: <ul style="list-style-type: none"> Performed without Challenges (P): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. Performed with Some Challenges (S): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. However, opportunities to enhance effectiveness and/or efficiency were identified. Performed with Major Challenges (M): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s), but some or all of the following were observed: demonstrated performance had a negative impact on the performance of other activities; contributed to additional health and/or safety risks for the public or for emergency workers; and/or was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws. Unable to be Performed (U): The targets and critical tasks associated with the core capability were not performed in a manner that achieved the objective(s). 					

Table 1. Summary of Core Capability Performance

The following sections provide an overview of the performance related to each exercise objective and associated core capability, highlighting strengths and areas for improvement.

Objective 1

Deploy EMTF ambulance strike teams, MIST personnel, and the MMU to Crystal Beach to assist ESD 2 operations, ensuring consistent EMS response, triage, and patient transport while making efficient use of regional healthcare assets.

HPP Capability 4: Medical Surge

Strengths

The full capability level can be attributed to the following strengths:

Strength 1: Mutual aid assets were fully staged and operational before the start of the event. SETRAC and EMTF personnel ensured the MMU and ambulance strike teams were on-site and ready to operate prior to the event's opening. Early deployment supported continuity and helped manage patient load effectively. The readiness of these assets played a key role in successful field coordination.

Strength 2: Basic responder support needs were met throughout the operation. Responders had reliable access to food, hydration, and restroom facilities. These support measures helped maintain morale and performance, especially during long shifts. This level of logistical support directly contributed to the event's overall stability.

Areas for Improvement:

The following areas require improvement to achieve the full capability level:

None Identified during the event.

Objective 2

Ensure the Mobile Medical Unit (MMU) is staffed and equipped to provide field-based interventions including IV fluids, medication administration, and telemedicine consults, with EMS teams routing non-critical patients appropriately to the unit.

HPP Capability 4: Medical Surge

Strengths

The full capability level can be attributed to the following strengths:

Strength 1: The MMU provided an effective, climate-controlled environment for patient care. The MMU protected both patients and staff from environmental exposure and heat-related injuries. It also served as a cooling center if needed. The MMU was essential in providing a safe, functional space for medical treatment and cooling throughout the event.

Strength 2: The MMU supported triage, telemedicine, IV fluids, and medication administration. The MMU team was able to treat patients on-site rather than transported to area hospitals. Telemedicine support allowed for rapid consultation and care plans. This capability preserved

EMS and hospital resources. Overall, the MMU's clinical operations were effective and well-integrated into the response.

Strength 3: Internet connectivity was maintained through STARLINK. The satellite-based system delivered stable, high-speed internet access throughout the event. This enabled continuous use of Pulsara, documentation systems, and telemedicine platforms. The STARLINK connection was especially valuable in the remote setting, where conventional service was unavailable. Consistent connectivity allows for uninterrupted communication. This ensured all digital systems could function in real time without delays.

Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 1: ISTAT system was not functional during the event.

Analysis: Diagnostic capabilities were unavailable due to outdated software and restricted access. This limited the MMU staff's ability to provide extensive on-site medical assessments. ISTAT should have been tested prior to the event to ensure all updates were completed. Additionally, appropriate credentials are required to access administrative functions and maintain system operability.

Area for Improvement 2: There was a lack of awareness regarding MMU capabilities.

Analysis: MMU staff were frequently asked about capabilities, indicating that expectations and available treatment services were not clearly communicated prior to the event. This gap may have delayed decision-making related to patient routing. A brief overview of capabilities should be provided to all mutual-aid partners during pre-event briefings and included in the Incident Action Plan to ensure shared understanding.

Area for Improvement 3: MMU structures were found deflated at the start of the operational period.

Analysis: MMU structure issues caused temporary delays in operational readiness, posing risks to continuity of care and patient safety. Full setup and structural checks should be conducted on all tents prior to mobilization to ensure reliability.

Area for Improvement 4: Power infrastructure failures disrupted consistent charging of critical equipment.

Analysis: Heavy-duty multi-outlet extension cords repeatedly tripped, disrupting the ability to maintain consistent charging for both communication and operational equipment. These systems were essential for coordination, documentation, and maintaining situational awareness in the field. Conducting proper load assessments and testing all charging equipment prior to mobilization is necessary to ensure functionality and reliability during operations.

Objective 3

All EMS and MMU personnel will log, band, and track patients using real-time patient tracking system, maintaining visibility for Unified Command and enabling coordination with hospitals and partner agencies.

Capability 2: Health Care and Medical Response Coordination

Strengths

The full capability level can be attributed to the following strengths:

Strength 1: EMS crews successfully entered patient information using the Pulsara application. This demonstrated that the platform was functional under field conditions. In these instances, it provided visibility to Unified Command and improved care coordination.

Strength 2: Pulsara provided downstream communication and tracking capabilities for EMS, hospitals, and Unified Command. It enabled real-time updates and visibility of patients during the event. When fully utilized, the platform enhanced communication, improved continuity of care, and strengthened coordination among response partners.

Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 1: Inconsistent use of Pulsara and Texas wristbands affected patient tracking.

Analysis: Patient tracking was affected due to the limited practice on the use of Pulsara. Standardized practices were inconsistent across responding units. Pre-deployment login access and just-in-time training should be required to ensure personnel are prepared to operate systems effectively during activation.

Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 2: Printed Pulsara quick reference guides in the field.

Analysis: Verbal instructions alone were not enough to guide unfamiliar users. The absence of Pulsara quick start handouts reduced the effectiveness of Just-in-Time training on Pulsara usage and protocols. The inclusion of quick start handouts in field kits and deployment packets would support more effective utilization of Pulsara during activations by providing immediate reference materials for field personnel.

Objective 4

Ensure EMS and mutual aid responders receive a communications plan, safety briefing, and assignments. Maintain a shared common operating picture throughout the incident.

Capability 2: Health Care and Medical Response Coordination

Strengths

The full capability level can be attributed to the following strengths:

Strength 1: Incident Action Plans were distributed to mutual aid partners in advance. This allowed teams to review assignments, communication protocols, and MMU details before

arrival. The pre-event distribution helped teams arrive informed and mission ready. It demonstrated strong coordination and advanced planning between agencies.

Strength 2: Regular briefings helped maintain situational awareness throughout the event. These updates are to help ensure that all mutual aid partners are informed of changes in operations, assignments, or safety concerns. Briefings supported alignment among mutual aid partners, enabling coordinated responses and informed decision-making.

Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 1: Comms plan updates were not shared with all units and mutual aid partners.

Analysis: Mid-event changes to radio channels and comms procedures were not distributed to all units, resulting in breakdowns in coordination. A more reliable update method was needed.

Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement: Radio battery failures during the event had the potential to disrupt communication between mutual aid partners.

Analysis: Defective radio batteries hinder communication during critical operational periods. This could have been avoided with routine equipment checks and battery management protocol.

Area for Improvement 3: Dispatch roles were not clearly identified.

Analysis: The lack of a clearly defined lead for dispatch coordination resulted in confusion, impacting resource assignments and response timelines. Clarifying dispatch responsibilities ahead would ensure better coordination and smoother operations.

Area for Improvement 4: Changing transport planning processes created conflicts and coordination issues.

Analysis: Miscommunication and frequent changes to transport plans created confusion regarding patient movement and field communications. A shared understanding and briefing on a unified plan would have supported better alignment across all teams. A single, unified transport plan should have been pre-established prior to the event, and any necessary changes should have been communicated as early as possible to prevent the implementation of multiple conflicting plans.

APPENDIX A: IMPROVEMENT PLAN

This IP has been developed specifically for SETRAC as a result of ESD2 Crystal Beach “Go Topless” Weekend conducted on 5/16/25-5/18-25.

Capability	Corrective Action	Capability Element	Primary Responsible Organization	Organization POC	Start Date	Completion Date
HPP Capability 4: Medical Surge	EMTF-SCO will develop regional plan for bio-medical services which include maintaining CLIA certification and replacement of ISTAT with EPOC.	Organizing	EMTF-SCO	SETRAC	08/01/2025	09/30/2025
HPP Capability 4: Medical Surge	MMU capabilities change during deployment due to staffing, provider, and location. Include in all briefing’s medical capabilities of current MMU.	Planning	EMTF Coordinator	SETRAC	08/01/2025	12/31/2025
HPP Capability 4: Medical Surge	Identified leaky valve on MMU. Identify long term solution to fix valve or be able to maintain proper psi.	Equipping	Logistics	SETRAC	08/01/2025	09/01/2025
HPP Capability 4: Medical Surge	Evaluate all Ground Fault Circuit Interrupter plugs. Repair and or replace as appropriate.	Equipping	Logistics	SETRAC	08/01/2025	01/30/2026

Capability	Corrective Action	Capability Element	Primary Responsible Organization	Organization POC	Start Date	Completion Date
HPP Capability 2: Health Care and Medical Response Coordination	Encourage EMTF 6 partners to participate in patient tracking training.	Training	EMTF-SCO	SETRAC	08/01/2025	08/30/2025
HPP Capability 2: Health Care and Medical Response Coordination	Evaluate training materials provided by Pulsara Academy. Based off evaluation identify information needed to create infield guide for deployment	Evaluation	T&E	SETRAC	08/01/2025	12/30/2025
HPP Capability 2: Health Care and Medical Response Coordination	Create a checklist for Task Force Leaders on-scene to provide comms plans, safety briefs, and any information about the incident.	Organizing	EMTF Coordinator	SETRAC	08/01/2025	02/30/2026
HPP Capability 2: Health Care and Medical Response Coordination	Maintain routine equipment checks and identify battery management protocol.	Equipping	Logistics	SETRAC	08/01/2025	09/30/2025

APPENDIX B: EXERCISE PARTICIPANTS

Participating Organizations
Acadian Ambulance
Atascocita Fire Department
Chambers County Ems
Christus St. Elizabeth
City Ambulance Service
CyFair Fire Department
EMTF Region 6
Fort Bend County EMS
Huffman Fire/EMS
Houston Fire Department
Montgomery County Hospital District
Southeast Texas Regional Advisory Council
Sugarland Fire/ EMS
Winnie EMS
Galveston County ESD#2