

After Action Report Form

Part 1

Executive Summary:

The Executive Summary provides a brief overview of the exercise, major strengths demonstrated during the exercise and areas that require improvement.

Brief overview of the exercise:

The exercise consisted of a WMD event created by a 172 Cessna crop duster flying over the Acton Fairground and spraying an unknown substance –later identified as TEPP (Tetraethyl pyrophosphate). Multi-agencies (Police, Fire, LE, ARC, EMA, Salvation Army, York Rehab Van, MEMA, New Hampshire EMA, PNSY HAZMAT Team (WMD Response team #8), Kennebunk Hazmat Team, Ogunquit Decon Team (WMD Strike Team #8), SMMC, Goodall Hospital, York Hospital) responded and many local citizens participated as victims.

Strengths demonstrated during the exercise:

- Include multi-agency interaction
- Knowledge that the scene was potentially a WMD event and thus treating the scene as a WMD scene
- Fire fighters wearing PPE upon arrival
- Command was setup away from the hot zone
- Emergency response coordination, it was noted right off that additional resources would be necessary
- EMS realized it would be a MCI event as well as a WMD event.
- Limited fire crew on scene did a great job of setting up quick decon with a 1 ½ “ hose line off the engine

Areas that require improvement:

- Communications,
- MCI implementation and staging
- Decon placement at scene (hot zone)

Part 2

Exercise Overview

The Exercise Overview describes the exercise, identifies the agencies/organizations that participated in the exercise and describes how it was structured and implemented.

Exercise Name: Acton Fairground WMD Exercise

Location: Rte 109, Acton, Maine

Scenario:

- ☒ Chemical Release or Threat
- ☐ Biological Release or Threat
- ☐ Radiological Release or Threat
- ☐ Nuclear Detonation or Threat
- ☐ Explosive Detonation or Threat
- ☐ Cyber
- ☐ Other/Specify

Type of Exercise:

- ☐ Seminar
- ☐ Workshop
- ☐ Tabletop
- ☐ Game
- ☐ Drill
- ☐ Functional
- ☒ Full-Scale
- ☐ Other/specify

Focus:

- ☒ Response
- ☐ Recovery
- ☐ Prevention
- ☒ Other -Hospital Decon

Exercise Date: 04/30/05

Duration: 6 hours

Participants:

International Agencies:

Federal Agencies: FAA, FBI

State Agencies:

**MEMA, NHOEM, MECST, NH –Office of Corrections, Dept of
Public Health, SMRRC**

Local Agencies:

**Acton Fire, Acton EMS, Shapleigh Fire & EMS, Sanford Fire and
Rescue, Acton EMA, YCEMA, Shapleigh EMA, Portsmouth Naval
Shipyard Hazmat Team, American Red Cross, Salvation Army**

Canteen, York Rehab Van, Lebanon Rescue, Saco EMA, Saco Cert, Eliot CERT, Waterboro CERT, Biddeford Fire Dept, York Fire Dept, York County CAP AMR Ambulance Service, SO ME Fire Notification Assoc, WEMS, SMMC, Goodall Hospital, York Hospital, CAP, York County Search & Rescue, Acton Air 1 and Pilot, Acton airfield, and victim players from many local towns

Number of Participants:

☐ 200+ Players
☐ 45 Victim Role Players
☐ 6 Controllers
☐ 12 Evaluators
☐ 6 Observers

Sponsor:

☒ U.S. DHS, Office of Domestic Preparedness
☐ FEMA
☐ Center for Disease Control and Prevention
☐ Department of Defense
☐ Metro Medical Response System
☐ Radiological Emergency Preparedness
☐ EPA
☐ DOT
☐ USCG
☐ Strategic National Stockpile
☐ Other/Specify

Co-sponsors:

Local Agencies: York County EMA

State Agencies: MEMA

Federal Agencies:

Contract Support:

Funding Source (Agency Receiving Funding):

Maine Emergency Management Agency

Program:

☒ HS Exercise and Evaluation Program, State '03 Funding
☐ Chemical Stockpile Emergency Preparedness
☐ Radiological Emergency Preparedness
☐ NSSE

- ☐ Continuity of Operations Plans
- ☐ Major Marine Disaster
- ☐ Natural Disaster
- ☐ Mass Rescue Operations
- ☐ Civil Disturbance
- ☐ Area Contingency Plan
- ☐ MTSA
- ☐ Other/Specify

Classification:

- ☒ Unclassified
- ☐ For Official Use Only
- ☐ By Invitation Only

Exercise Overview:

The exercise was designed to be an initial response and mass decon at the scene, as well as decon tent set-up at the hospitals. It emphasized communications, emergency response coordination, and resource integration.

The exercise provided opportunity for LE (Me State Police and York County Sheriff's Dept to work together.

Focused on decon at scene and hospitals

Evaluation of participating disciplines EOP and procedures.

Exercise Evaluation:

Evaluators were positioned at the Acton EOC, York County EOC, Goodall Hospital, SMMC Hospital, York Hospital, the four corners of the actual scene as well as at the decon location, and the fire engine placement site. Two scene evaluators roamed the entire exercise location. Two local fire chiefs evaluate the fire department and hazmat response, a deputy chief of police, a sergeant and a New Hampshire Corrections Officer evaluated the LE, EMS was evaluated by an EMT-B, EMT –I, York County EMA EOC was evaluated by Waldo County EMA director, FAA official evaluated the plane pilot.

A round table discussion for the evaluators was held Monday Morning, May 2, at the York County EMA.

The AAR will be held Wednesday night at 7 pm at the York County EMA.

Part 3

Exercise Goals and Objectives

Part 3 lists the goals and objectives for the exercise. These are developed during the exercise planning and design phase and are used to define the scope and content of the exercise as well as the agencies and organizations that will participate.

Goal 1: Command & Control

Objective 1: Demonstrate the ability to command, control and coordinate emergency response activities through the use of ICS

Goal 2: Communications

Objective 1: Ability to alert appropriate response agencies and personnel

Objective 2: Communicate with the hospitals; security and lock down measures

Goal 3: DECON

Objective 1: Decon Tent set-up at hospitals

Objective 2: Decon at scene

Goal 4: CERT Triage

Objective 1: Use CERT team for simple site triage

Part 4

Exercise Event Synopsis

The Exercise Event Synopsis provides an overview of the scenario used to facilitate exercise play and the actions taken by the players to respond to the simulated incident. The activities are presented in the general sequence and timeline that they happened at each site. The event synopsis provides officials and players with an overview of what happened at each location and when. It is also used to analyze the effectiveness of the response, especially the time sensitive actions. It provides a means of looking at the ramifications of one action not happening when expected on actions taken by other players and on the overall response. Write-ups would be included for each element of play.

Scenario: (Tabletop)

Module 1:

- Fire, EMS, HAZMAT discussion on who has overall control at scene
- Primary means of communications –are they compatible, how do you communicate with the hospitals
- What factors indicate this is a hazmat or wmd event
- Is there enough trained personnel in the area to handle
- Will there be a decon process established on scene or at hospitals
- Are there mutual aid resources available
- Will there be a Unified command

- Will there be protective zones, road closures and traffic detours
- Will local and county EOCs be established
- How does EOC and IC communicate
- LE, FD, EMS use PPE
- Will there be multi-jurisdictional LE coordination
- What are notification procedures for MCI
- What triage method will be followed
- Are casualties decon prior to transport
- Who's talking to the media
- Will technical expertise be requested – CST, HAZMAT teams
- Module 2:
- What procedures are used to make chemical identification
- Are there sufficient assets (people, equipment) for sustained operations
- Are there procedures in place for hospital decontamination
- Does decon threaten any public water services
- Can local responders identify and conduct chemical agent neutralization
- Are there MOUs in place
- Who declares state of emergency in local jurisdiction
- Is there a mechanism for requesting pharmaceuticals – and if how, who

Scenario: (Full-scale)

- 8:00am safety and scene briefing
- 8:30am crop duster criss-crosses over fairground and releases mist over crowd *[scene evaluation, communications]*
- 8:31am cell phone call to 911 to report plane releasing mist over the crowd *[agencies notification, scene evaluations]*
- 8:35am mass confusion, people down *(communications cognizant)*
- 8:40am Fire, EMS, LE respond and evaluate scene, request additional resources *[Fire & EMS evaluate; LE starts investigation]*
- 8:45am LE starts investigation, *[crime scene - notify FAA]*
- 8:48am Witness calls 911 reports suspicious plane landed at Acton airstrip
- 8:50am Initial patient transported *[EMS notifies hospitals of multiple patients]*
- 9:00am Massive traffic congestion –fairground and Rte 109 *(closes rte 109 and detours traffic)*
- 9:10am patients/victims overwhelming hospitals–self-transporting to hospitals by POV *[additional resources, MCI declared and IC established]*
- 9:20am People trying to leave fairground *[LE secures scene]*
- 9:30am Assumption made possible chemical agent sprayed *[IC notifies all – WMD, YCEMA, Public Health, CST, FBI, hospital lock downs, security]*
- 9:40am mutual aid, contaminated patients, LE mutual aid on scene *[IC assigns Units; temporary decon at scene]*
- 10:00am MCI, request York County EMA open *[York EMA EOC open]*

- 10:30am Media on scene [PIO or JIC established]
- 10:50am Patients, victims overwhelming [Evaluations, notifications, communications at all levels]
- 11:10am Citizens calling town hall requesting information [PIO, Town Officials]
- 11:30am Contaminated victims still self-transporting to hospital [lock down –security measures]
- 12:30pm Preliminary testing by CST indicates liquid appears to be an organophosphate pesticide –possibly Tetraethyl pyrophosphate (TEPP)
- 12:45pm Citizens and Media arriving at Acton Town Hall and fire station [PIO; Selectmen declare state of emergency]
- 13:00 pm Acton EMA & Selectmen ask for additional resources; More patients arriving at hospitals via bus transport; EMS reports deceased victims [State ME requested at scene; procedures for contaminated bodies, hospitals request more info]
- 13:10pm Exercise ends (due to inclement weather); on scene debrief

Part 5

Analysis of Mission Outcomes

This section of the AAR provides an analysis of how well the participating agencies/jurisdictions addressed the mission outcomes. Mission outcomes are those broad outcomes or functions that the public expects from its public officials and agencies. As defined in ODP's Homeland Security Exercise and Evaluation Program – Volume II: Exercise Evaluation and Improvement, the mission outcomes include: prevention/deterrence, emergency assessment, emergency management, hazard mitigation, public protection, victim care, investigation/apprehension, recovery/remediation. The exercise goals and objectives will define the mission outcomes that are addressed by the exercise and that should be analyzed in this section of the AAR.

Emergency Management Operations Center:

Acton EOC – The Acton EMA director fielded questions in a professional manner. He had good interaction with the Fire Chief, EMS and LE representatives. He had detailed coordination with the Shapleigh EMA director. He handled issues as they became apparent. He maintained composure

Public Information: The County PIO'S assistance was requested at the Acton EOC.

Direction and Control of Response:

Part 6

Analysis of Critical Task Performance:

This section of the report reviews performance of the individual tasks as defined in the evaluation guides. Each task that was identified by the exercise planning team as a critical task to be performed to respond to the simulation defined by the scenario should be discussed in this section. Those tasks that were performed as expected require only a short write up that describes how the task was performed and generally would not be followed up by recommendations. For tasks that were not performed as expected, the write-up should describe what happened or did not happen and the root causes for the variance from the plan or established procedures or agreement. Recommendations for improvement should be presented for these tasks. This section should indicate if the variance from expected performance resulted in an improved response, which may result in a recommendation that plans for procedures are changed. Innovative approaches that were used during the response should be highlighted and described.

Task Number: (See HSEEP Volume II, Evaluation Guides)

Part 7:

Conclusions: Overall, the Acton Fairground WMD Exercise was a great success. For twenty-five different agencies to come together and exercise as one, while maintaining individual goals shows the commitment of all participants. Everyone worked together and would have worked much better .

Lessons learned by individual responders, evaluators, controllers, and other participants are being discussed daily and plans are under for future tabletops, functional and full-scale exercises.

Chaos at the beginning was beyond scope of what real time could assess.

FIRE

IC was established at the Acton Public Safety Building. The Op Officer was also stationed at the Safety Building. On scene was slightly confusing to begin with –because no one on scene knew who or where ops officer was. 2 ops officers –1 at EOC and 1 on Engine

E1 set up decon area immediately upwind. “No one gets through without Decon” secured exit area by fence against engine.

IAP was used and changed as needed.

Fire Fighters checked buildings for additional victims.

Need for mass transport was recognized immediately (25 rigs)
Access points were established.

PNSY HAZ-MAT 1 – Good set-up.

Responders decon before leaving.

Exercise participants focused on mass decon at scene and hospitals.

Initial roll-up looked like the standard roll-up for structure fire.

Responders need to focus on their assigned duties.

Engine CO at scene –did creditable job.

In reality, the engine Lieutenant should have stayed at engine and been in charge instead of responding to the victims.

Rehab for Engine Co – not available – no additional SCBAs at scene –could not have filled at scene with the self-contained air truck due to contaminated air.

More support would have been necessary on scene –

PNSY stayed out of hot zone – they did decon only

Traffic stopped within ½ mile radius.

EMS

Initial Actions

08:50 EMS on scene and walking wounded gathered up, walked over to decon area.

Locking the gates to the fairground established the containment area.

EMS approached the victims from downwind.

EMS did check the MET tags and observed patient symptoms.

Responder Preparation

EMS had limited protection measures in place. Turnout gear and SCBA.

Treatment was adequate for levels of protection.

EMS had inappropriate equipment to treat the number of victims.

Mutual Aid was called for assistance with MCI.

EMS did not appear to become contaminated.

There were no obvious actions to protect the responders from a secondary device.

Ambulances did appear to sign off at scene or hospitals

Tone not heard for mutual aid

EMS Organization and Control

There was no clear ICS structure for EMS. No vests worn.

Patient data did not appear to be being tracked. I observed load and run.

No EMS triage, treatment, transportation officers were appointed.

LE

) Upon arrival, a quick evaluation of the situation was made and an inventory of immediate available resources was taken. With this information, the need to establish a unified command to pool their respective department resources was recognized and established.

Their initial effort was to contain the scene to prevent innocent citizens from exposure (as evidenced by the turning away of animal rescue workers not properly equipped with protective clothing etc.) and ensure that the cause of the illnesses did not spread to unaffected areas of the surrounding community.

LE response from that point was to contain and begin an investigation into locating the cause of the disaster by identifying and locating the aircraft with the assistance of the FAA. Once located, it was secured by LE personnel to prevent the spread of the contaminants and for the processing of evidence. Assistance from the FBI was also requested to determine if this was a terrorist attack and follow-up investigation.

Other additional resources called upon to assist in either the investigation or evacuation of the surrounding area included INF&W, the State Police Bomb Squad, and NESAPAC.

By 0925, the LE unified command moved to the EOC to further coordinate their efforts with the Fire Chief. Upon arrival, all unit commanders met for a briefing where all of the LE concerns were raised and addressed appropriately. The incident commander established a chain of command board to include the PIO, logistics officer, safety officer etc.

The event concluded early and I am not aware of any post debriefings of witnesses and family members of victims etc.

The event developed quickly and the issues that needed to be considered were recognized and addressed rather quickly. The LE contingency was well organized and responsive towards their areas of concern. Better than 95% of our checklist was addressed directly or requested assistance to accomplish the task. I sense that had this been an actual event, radio communications for both agencies would have hampered their effectiveness and efficiency.

From a LE perspective, a job well done.

Provide Immediate Emergency Aid

First Responders CERT

On Scene 08:43

Initial Assessment

Most victims were lying on the ground and a few were walking around. Walking wounded were rounded up and triaged and tagged and directed to decon when it was established.

Responders approached the scene with the wind blowing in their faces. They should have come in from the upwind direction with appropriate PPE. An on scene briefing could have reduced responder casualties.

The responders provided the care to the best of their ability and did request for more EMS quickly. They triaged and assisted with patient evacuation when decon and EMS arrived. Great Job!

CERT could not do an assessment on the agent used in the event. They observed symptoms and provided comfort care for the victims.

Responder Preparation

The CERT was protected from biohazard from fluids only. Thirty minutes into the event some of the CERTs put on dust masks.

The Cert was prepared to provide basic first aid and did so in simulation.

CERT did become contaminated. In a real situation they would be used in a cold zone and could assist and not be in any danger.

Victim Care

Some of the patients were given oxygen and others were treated and stabilized; then decon and transported.

Patients were triaged and the walking wounded were escorted to decon. They were then staged for transport. Other patients were evacuated using the appropriate carries that were trained. Good job! Patients were moved in order.

Patient assessment could have been quicker. Time was spent asking questions and treating wounds instead of checking the ABC's and moving on to the next person.

The teams on scene provided basic first aid.

Provide Immediate Emergency Aid

First Responders CERT

Mass decon was setup by both Acton and PNS for the victims and responders.

Steps used to control walking wounded who left the scene were unknown to this evaluator.

Thank you Saco CERT for volunteerism. You make Saco proud!!

The Saco CERT could use more MCI, communications, haz-mat and ICS training. This will strengthen an already good foundation of training for this team.

Providing Emergency Triage, Treatment, and Stabilization

EMS

There were no medical doctors or other specialists on scene.

There were no provisions made for protection from the environment or secondary contamination for the media and or others.

Triage was completed by the CERT so it was not needed by EMS.

Treatment was not listed on the triage tags that I looked at.

There was no medical screening for the responders due to a lack of personnel.

EMS should review and test their protocols. They should also drill and practice their MCI training. This could be a part of the yearly training schedule so the responders could be better prepared to respond to a large-scale incident in their jurisdiction.

EOCS

Summary of Issue:

Consequence:

Analysis:

Recommendation:

*Improvement Steps: To be completed by the exercising jurisdiction following review of the draft after-action report (see improvement plan below).

<i>The Conclusions section of the report should be used as a summary of all the sections of the AAR. It should include whether or not participants demonstrated their capabilities, lessons learned for improvement and</i>

major recommendations and a summary of what steps should be taken to ensure that the concluding results will help to further refine plans, procedures and training needs for this type of incident.

Part 8

Improvement Plan:

Following the review and validation of the draft report findings by key officials from the participating agencies/jurisdictions (during the debriefing meeting), the officials define the actions that will be taken to address the recommendations. These improvement actions are presented following each recommendation and include the action, the responsible party/agency and the timeline for completion.

Task #	Recommendations	Improvement Action	Responsible Party/Agency	Completion Date
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