Functional Pandemic Influenza Exercise
April 2009

Functional Pandemic Flu Exercise
April 15, 2009

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April 2009

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INTRODUCTION

BACKGROUND
Venue Background:

The Central Texas Regional Advisory Council (CTRAC) was established in 1992 through a grant from the *Texas Department of Health's Regional Trauma System Development Grant Program. It is one of 22 Trauma Service Areas in Texas and consists of six counties known as Trauma Service Area – L. CTRAC is recognized by the IRS as a 501(c) 3 non-profit organization since 1998.

During the 71st legislative session (1989), House Bill 18 was passed directing the establishment of a statewide trauma system for Texas. Specific rules and regulations related to the development of the statewide system were identified and implemented.

The state was divided into 22 Trauma Service Areas that account for the 254 counties in Texas. A Regional Advisory Council for trauma serves each Trauma Service Area. The Regional Advisory Councils were charged with developing a system plan based on standard guidelines for implementing a comprehensive trauma care system. The development of a regional plan is the ultimate responsibility of the stakeholders and participants of the Regional Advisory Councils. Some elements of the plan are required, while others may be added to best reflect the needs of the community. While the Plan may have numerous components, its heart is the dedication of the professionals who transform these guidelines into reality.

Since its inception, CTRAC has been active in trauma prevention and education programs as well as

development and implementation of trauma patient care standards. Maintaining public education and awareness activities to increase the understanding of the trauma care system, access to trauma care and prevention of injuries, and providing coordination of acute medical services in mass casualty and disaster settings is an integral part of the mission and goals of CTRAC.

CTRAC covers over 6,192 square miles and has a population of 414,000. Sixty-two percent of the population lives outside of the largest cities of Killeen and Temple. TSA-L has a Level I Trauma Center, Scott & White Hospital, as its Lead Trauma Facility. Additionally, Fort Hood military base, located in Bell and Coryell Counties is the largest military installation in the free world with comprehensive training facilities for reserves and National Guard units from across the country. TSA-L consists of over 4,485 highway miles with Interstate Highway 35 dividing the region. Over 80% of TSA-L is rural, frontier rural and many areas are considered primitive-frontier.

Trauma care should be part of a seamless trauma system that provides patients with well-organized and high-quality care. Incorporation of an overall health care system requires cooperation and availability of each component of the system. The essence of a trauma system is the ability to get the right patient to the right hospital at the right time to reduce death and disability. CTRAC members have made great strides toward this goal and continue to collaborate and strive to improve care of the trauma patient.

The 2009 Central Texas Pandemic Influenza Exercise was sponsored and funded by the Central Texas Regional Advisory Council (CTRAC) that serves the Trauma Service Area L (TSA-L). Key design and implementation features of the exercise were approved by the CTRAC. CTRAC designed and developed the exercise. WebEOC®, the world's first Web-enabled emergency management communications system was used to provide the exercise injects and provided the venue to track exercise actions and responses. The WebEOC® injects are included in this report to enable CTRAC the visibility of these injects with the responses and actions of participants in order to obtain a detailed picture of events.

RW Lone Star Security is an established and successful SDVOSB firm, focusing on providing innovative solutions to satisfy customer challenges and are fully prepared to support today's Homeland Security needs with over two hundred years combined experience in the areas of Special Operations, Vulnerability Assessments, and Emergency Management. Through these partnerships with the CTRAC the Central Texas Simulated Pandemic Influenza Exercise was successfully designed, conducted and observed.

EXERCISE OVERVIEW

The CTRAC exercise was designed to support and assist TSA-L agencies and jurisdictions by enhancing their emergency incident preparedness. Specifically, the exercise's intended outcome was to enhance the local entities and jurisdiction's capability to manage a Pandemic Influenza incident and improve the interaction and cooperation among the regional responder/provider community. This exercise provided a Pandemic Influenza Exercise experience to agencies and jurisdictions within the TSA-L area that have not had the opportunity to participate in any Multi-agency Multi-Jurisdictional exercises recently. The exercise program demonstrates that CTRAC has a long-term strategy, clear vision, and is committed to leveraging all available resources to achieve a coordinated and synchronized training focus for its communities.

This Full Scale Exercise Post Exercise Report is issued as a tool for the participating local jurisdictions. It contains observations prepared by the Observer Controller staff present during the exercise and is presented for the information and use of the designated jurisdiction only. Many entities in the region participated, as reflected in the WebEOC® inject list included in this report, however only locations that had Observers are included and provided comments in this report.

The CTRAC participation began with an Exercise Planning meeting involving members of the Emergency Preparedness and Response Committee. This meeting provided both parties with an overview to include the exercise concept, major objectives, milestones, roles/responsibilities of participants, and tentative dates for the CTRAC Exercise Scenario Functional Exercise with Full Scale components. The Exercise Scenario Design ensured that the scenario is designed and the exercise developed with the CTRAC members input. The CTRAC was the exercise scenario design and MSEL approval authority. Feedback from the TSA-L entities and jurisdictions determined:

• Agencies/Organizations participating in the Functional Exercise and their points of contact;

• Additional enabling objectives for each major exercise objective;

• Any additional objectives the local jurisdiction desires to accomplish.

On April 15, 2009 the Central Texas Simulated Pandemic Influenza Exercise culminated with a 1 day Full Scale Exercise in the TSA-L Region exercising real-world participant cells or nodes: the Bell County

Emergency Operations Center (EOC), Regional Medical Operations Center (RMOC), Bell County Public Health District, area hospitals and the University of Mary Harden Baylor (UMHB). Other County, Municipal and health facilities participated, as seen in the WebEOC® data, however no Observer was present to validate the response. There was real-world influenza patients play on scene and at some participating hospitals in this full scale exercise. Additional patient play was simulated and imbedded into some MSEL events. (Note: the MSEL, composed of a chronological listing of scenario events, is the primary exercise catalyst for injecting events participants respond to. MESL was facilitated through WebEOC®.) The exercise was conducted in a simulated one exercise day equaled a thirty day Pandemic Influenza environment.

Introduction
Exercise Objectives

GENERAL EXERCISE OBJECTIVES

Communications – To determine if a continuous flow of critical information is maintained as needed among multi-jurisdictional and multi-disciplinary emergency responders, command posts, agencies, and governmental officials for the duration of the emergency response operation in compliance with National Incident Management System (NIMS). To accomplish this, the jurisdiction has a continuity of operations plan for public safety communications to include the consideration of critical components, networks, support systems, personnel, and an appropriate level of redundant communications systems in the event of an emergency.

Emergency Operations Center (EOC) management – To determine if the event is effectively managed through multi-agency coordination for a pre-planned or no-notice event.

Emergency Public Information and Warning – To evaluate the processes to develop, coordinate, and disseminate accurate alerts and emergency information to the media and the public prior to an impending emergency and activate warning systems to notify those most at-risk in the event of an emergency. By refining its ability to disseminate accurate, consistent, timely, and easy-to understand information about emergency response and recovery processes, a jurisdiction can contribute to the well-being of the community during and after an emergency

Fatality Management - Evaluate the capability to effectively perform scene documentation; the complete collection and recovery of the dead, victim's personal effects, and items of evidence; decontamination of remains and personal effects (if required); transportation, storage, documentation, and recovery of forensic and physical evidence; determination of the nature and extent of injury; identification of the fatalities using scientific means; certification of the cause and manner of death; processing and returning of human remains and personal effects of the victims to the legally authorized person(s) (if possible); and interaction with and provision of legal, customary, compassionate, and culturally competent required services to the families of deceased within the context of the family assistance center. All activities should be sufficiently documented for admissibility in criminal and/or civil courts. Fatality management activities also need to be incorporated in the surveillance and intelligence sharing networks, to identify sentinel cases of bioterrorism and other public health threats. Fatality management operations are conducted through a unified command structure.

Mass Care – To determine if mass care services (sheltering, feeding, bulk distribution) for the affected general population, services for special-needs populations, and services for animals within the affected

area are rapidly and effectively provided.

Medical Supplies Management and Distribution - Evaluate the capability to obtain and maintain medical supplies and pharmaceuticals prior to an incident and to transport, distribute, and track these materials during an incident.

Medical Surge - Evaluate the capability to rapidly expand the capacity of the existing healthcare system (long-term care facilities, community health agencies, acute care facilities, alternate care facilities and public health departments) in order to provide triage and subsequent medical care. This includes providing definitive care to individuals at the appropriate clinical level of care, within sufficient time to achieve recovery and minimize medical complications. The capability applies to an event resulting in a number or type of patients that overwhelm the day-to-day acute-care medical capacity. Medical Surge is defined as the rapid expansion of the capacity of the existing healthcare system in response to an event that results in increased need of personnel (clinical and non-clinical), support functions (laboratories and radiological), physical space (beds, alternate care facilities) and logistical support (clinical and non-clinical equipment and supplies)

Public Safety and Security Response - To determine the capability to reduce the impact and consequences of an incident or major event by securing the affected area, including crime/incident scene preservation issues as appropriate, safely diverting the public from hazards, providing security support to other response operations and properties, and sustaining operations from response through recovery. Public Safety and Security Response requires coordination among officials from law enforcement (LE), fire, and emergency medical services (EMS).

Triage and Pre-Hospital Treatment - To determine the capability to appropriately dispatch emergency medical services (EMS) resources; to provide feasible, suitable, and medically acceptable pre-hospital triage and treatment of patients; to provide transport as well as medical care en-route to an appropriate receiving facility; and to track patients to a treatment facility.

Additional TSA-L Exercise Objectives

To determine the capabilities of the emergency medical services (EMS), hospital and health department to effectively handle massive numbers of Pandemic Influenza patients, contaminated persons, and to determine the adequacy of medical support plans.

To determine the effectiveness of mutual aid plans and the coordination between jurisdiction or organizations if responding to a major outbreak.

To determine if officials have coordinated hospital disaster plans with the local emergency operations plan.

To determine the effectiveness of procedures for deployment of emergency personnel and equipment during a major outbreak or disaster.

To determine the adequacy of procedures for limiting access to designated areas and key governmental facilities and to provide security for the same.

To determine if current rosters of all career, auxiliary, and volunteer emergency support services personnel are maintained and utilized.

To determine the effectiveness of procedures for notification and mobilization of key officials of the jurisdiction and activation of the EOC.

To determine the capabilities of agencies, departments, and organizations of the jurisdiction to effectively handle emergencies involving any natural, technological, or war-related hazard.

To determine if the Regional medical Operations Center (RMOC), Emergency Operations Center (EOC), Emergency Communications Center (ECC), Emergency Alert System (EAS) station(s), hospitals, and other vital facilities of the jurisdiction are adequately prepared to function in a self-sufficient mode during an extended major emergency or disaster.

To determine the capabilities of the jurisdiction to handle routine/normal incidents in addition to responding to events associated with a major emergency or disaster.

To determine the level of cooperation and coordination between agencies, departments, and organizations of the jurisdiction in responding to problems associated with a major emergency or disaster.

To determine if lines of succession exist to assure continuous leadership, authority, and responsibility in key governmental positions during a major emergency or disaster.

To determine the adequacy of procedures for restoring and repairing essential services and vital facilities during a major emergency or disaster.

To determine the adequacy of procedures for informing the public of post disaster operations.

SECTION

2

FUNCTIONAL EXERCISE

EXERCISE DETAILS

Exercise Name

CTRAC Pandemic Influenza Exercise 2009

Type of Exercise

Functional

Exercise Date

April 15, 2009

Duration

1 day

Exercise Evaluation Criteria

HSEEP Guidelines

OASPER Grand Deliverables

JCAHO Standards

Location

Various venues in and around Central Texas Region

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Sponsor / Point of Contact (POC)

Central Texas Regional Advisory Council

Bell County Public Health District

University of Mary Hardin-Baylor

Program

Department of State Health Services OASPER Grant Fiscal Year 2009

Mission

Response

Capabilities

- Communication

- Critical Resource Logistics and Distribution (non-medical)

- Emergency Public Information and Warning

- Emergency Public Safety and Security Response

- Emergency Triage and Pre-Hospital Treatment

- Emergency Operations Center Management

- Epidemiological Surveillance and Investigation

- Medical Supplies Management and Distribution

- Medical Surge

- On-site Incident Management

- Public Health Laboratory Testing

- Responder Safety and Health

- Volunteer and Donations Management

- Fatalities Management

Scenario Type

Pandemic influenza

Functional Exercise
Exercise Scenario

Scenario Overview

An outbreak of unusually severe respiratory illness is occurring in Africa. The US Centers for Disease Control (CDC) has identified the particular strain as Type A H7N3, a subtype never before isolated from humans. The CDC also reports that the H7N3 virus has been isolated from ill airline passengers and large numbers of cases are now being reported in Africa, Mexico and the United States. Young adults are most severely affected and case-fatality rates approach 50%. State and local agencies are asked to intensify influenza surveillance and implement airborne protection measures for staff. News agencies have issued alerts for anyone experiencing flu-like symptoms to immediately contact their health care providers.
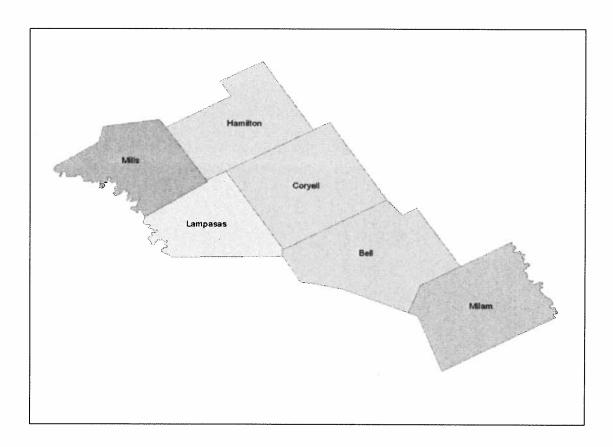
There is an increase in the number of persons presenting to emergency rooms with symptoms consistent with influenza. More people are seeking medical care than actually need it. Personnel in key positions are absent due to illness, fear of illness or caring for ill family members. Local pharmacies have run out of antiviral medications and are unsure whether they can expect to receive more. Estimates indicate that 10% of the population is ill with H7N3 influenza. Local hospitals and outpatient clinics are extremely short-staffed; an estimated 30-40% of physicians, nurses and other healthcare workers are absent. Intensive care units are overwhelmed, and there is a shortage of mechanical ventilators for patients with severe respiratory syndromes or postoperative needs. Family members are distraught and outraged when loved ones die within a matter of days. All essential services have personnel shortages, resulting in major reductions in routine services. There are shortages of food supplies due to the nationwide impact.

In Bell County there was an additional increase in the number of patients that were presenting to the clinics and hospitals. This was due to a bacterial meningitis outbreak on the University of Mary Hardin-Baylor Campus.

All injects and control for this exercise were generated and managed through WebEOC®.

Full Scale Exercise
Exercise Scenario

Incident Area Map

Functional Exercise
Performance Criteria / Jurisdiction Extent of Play

Situational Appraisal/Awareness

Demonstrate an ability to develop situational awareness, e.g., conduct a situation appraisal of a Pandemic Influenza incident in order to gain and maintain control of the situation.

This Enabling Objective (E.O) can be demonstrated by the respective control node(s) demonstrating the requisite knowledge to develop a clear picture of the events that have occurred; this includes what happened, where it happened, necessary response actions, and what it means in the context of the overall incident.

Enabling Objective 1.a.   Implementation of NIMS

Description   Demonstrate an ability to establish an effective incident management structure at each command and/or control node.

Extent of Play   This E.O. can be demonstrated by the respective control node(s) establishing an organization for managing response and developing an Incident Action Plan (IAP); this includes establishing a unified incident management structure that can accomplish all the required response and recovery tasks; key components are organization and personnel staffing for 24-hour operations and incident management objectives.

Enabling Objective 1.b.   EOC Incident Action Plan (IAP) Development

Description   Demonstrate an ability to develop a written plan of action at the Emergency Operations Center, which establishes early goals and objectives in support of the mission of the Incident Commander, and at the same time address issues with community or area wide implications. Further identify the major differences between an LAP developed at the EOC with "global" issues vs. the Incident Command Post LAP plan dealing with direct incident mitigation priorities.

Extent of Play   This E.O. can be demonstrated by identifying by priority a list of goals and objectives needed following the initial incident that will support the first responder's immediate needs. This plan may include policy decisions by the political authority dealing with evacuation and sheltering to attempting to avoid additional casualties or damage to the community or surrounding communities. Further demonstrate this E.O. by coordinating the development of the plan with key operational and management personnel, who will provide input, and how the plan will be communicated and coordinated with the other nodes. The plan should also identify a specific operational period to accomplish these early goals. A broader more comprehensive IAP can only be developed over time and should address emerging demands of incident in the later phases of a disaster.

Enabling Objective 1.c.   Epidemiological Identification

Description	Description Demonstrate an ability to identify an infectious disease in a timely and safe manner.
Extent of Play	This E.O. can be demonstrated by correctly applying the health care system's process for the accurate identification of signs and symptoms; its capability of determining the disease type must be present in the equipment and training for the health care system; it also includes deploying/requesting the appropriate resources needed for identification (e.g., understanding the capabilities of the DSHS lab in Austin).

Enabling Objective 1.d. Immediate Protective Measures

Description	Demonstrate an ability to institute immediate protective measures for both emergency responders, hospital staff and the general population.
Extent of Play	This E.O. can be demonstrated by the issuance of instructions, use of internal protocols, and public information messages that indicate what protective measures are to be implemented by both emergency responders, hospital staff and the general population.

Enabling Objective 1.e. Direct, Coordinate, and Control

Description	Demonstrate an ability to document an Epidemiological incident response.
Extent of Play	This E.O. can be demonstrated by implementing appropriate log keeping activities, follow-up documentation, and debriefing procedures in accordance with (LAW) established SOP'S (standard operating procedures).

Enabling Objective 1.f. Assess Hazards

Description	Demonstrate the ability to assess the hazards associated with the material involved during both the emergency and post-emergency phases.
Extent of Play	This E.O. can be demonstrated by the active assessment of the incident hazards, including response to a preliminary observational survey of possible injuries, physical hazards at the accident site, materials released and extent of release and hazards associated with the materials. The initial assessment information should be obtained from the 2000 Emergency Response Guidebook. Additional sources of information may be utilized if available.

Enabling Objective 1.h. Document the Incident (LW ICS)

Description	Demonstrate an ability to document an Epidemiological incident response.
Extent of Play	This E.O. can be demonstrated by implementing appropriate log keeping activities, follow-up documentation, and debriefing procedures in accordance with established SOPs (standard operating procedures).

Enabling Objective 1.i. Mobilize Emergency Personnel

Description	Demonstrate the ability to notify response agencies and to mobilize emergency personnel.
Extent of Play	The E.O. can be demonstrated by responding as in an actual emergency. During the exercise, all appropriate primary or back-up communications systems (radio, cell phone, landline, etc.) should be used instead of conventional communications systems. All appropriate federal/state/county/ local response agencies and units pre-designated to participate should be appropriately notified through the use of a recall roster.

Enabling Objective 1.j. Establish and Maintain Communications

Description	Demonstrate an ability to establish and maintain communications essential to support response.
Extent of Play	The E.O. can be demonstrated by establishing and maintaining communication between all

resources activated for the response

Enabling Objective 1.k.   Disseminate Public Information

Description   Demonstrate the ability to coordinate the development and dissemination of clear, accurate, and timely information to the media.

Extent of Play   This E.O. can be demonstrated by directing media inquiries to the Public Information Officer (PIO) who will be the media point of contact for all participating agencies in the incident. The PIO should coordinate with representatives from each participating agency prior to the dissemination of information pertaining to those agencies. Information given by the PIO should be technically accurate, using understandable language. Monitoring of the media (television and radio broadcasts) must be performed to identify and control rumors. Controls must be in place to ensure that only technically accurate information is provided to the media and that it is consistent with official notifications- Briefings and press releases should be prepared and offered to the media at the onset of the incident and after each major development in the incident.

Enabling Objective 2.a.   Regional Jurisdictions

Description   Demonstrate an ability to identify all local resources and personnel that could assist their Entity or Jurisdiction(s) during a multi-jurisdictional **Epidemiological** event.

Extent of Play   This E.O. can be demonstrated by the respective control node(s) demonstrating the requisite knowledge of their Incident Action Plan under an ICS Unified Command for event or events that involve their jurisdiction and the surrounding jurisdictions in their designated Disaster District. Also, this can be demonstrated by the nodes ability to exchange information among agencies with similar responsibilities. Under a unified command, leaders of all participating response forces agree on general objectives, priorities and strategies for resolving the emergency situation.

Enabling Objective 2.b.   Private and Charitable Organizations

Description   Demonstrate an ability to integrate assistance offered by VOAD organizations and other cooperating agencies.

Extent of Play   This E.O. can be demonstrated by the respective nodes ability to communicate with the representatives of the various private and charitable organizations in the RMOC or EOC and to have mutual aid agreements in place with these organizations.

Enabling Objective 3.a.   Communications Interoperability

Description	Demonstrate the ability for two or more agencies, jurisdictions, or levels of government to communicate immediately and effectively during a large regional or multi-agency incident, even when using dissimilar communication systems and methods.

Demonstrate the control and coordination of mission critical radio and data communications during the early phase of the incident.
This E.O. can be demonstrated by implementing a plan that will coordinate and integrate existing communication assets between those jurisdictions, levels of government, and multiple disciplines that will most likely respond to the incident.

Extent of Play This E.O. can be demonstrated by the respective nodes ability to communicate with the representatives of the various industry representatives, and to have vendor agreements in place with these organizations.

The plan should establish links between all responding agencies; include identifying the frequencies used, existing protocols, and methods for coordinating message content, warning messages, situation reports, requests for assistance, etc.

Clearly identify the needs of all responding agencies that will require communications both internally, and with other agencies at the incident site. Determine specific changes and additions that may be required to meet their interoperability needs.

The plan should include a method of providing data or voice message transfer that will overcome non-interoperability links. This could include using WebEOC®, runners, existing public telephone systems, cell and satellite phones, and integrating volunteer radio networks, such as R.A.C.E.S. in the various nodes and command centers.

Enabling Objective 3.b. Communications Resource Management

Description Demonstrates the ability to manage the physical and logistical needs to facilitate and maintain a viable communications net during, and throughout the entire incident.

Extent of Play This E.O. can be demonstrated by describing how logistics and service support is met, including how portable unit batteries are exchanged and how field programming of shared communication equipment can be achieved.
Further demonstrate this E.O. by identifying the methods to be used to support mobile communications, including how existing fixed facilities are to be protected.

Enabling Objective 3.c. Mutual Aid Agreements

Description Demonstrate the methods used for requesting and managing the response of mutual aid resources through existing formal and informal agreements.
Demonstrate the process for requesting operational assistance once local aid is exhausted or overwhelmed. Identify the proper channels for requesting as outlined in the local, regional and State Disaster Plans.

Extent of Play This E.O. can be demonstrated by properly managing the response of mutual aid to ensure that the assistance requested is appropriate to the disaster and task described. The play should include the coordination of all responding resources, including those agencies and levels of government that have no formal agreements or partnerships with the requesting authority.

Further demonstrate this E.O. by accessing any required aid through the appropriate chain of authority as designated in the State of Texas Emergency Management Plan. Identify the upward flow of requests for assistance, beyond local remedy, through City/County, Region, DDC and federal resources.

Enabling Objective 3.d. Response Asset Visibility, and Time Frames

Description Demonstrate an ability to monitor and manage the response and delivery of all requested

inventory, goods and services to be used to support disaster operations, from original storage sites to their movements to designated locations.

Extent of Play   This E.O. can be demonstrated by having knowledge in near real time, the identity and location of large numbers of items requested, including personnel, and their availability or potential availability for assignment to operations. Resources requested should be identified and described by kind and type in accordance with ICS format.
Demonstrating this E.O. should include a reasonable knowledge of when that resource will arrive at staging areas or assignment locations, and how that resource is tracked from deployment to point of arrival, and finally to demobilization.

Further demonstrate this E.O. by coordinating with your mutual aid partners, any state and federal assets that may be requested through the proper GDEM or DSHS channels and the time frames for their arrival. This should include the State's initial assessment of the situation, notification of liaison officers and their estimated arrival time to the RMOC, EOC or other designated node(s).

Enabling Objective 3.e.   Resource Tracking and Management

Description   Demonstrate the monitoring process used for selection, movement, receipt, distribution, utilization, recovery and release of equipment, tactical teams, and technical services requested for a specific operation or location during the disaster.

Demonstrate how the coordination of Resource Management with other node(s) can be used to facilitate the activities required in development of the overall Incident Action Plan (IAP).

Extent of Play   Resource tracking is an element of the Incident Command System's method for Managing Resources. This E.O. can be demonstrated by each respective node capturing through documentation the movement and utilization of small groups of items, teams, and personnel requested for their use during this exercise.

Enabling Objective 3.f.   Inform the Public and Media

Description   Demonstrate the ability to activate Emergency Broadcast System and other communications systems, to signal an alert and provide emergency information and instructions to the public.

Demonstrate the ability to coordinate the development and dissemination of clear, accurate, and timely information to the public and the media. This information may also be demonstrated through an established media plan.

Extent of Play   This E.O. can be simulated by activating the public alert system at the local jurisdiction and multi-jurisdiction levels. Information should be disseminated immediately, preferably from scripts already prepared for emergency notification. Agencies within the EOC's should also coordinate flow of information on notifying special needs population groups within their jurisdiction and region. Logs on outgoing emergency messages should also be maintained.

This E.O. can be demonstrated by agencies within each jurisdiction directing media inquiries to their designated Public Information Officer (PIO). The PIO should coordinate with representatives from each participating agency, prior to the dissemination of information pertaining to those agencies. Information given by the PIO should be technically accurate, using understandable language. If the event is multi-jurisdictional, the lead PIO and his/her assistants will need to coordinate, and will have to establish a Joint Information Center (JIC). The JIC will facilitate coordinated news releases to the public and support media operations, and will remain operational as long as needed to support emergency response and recovery operations.

NOTE: Only one PIO will be assigned for each incident, including incidents operating under Unified Command and multi-jurisdictional incidents.

Monitoring of the media (television and radio broadcasts) must also be performed to identify and control rumors. Controls must be in place to ensure that only technically accurate information is

provided to the media and that it is consistent with official notifications. Briefings and press releases should be prepared and offered to the media at the onset of the incident and after each major development in the incident.

Enabling Objective 4.a.   Medical treatment

Description   Demonstrate the ability to administer emergency medical treatment, triage, and medically evacuate patients to the appropriate medical facility; public health participation includes surveillance, epidemiology, treatment, isolation, quarantine, etc.

Extent of Play   This E.O. can be demonstrated by successfully triaging, transporting, providing appropriate referrals to the correct medical or health care facility for treatment dependent on the severity of symptoms resulting from the situation.

Enabling Objective 4.b.   Transport of Symptomatic and Contaminated Victims

Description   Demonstrate an adequacy of personnel, procedures, equipment, and vehicles in contaminated and/or symptomatic individuals and the adequacy of for transporting contaminated medical personnel and facilities to support the operation.

Extent of Play   This E.O. can be demonstrated by the effective determination of EMS Resources required for the accident site, communication of potential hazards that may require pre-notification to EMS and other medical support personnel, and steps taken by EMS personnel to plan and prepare for potential the contamination and infectious hazards.

Enabling Objective 4.c.   Fatalities Management

Description   Demonstrates the ability to effectively manage an incident involving mass fatalities by properly caring for the dead - both responders and survivors.

Demonstrate the methods to be used for temporary storage and the victim identification process for mass numbers of fatalities and the disposition of potentially infectious or contaminated remains.

Extent of Play   This E.O. can be demonstrated by developing and implementing a plan of action that coordinates DSHS, local and regional resources to provide storage capability in remote areas. In addition, game play should include the implementation of SOP'S to be used for handling remains potentially contaminated with biological infections while addressing safety, social and forensic needs. Further demonstrate this E.O. by adopting policies and procedures for dealing with relatives, seeking deceased relatives' remains.

Apply techniques necessary to manage stress on emergency response personnel and their reactions to mass casualties. Include the services of the medical community and Critical Incident Stress Management teams to deal with similar issues with the general public.

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Functional Exercise
Master Scenario Events List (MSEL)

MASTER SCENARIO EVENTS LIST (MSEL)

entry date	inject number	inject message
2009/04/15 09:43:33	1	STARTEX Mid-December 2008 (Hx) Atypical outbreaks of severe respiratory illness are discovered in various areas in Africa At first, the African government attempted to contain the outbreaks on its own. The global community became aware of the outbreaks through rumors that the African government initially denied but later confirmed Initial laboratory results from Africa's National Influenza Center indicate that the outbreaks are due to influenza A, subtype H5
2009/04/15 09:43:37	2	Late January 2009 Isolates from East Africa are sent to the WHO Reference Laboratory at the US Centers for Disease Control and Prevention (CDC) for sub-typing. WHO and CDC both identify the outbreak virus as a subtype H5N1 Outbreaks of the illness begin to appear throughout East Africa, in Nigeria. Young adults appear to be the most severely affected. The average attack rate in these countries is 25%, and the average case fatality rate is 5% Results of the WHO investigations indicate extensive person-to-person transmission of the virus, over at least 4 generations of transmission WHO officially declares transition to pandemic alert level 5
2009/04/15 09:43:39	3	Early February 2009 Appropriate viral isolates are sent to the U.S. Food and Drug Administration (FDA) and the CDC to begin work on producing a reference strain for vaccine production Influenza vaccine manufacturers are placed on alert; however, it will be at least 6 months, perhaps more, before a vaccine will be available for distribution At this time there are no known cases of the illness in the U.S., and no evidence of infection in U.S. birds The CDC uses the Health Alert Network (HAN) to update state and local health departments on the situation and advises them to step up surveillance efforts
2009/04/15 09:43:43	4	Early Spring 2009 There have been no major public health emergencies in HSR 2 [TSA-L] during the last several months The regular flu season in the fall of [2008]begins, and the number of flu cases is mild to average (comparable to most other years)
2009/04/15 09:43:44	5	CDC confirms World Health Organization declares Pandemic Phase 4/US Stage 2 based on confirmed person to person transmission of new pandemic influenza strain – H5N1in rural and in all of the Central Texas Hospitals there is a significant increase in visits to local physicians and to the hospital emergency rooms with symptoms including fever, headache, myalgia (muscle aches), prostration, coryza (runny nose), sore throat and cough. The illness seems more severe than usual, and is being seen in multiple family members.
2009/04/15 09:43:48	6	Multiple students becoming ill and reporting to the UMHB Campus Nurse with flu like symptoms.
2009/04/15 09:43:58	7	BCPHD recieves notification that the University of Mary Hardin Baylor has 12 students that have reported to the school nurses office with fevers, Sluggishness, muscle aches and weakness, and strange feelings (such as tingling) or weakness throughout the body over the past 2 days.
2009/04/15 09:43:59	8	25 year old Lilly brought to Scott and White Hospital from Belton 4/14/09 with the following symptoms: fevers, Sluggishness, muscle aches and weakness, and strange

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		feelings (such as tingling) or weakness throughout the body. Lilly dies at 5:00am on 4/15/09.
2009/04/15 09:44:00	9	3 patients in their early 20s present to the hospital with fevers, Sluggishness, muscle aches and weakness, and strange feelings (such as tingling) or weakness throughou the body
2009/04/15 09:44:03	10	Scott and White notifies BCPHD Epi of 7 cases of respiratory distress at ER within the last 4 hours
2009/04/15 09:44:06	11	Metroplex Hospital 23 year old woman admitted through ER with ARDS, placed on ventilator – rapid test shows Influenza A.
2009/04/15 09:44:09	12	Temple Daily Telegram reporter contacts Kings Daughters and Scott & White, wanting to know what advice they are issuing in light of WHO's declaration of Phase 4. Asks if anyone is sick yet in Bell County
2009/04/15 09:44:12	13	News 25, 6 and 10 reporters call PIOs wanting to know what advice Cities and Counties are issuing in light of WHO's declaration of Phase 4. Asks if anyone is sick yet in the Cities and County.
2009/04/15 09:44:13	14	Temple Daily Telegram reporter contacts Hamilton General Hospital, wanting to knov what advice they are issuing in light of WHO's declaration of Phase 4. Asks if anyone is sick yet in Hamilton County
2009/04/15 09:44:14	15	S&W receives 2 patients with chief complaint of fevers, Sluggishness, muscle aches and weakness, and strange feelings (such as tingling) or weakness throughout the body
2009/04/15 09:44:15	16	Killeen Daily Herald reporter contacts Metroplex Hospital, wanting to know what advice they are issuing in light of WHO's declaration of Phase 4. Asks if anyone is sick yet in Bell County
2009/04/15 09:44:16	17	Hamilton General Hospital notifies DSHS Region 7 Epi of married couple at ER with Influenza like Illness -rapid test shows Influenza A. couple heard WHO Phase 4 declaration and demand testing for bird flu
2009/04/15 09:44:17	18	Metroplex receives 2 patients with chief complaint of fevers, Sluggishness, muscle aches and weakness, and strange feelings (such as tingling) or weakness throughou the body and a stiff neck
2009/04/15 09:44:18	19	Schools Administrator calling to request information on social distancing/school closure recommendations
2009/04/15 09:44:20	20	BCPHD-Epi contacts DSHS Region 7 Epi FYI on large number of ILI cases
2009/04/15 09:44:21	21	Make sure to do your reporting and request for assistance through WebEOC® and EMSystems
2009/04/15 09:44:25	22	BCPHD notifies the RMOC of potential situation and requests that they be activated.
2009/04/15 09:44:26	23	Coryell Memorial Hospital notifies DSHS Region 7 Epi of (2) 26 year old women at ER with fever and respiratory distress, incubated – rapid test shows Influenza A)
2009/04/15 09:44:27	24	Central Texas Hospital notifies MCPHD Epi of family of 6 (2 parents, 4 children) that have arrived with ILI symptoms, two of the children are in severe respiratory distress.
2009/04/15 09:44:28	25	Hospital and clinic HR sends email to Mgr. reporting that employees are hearing rumors about increased flu. Some clinic workers are concerned about coming to work.
2009/04/15 09:44:29	26	DSHS Region 7 sends a notification of a regional outbreak of Pandemic Influenza. PHIN Alert/Notification sent and a regional alert posted to EMSystem for TSA-L, HSF 7
2009/04/15 09:44:31	27	A local insurance company is calling asking if they need to implement their PanFlu plans. FYI – Local businesses have extensive pan flu plans including social distancing, limiting business, etc. they will quickly call looking for direction

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2009/04/15 09:44:33	28	County Health Departments craft notifications and send alerts to hospitals. Core Message? What do we look for?
2009/04/15 09:44:34	29	All regional EMS providers are receiving multiple calls for people who have flu symptoms. What is the procedure to prioritize calls?
2009/04/15 09:44:35	30	Hospitals report that fewer patients are arriving Meningitis symptoms but ER's are sti filling to capacity with "flu-like" patients and worried well.
2009/04/15 09:44:37	31	CDC and DSHS confirm presumptive diagnosis of county health officials that this is a new strain of H5N1, pandemic influenza is rampant all over Central Texas.
2009/04/15 09:44:39	32	Cameron OEM requests Emergency declaration in Milam County made to County EMC.
2009/04/15 09:44:41	33	County Offices activate Emergency Declarations and EOCs
2009/04/15 09:44:43	34	HR sends email to City Mgr. reporting that employees are hearing rumors about increased flu. Some employees are concerned about coming to work. What do we do?
2009/04/15 09:44:44	35	RMOC activates the MACC
2009/04/15 09:44:46	36	Take 15 minutes for a break
2009/04/15 09:44:45	37	48 cases have been confirmed in Bell County. According to DSHS, neighboring counties DSHS Region 7 has confirmed nearly 200 cases, with their hospitals overwhelmed with both ill and worried well. Other US cities are experiencing an initia outbreak.
2009/04/15 09:44:47	38	HHS declares US in Stage 4 of Pandemic Response based on first positive case in Temple Texas of 25 year old woman at Scott & White Hospital
2009/04/15 09:44:49	39	Announcement is made by DSHS Region 7 that social distancing is under consideration, which includes closing schools
2009/04/15 09:44:50	40	All hospitals requests additional masks from RMOC
2009/04/15 09:44:51	41	Hospitals request additional ventilators from RMOC - they're anticipating a surge and anticipate exhausting the local resources.
2009/04/15 09:44:52	42	Hospitals across the region are reporting a 20 percent decrease in staff. What do they do to fill the shortage?
2009/04/15 09:44:55	43	Hospitals post bed availability
2009/04/15 09:44:57	44	Resource request for additional ventilators, PPE and antivirals are forwarded to Bell County OEM to process and send to state EOC
2009/04/15 09:44:58	45	JIC want updates for Noon and 5: 00 press release; need by 10:30 and 3:30
2009/04/15 09:45:13	45	What are the impacts to potentially canceling events for counties, cities and businesses?
2009/04/15 09:44:59	46	Multi Agency Coordinating (MAC) Group meets to determine resource needs/requests /sharing, health system status, activation
2009/04/15 09:45:00	47	Hospitals and clinics throughout the region are reporting an increase in walk in patients with high fevers. They are requesting assistance from PH – staffing, security supplies
2009/04/15 09:45:02	48	Community Health are requesting guidance about seasonal flu vaccine -DSHS or RMOC guidance
2009/04/15 09:45:03	49	Notification to DSHS and RMOC of possible credentialing concerns in anticipation of clinics needing additional providers
2009/04/15	50	JIC request information update for press release; needed by 3:30

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Date/Time	#	Message
09:45:04		
2009/04/15 09:45:05	51	Metroplex reporting influx of 20 patients with ILI. Also requesting anti-virals and additional ventilators
2009/04/15 09:45:06	52	Rollins Brook is reporting influx of 15 patients with ILI and is requesting guidance regarding surge strategies – to be consistent with regional standards
2009/04/15 09:45:07	53	Coryell Memorial reporting influx of 25 patients with ILI and depleting supplies of PPE
2009/04/15 09:45:08	54	Scott and White reporting influx of 40 additional patients with ILI. Completely out of N95 masks, need re-supply ASAP
2009/04/15 09:45:11	55	Central Texas Hospital reports influx of 25 patients with ILI CRDAMC reports influx o 25 patients with ILI Hamilton General reports influx of 15 patients with ILI
2009/04/15 09:45:12	56	All hospitals are evaluating their ability transfer of low level care patients to their pre designated ACF
2009/04/15 09:45:16	58	Situation/Scenario Update: Week 3 of local pandemic. Central Texas Region health care system, has been overwhelmed with ill. Counties reporting hundreds dead, with thousands ill.
2009/04/15 09:45:16	59	EOC and essential staff are refusing to come in unless agency can guarantee safety. What does the city, County, hospital or business do?
2009/04/15 09:45:18	60	County government reports reduction in staff coming to work by over 30%, may impact support of PH operations (IT, transportation, etc.)
2009/04/15 09:45:45	60	Alternate Care Facility Activation Where re they? Do we have enough equipment, personnel and supplies to operate them? Where do we get additional resources?
2009/04/15 09:45:19	61	JIC call for latest update for press release.
2009/04/15 09:45:20	62	Hospitals also reporting concerns about staffing shortages. Many people need daycare assistance to be able to report to work, social distancing has closed schools Should hospitals open internal daycares to allow staff to come to work?
2009/04/15 09:45:26	63	CDC just reported that the World Health Organization has gone to Phase V What does this mean for each organization?
2009/04/15 09:45:27	64	EOC checks to ensure that critical core network services are functioning properly anc adequate staffing is supplied.
2009/04/15 09:45:35	65	What is the City, County and Regional plan for mass fatalities? What is our capacity? Who Handles fatality management in this scenario?
2009/04/15 09:45:38	66	Some staff is calling in requesting permission to bring children to work with them. Da care is not available. What does each organization have in place?
2009/04/15 09:45:41	67	Dr. Flu, Medical Director of the Central Texas region, calls to inform that a plane at the airport with a passenger from Africa with FLI and they need to execute the plane screening plan. Requests staffing support.
2009/04/15 09:45:43	68	Staff member in your EOC is obviously sick and refuses to go home, what do we do?
2009/04/15 09:43:50		Many of the (Non Resident) UMHB students that are from the local area have been missing class over the past few days due to illness.
2009/04/15 09:44:04		A family whose two sons are students at UMHB and live on campus came home last week not feeling well and are now running fevers and feeling ill with what they describe as flu like symptoms. (headache, weak, fever) They have no signs of resp. complications.
2009/04/15 09:44:05		A family whose daughter is a student at UMHB came home last week not feeling wel and is now running fevers and is in and out of consciousness. Other members of the family are feeling ill with what they describe as flu like symptoms.
2009/04/15 09:44:19		There are a large number of worried well showing up at clinics and ERs in the Centrа Texas area due to information of a Pan Flu related Death in Central Texas

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2009/04/15 09:43:44	What steps are you as a jurisdiction or entity taking at this time? Email Attachment.
2009/04/15 09:44:01	CRDAMC receives a family of 7 (2 adults 5 kids) 1 adult and 3 kids in respiratory distress at ER.
2009/04/15 09:44:32	All media is calling Hospitals, Cities and Counties wanting a press release for the rumors of Pan Flu in Central Texas.
2009/04/15 09:44:48	What are the steps and precautions that each entity and jurisdiction need to take at this point?
2009/04/15 09:45:14	Take a 15 minute break
2009/04/15 09:44:36	The Temple VA received a patient that has a loaded firearm and is threatening to shoot if he doesn't get the vaccination for Pan Flu.
2009/04/15 09:45:48	Organizations are free to stand down and begin the reconstitution process without reducing their ability to perform essential functions.

EXERCISE PARTICIPANTS

Over 250 registered individuals participated in the Functional Exercise. These participants
represented the city, county, regional, state, non-governmental, and private agencies and departments
across the
following disciplines/services:

- Hospitals

- Emergency Management

- Law Enforcement

- Fire Service

- Emergency Medical Services (EMS)

- Public Health

- Public Information

- Community Services

- Private University

The following agencies, departments, or organizations participated in the CTRAC Full Scale exercise:

- Carl R. Darnall Army Medical Center

- Central Texas VA

- King's Daughters Hospital

- Metroplex Hospital and Metroplex Pavilion

- Scott & White Facilities (Memorial Hospital, Pavilion, Continuing Care Hospital, Santa Fe Center, Center for Diagnostic Medicine)

- Coryell Memorial Hospital

- Hamilton General Hospital

- Rollins Brook Community Hospital

- Richards Memorial Hospital

- Central Texas Hospital

- Scott & White EMS

- Belton FD/EMS

- Central Texas Regional EMS

- Hamilton EMS

- Killeen FD/EMS

- Temple Fire & Rescue

- Bell County Public Health District

- Milam County Public Health District

- DSHS Region 7

- Central Texas Regional Advisory Council

- CCC Mental Health Mental Retardation

- Fort Hood

- Hamilton County OEM

- Coryell County OEM

- Bell County OEM

- Milam County OEM

- City of Temple OEM

- City of Killeen OEM

- University of Mary Hardin Baylor

Full Scale Exercise
After Action Reviews (AARs)

AFTER ACTION REVIEWS (AARs)

The AAR is a facilitated, professional discussion of the exercise, focused on participant performance, which enables the participants to "discover" for themselves what happened, why it happened, and how it can be done better (e.g., what strengths to sustain and weaknesses to improve). The exercise AARs are not lectures, critiques, nor test results since they do not grade success or failure. Successful AARs link effects (what happened) to causes (why it happened) and links lessons learned to future training needs and improvements in emergency response plans. The inherent advantages of exercise AARs are:

- Training participants learn and retain much more when they identify what went right and what went wrong than when lessons are dictated to them

- When "self-discovery learning" occurs organizations and participants usually find it easy to internalize their shortcomings and take ownership of the problems and their solutions

- Human Nature Rule #19: Managers, supervisors, and individuals are only going to fix what they view as broken

The Bell County EOC, RMOC, Regional Health District, UMHB and Hospitals each participated in the AAR facilitated by Lone Star Security. The AAR was conducted on April 17, 2009. The exercise participants Consolidated AAR feedback is synopsized in this report. The RMOC Observer facilitated the AAR using the following standardized format.

AAR Format

Introduction and AAR Review Exercise

Objectives Summarize Key Events

Facilitated Discussion of Key Points

- Overview and Purpose of the exercise

- Exercise Goals, Objectives and Scenario review

- Identification of sustain/improve areas by participant (done only by participants with Observer present)

  - Effects (what happened) - Causes (why it happened)

- Discussion of issues by participants

- Identify strengths and weaknesses

- Overall Observer suggestions = proposed "fixes" to applicable annex's

SECTION

3

EXERCISE OBSERVATIONS

Exercise
All other CTRAC Hospitals Not Observed by Lone Star Security

Performance Summary:

Overall the hospitals did well with this exercise. Communications between everyone in the Command Center and throughout the Region were solid. The participating members had basic operational training and had the attitude and knowledge needed to complete the tasks at hand. There were a few areas identified as needing improvement. A requirement to conduct training on the WebEOC® program was identified, to include refresher training prior to scheduled exercises. There appeared to be some confusion over this program at times. Although high volumes of information were being exchanged over the system, the operators were unfamiliar with all of the functions of the program. This resulted in the program not being used to its full capability. Another notable issue identified was the need for a well developed Continuity of Operations Plan. The unique challenges presented by a pandemic environment stress the manning requirements, and need to be addressed in SOPs. Each hospital had a basic plan; however they varied in scope and sophistication which resulted in a few being unsure as to what the step by step procedures were within the plan. This is a common shortfall with many organizations, and must be addressed in order to take corrective actions as soon as possible. The final issue that needs to be addressed is the level of effort that organizations and individuals put into an exercise. Follow plans until they prove unworkable, then rewrite it to better manage requirements. All plans need testing and refinement in order to provide workable solutions unique to various organizations and requirements. This is essential to execute properly and progress as an organization. A pandemic influenza exercise presents unique challenges due to the dynamics inherent to the scenario, as well as complexity of multi-agency coordination required to respond. The critical node is the RMOC, which needs to drive the operation and provide the focus and direction of a response. The hospital sites responded well, since they

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provided inherent services, but notably in a surge capacity.

Highlights

Utilization of WebEOC® and EMSystems for interoperability

Collaboration with regional partners

Examination of internal plans and policies

Improvements Needed

More familiarization with WebEOC®, to include redundant operators

Develop a detailed COOP plan

Development of an Educational, Training and Exercise Program, both short and long range to build on identified short comings and sustain highlights.

Refine and build the RMOC SOP to provide a document capable of establishing a base line for the desired operational capability.

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Operational Observations

The Organizations listed below had observers on site during the conduct of the exercise, and comments are provided. Many other organizations participated in the exercise, with varying levels of participation. Some of these entities are identified in the WebEOC® injects included in this report, but without observers present no direct comments are included. At the conclusion of the Full Scale Exercise on 1 July 2008 the Senior O/C facilitated a consolidated After Action Review (AAR). Participants were the key staff personnel from the Emergency Operations Center, Regional Medical Operations Center (RMOC), TSA-L Region Hospitals and surrounding jurisdictions who participated in the exercise. Not all AAR participants had observers present at their location during the conduct of the exercise. Input from those participating in the AAR are included in the below observations in the general summery.

The following observations and comments are observations directly from the Jurisdiction's exercise participants and are categorized into items to be "sustained" or "improved" and in some instances, "quick fixes" were identified.

Trauma Service Area – L (includes Bell County EOC and RMOC)

Sustain:

- Spirit of cooperation

- The involvement of our community responders; don't let critical momentum be lost; this was a starring point!

- Mutual aid agreements with surrounding municipalities/agencies, continue to refine

- Communication abilities through common radio systems

- Technology and associated programs

- Regional Interoperability Communication Program

Improve:

- Exercise coordination up, down and laterally

- Federal resource contact information and on-file maps

- On file contact numbers, agencies, and individuals

- Equipment locations and contacts

- Technology - all departments do not have same

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• Predetermined and standardized location and equipped RMOC working area/space

- Build on existing SOP book to improve quality and provide copies at each station

• Improve operations of WebEOC® through training and refresher training exercises to fully use all its capability

• Internet and computer hookups at each station

• The size and layout of the EOC site; crowding caused confusion and difficulty in performing assigned tasks

• Persons in charge are not tracking corrective actions on incidents. Keep all communication lines open with EOC members. Hourly updates can be used to track actions and responses.

• Bell County EOC - communications were not used so comments can not be provided

• Have designated scribes/runners assigned ahead of time

• Develop guidelines and publish Altered Standards of Care for this scenario. Disseminate to all participants

• Conduct hourly updates of operations to quickly recap status for all in order to maintain a common operational picture

• Frequently conduct exercises, this would improve overall performance and allow the organization to build on lessons learned and refine SOPs

Quick fix:

• Acquire on-hand file of city and county maps, contact information, civilian and federal resource lists

• Start up dated file for resources

• CP should continuously maintain authority and standardize procedures for providing data to CP

• Add local officials and city department's phone numbers to SOPs and checklists

Bell County Public Health District

Sustain:

• Civilian resource contact information

• Federal and State resource contact information

• POD operational oversight

Improve:

• Inadequate personnel to cover requirements (POD sites, man RMOC)

• Ability to maintain Operational Awareness of Situation at State and County (big picture)

• Equipment inadequate for operations (Communications, Laptops)

• Standardize checklists for POD site operations

• Develop and assist RMOC and local hospitals in developing altered standard of care requirements

• Develop MOUs with designated POD sites, develop SOPs, and standardize paperwork requirements

• Director of BCPHD (Health Authority) needs to participate in exercises to provide direction / focus

Quick fix:

• Develop MOUs with designated POD sites, develop SOPs, checklists and standardize paperwork requirements

• Dedicate time to conduct required training identified

Central Texas Hospital

Sustain:

• Initiated recall list to test timeline for response

• Assisted designated POD site by providing an RN to assist

• Identified 15 staff to send to other locations as required

Improve:

• WebEOC® training, and conduct refresher training as time permits inadequate for operations

• Communications between County Agencies and other participants

Quick fix:

• Develop / refine SOPs with County agencies to improve communications.

• Dedicate time to conduct required training identified

Hamilton General Hospital

Sustain:

• Staff well trained and enthusiastic

• Triage and separation of sick and well

• Identified additional staff requirements, and reacted

Improve:

• WebEOC® training and identify alternate operators

• Establish an operational SOP and checklist, continue to refine with additional exercises

Metroplex Hospital / Pavilion

Sustain:

• Staff maintained separation during triage (dirty and clean)

• WebEOC® operations

• Identified staff functions with vests, easy to identify functional personnel

• Volunteers well integrated to assist / augment staff

Improve:

• Staff training and maintenance of communications equipment. SOP can identify alternate communications requirements and work arounds.

• Identify additional locations for morgue support

• Develop SOPs and locate to provide reference at required locations

Quick fix:

• Work with Bell County Public Health District and RMOC to identify additional surge locations for morgue support

Rollins Brook Community Hospital

Sustain:

• Emergency planning and patient care planning was well done

• Logistics and security staff operations, anticipated requirements well

• Rehearsal with a table top exercise earlier in the week provided operational familiarity

Improve:

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- Coordinate with commercial ambulance provider to enhance future exercises

- Develop MOUs with local law enforcement to provide additional support as required

- WebEOC® training

Scott & White Center for Diagnostic Medicine

Sustain:

- Communications quickly established between CDM and Command Center

- Executed well in despite recognized staff shortages

Improve:

- Clearly mark locations for staff and patients

- Communications between CDM and the Command Center

- Refine SOP to address linking family members, identify clean and dirty areas and shortages of staff or equipment

Scott & White Continuing Care Hospital and Emergency Department

Sustain:

- Pooling of staff and resources

- Triage conducted quickly and efficiently

- Communication between Infection Control at all S & W sites

Improve:

- Patients arriving for triage taken through clean areas (area had to be decontaminated after)

- Security needs to establish SOPs and MOAs with agency to augment.

- Director of BCPHD (Health Authority) needs to participate in exercises to provide direction

Quick fix:

- Identify in the SOP how patients arriving for triage can avoid clean areas

University of Mary Hardin Baylor (POD Site and roll players)

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Sustain:

- POD organization / layout (Signs)

- Screening of sick from the well patients

- Security was on hand and proactive (provided protection for care givers)

Improve:

- Training for care givers, Triage

- Assist the director of BCPHD (Health Authority) in developing a SOP for POD sites

- WebEOC® training for appropriate personnel

Overall Summary

The Functional Pandemic Influenza Exercise successfully achieved most of the objectives to assess and evaluate current concepts, plans, and capabilities for response issues pertaining to Pandemic Influenza. Other findings are intended to provide the basis for continued development of planning guidelines, equipment selection, and responder training. Exercise participants identified several lessons learned. Major areas for improvement are as follows:

- Develop process for consistent, timely and accurate information sharing and communications between departments, response partners, and government agencies.

- Develop and exercise security plans for all venues necessary to support a pandemic influenza response, to include POD sites, EOCs and Hospitals. This requirement exists for multiple scenarios.

- Develop and exercise COOP plans. All staffs will be short handed and planning is required to mitigate operational degradation.

- Identify areas that will need surge staff, and develop just-in-time training for each. Establish redundant manning within each staff position to insure continuity of operations. This is essential for sustained operations in this exercise scenario.

- All participants should continue to conduct progressively more robust tests of their Continuity of Operations Plans.

- WebEOC® training levels varied by location, however a continuously planned training program would enhance function and operability for all exercise participants. Enhanced training would also expand the knowledge base on the system, which has many functions which are not familiar with users, resulting in an expanded capability for all.

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• Fatality management was addressed during the conduct of the exercise, however only superficially. While a solution was identified to seal bodies in bio seal, the decision to bury remains in mass graves will need to be made in a timely manner by authorized personnel. It was not clearly understood who the decision authority rested with to enact the mass grave authorization. This needs to be addressed in future planning and SOPs.

This Functional Exercise clearly reflected many challenges facing the Central Texas Region and the Department of State Health Services Region 7 agencies. While the exercise scenario brings into question many concepts regarding response to an overwhelming public health emergency, such as a pandemic, the agencies demonstrated their credentials, dedication, and intent to support a coordinated effort. Follow-up exercises addressing critical components of the overall response should be pursued by development of a short and long range exercise plan to build on lessons learned, and improve overall response planning.