Homeland Security Exercise and Evaluation Program (HSEEP)

After Action Report/Improvement Plan   **Florida Department of Health (FDOH)**
(AAR/IP)   **Leading Edge Tabletop Exercise**

Leading Edge Tabletop Exercise

FLORIDA DEPARTMENT OF HEALTH

June 15 – 16, 2011

AFTER ACTION REPORT/IMPROVEMENT PLAN

July 28, 2011

Homeland Security Exercise and Evaluation Program (HSEEP)

After Action Report/Improvement Plan	Florida Department of Health (FDOH)
(AAR/IP)	Leading Edge Tabletop Exercise

The *Leading Edge Tabletop Exercise After Action Report and Improvement Plan* is in compliance with Homeland Security's Exercise and Evaluation Program (HSEEP) and will be used to enhance future Department of Health response plans, trainings, exercises, and event responses.

Adopted on __10/3/11__ by:

Rhonda White, M.B.A.
Chief
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ADMINISTRATIVE HANDLING INSTRUCTIONS

1. The title of this document is the Leading Edge Tabletop Exercise After-Action Report/Improvement Plan.

2. This is a public document – no special handling instructions are required.

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EXECUTIVE SUMMARY

Purpose

The purpose of this exercise was to establish a capability baseline for the Epidemiology, Environmental Health and Special Needs Sheltering Regional Strike Teams and provide an opportunity to evaluate related response concepts, plans, and capabilities for responding to a disaster.

Date

The Leading Edge exercise was conducted on 15 June – 16 June, 2011.

Objectives

Objectives for this exercise were derived from the 2010 series of Turbulent Tide strike team exercises. The objectives for this exercise included:

- Objective 1 (OBJ-1) - Demonstrate the ability to activate and deploy strike teams
- Objective 2 (OBJ-2) - Demonstrate team internal and external communications capability
- Objective 3 (OBJ-3) - Demonstrate immediate action and tactical planning capability
- Objective 4 (OBJ-4) - Demonstrate ability for strike team integration into the state and local response structures

Federal Targeted Capabilities

- Epidemiology
- Environmental Health
- Special Needs Sheltering (Mass Care)

Exercise Type

The Leading Edge was conducted as a cross-regional tabletop exercise (TTX).   The TTX utilized a two-way videoconferencing system with the lead facilitator located at the Florida Department of Health (FDOH) in Tallahassee. In order to effectively evaluate the execution of teams, evaluators were assigned and located at each regional location along with a facilitator that kept local teams on time and on target.

Scenario

The Leading Edge exercise scenario revolved around "Hurricane Neo", a major disaster cutting a wide swath across Florida. The exercise was divided into three modules, Module 1 – Activation and Rostering, Module 2 – Mobilization, Module 3 – Operations.

Results

The Leading Edge exercise met its objectives and was deemed a success by the participants and evaluators. Multiple positive comments were received regarding the opportunity to interact cross-regionally. The video conferencing capability reduced costs and travel times while maintaining a means for cross-regional communications. Some regions experienced technical difficulties which the exercise staff promptly addressed. Every module of the exercise was enhanced by the dedication demonstrated by all participants. With exceptions, each objective was successfully met by participating teams in each region. Thoughtful decision-making and discussions occurred. A baseline for capabilities was established and teams have emphasized their readiness for a more challenging operations-based exercise in the future. The exercise also shed light on areas needing improvements at all levels. The following paragraphs provide an overview of major strengths and primary areas for improvement.

Major Strengths

The major strengths identified during this exercise include:

- The extensive expertise and experience of the team leaders and other participants.
- The emphasis team leaders placed on team safety when considering operations.

Primary Areas for Improvement

The primary areas for improvement include:

- Establishment and/or improvement of available:
  - Strike team written expectations and guidance, including who/when to conduct contact list and equipment checks,
  - Strike team tools including communication equipment and other "Go Kit" items.
  - Team leader and member training.
- Enhance team recruitment and maintenance activities to optimize team mobilization.

SECTION 1: EXERCISE OVERVIEW

Exercise Details

Exercise Name
Leading Edge.

Type of Exercise
The Leading Edge was conducted as a cross-regional tabletop exercise (TTX). The TTX utilized the two-way videoconferencing system with the lead facilitator located at the FDOH in Tallahassee.

Exercise Start Date
15 June 2011.

Exercise End Date
16 June 2011.

Duration
Approximately 8 hours

Location

The exercise was conducted in each of the seven (7) Regions.

- Region 1 - Walton CHD, Defuniak Springs, FL.

- Region 2 - Leon CHD, Tallahassee, FL.

- Region 3 - Putnam CHD, Palatka, FL.

- Region 4 - Pinellas CHD, St. Petersburg, FL.

- Region 5 - Volusia CHD, Daytona Beach, FL

- Region 6 - Glades CHD, Moore Haven, FL

- Region 7 - Palm Beach CHD, FL.

- FDOH Central Office - Tallahassee, FL.

Sponsor

The State of Florida, Department of Health.

Program
Exercise executed under Assistant Secretary for Preparedness and Response (ASPR), Hospital Preparedness Program, Fiscal Year 2010.

Mission
Response

Federal Target Capabilities

- Epidemiological Strike Teams
- Environmental Health Strike Teams
- Special Needs Sheltering (Mass Care) Strike Teams

Scenario Type
Natural Disaster - Hurricane

Exercise Planning Team Leadership

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Participating Organizations

- Alachua CHD
- Bradford CHD
- Broward CHD
- Charlotte CHD
- Clay CHD
- Duval CHD
- Escambia CHD
- Glades CHD
- Hendry CHD
- Hernando CHD
- Hillsborough CHD
- Indian River CHD
- Lake CHD
- Leon CHD
- Levy CHD

- Okaloosa CHD
- Palm Beach CHD
- Pinellas CHD
- Polk CHD
- Region 3 FDOH Children's Medical Services
- Sarasota CHD
- Seminole CHD
- St Johns CHD
- Volusia CHD
- Walton CHD

Number of Participants

- Players: 54
    - Region 1 – 6
    - Region 2 - 4
    - Region 3 – 10
    - Region 4 – 5
    - Region 5 – 7
    - Region 6 – 6
    - Region 7 - 12
- Evaluators: 21
- Facilitators: 8
- Observers: 6
- Total in attendance: 89

SECTION 2: EXERCISE DESIGN SUMMARY

Exercise Purpose and Design

The purpose of this exercise was to establish a capability baseline for the Epidemiology, Environmental Health and Special Needs Sheltering Regional Strike Teams. The exercise afforded the Florida Department of Health the opportunity to validate related response concepts, plans, and capabilities for responding to a disaster. It also provided team leaders, old and newly assigned, an opportunity to update or learn the appropriate skill sets.

The exercise was designed so that targeted strike teams from all regions across Florida could participate simultaneously through video conferencing technology. Leading Edge was centrally led from the FDOH in Tallahassee with additional facilitators and evaluators located in each regional venue. The exercise was designed in coordination with regional points of contact via the initial, mid and final planning conferences.

Exercise Objectives, Capabilities, and Activities

The purpose of this section is to list exercise objectives and align them with associated capabilities from the federal Target Capabilities List (TCL).   For each TCL capability, there is an Exercise Evaluation Guide (EEG) which lists specific activities which must be performed to demonstrate a capability. In addition to TCL capabilities, the EEG activities relevant to each objective are also included in this section.

Capabilities-based planning allows for exercise planning teams to develop exercise objectives and observe exercise outcomes through a framework of specific action items that were derived from the Target Capabilities List (TCL). The capabilities listed below form the foundation for the organization of all objectives and observations in this exercise. Additionally, each capability is linked to several corresponding activities and tasks to provide additional detail.

Based upon the identified exercise objectives below, the exercise planning team has decided to demonstrate the following capabilities during this exercise:

- Objective 1 (OBJ-1) - Demonstrate the ability to activate and deploy strike teams
- Objective 2 (OBJ-2) - Demonstrate team internal and external communications
- Objective 3 (OBJ-3) Demonstrate immediate action and tactical planning
- Objective 4 (OBJ-4) Demonstrate integration into Incident Command System (ICS) state and local structures

- **Objective 1:** Demonstrate the ability to activate and deploy strike teams.
    - **Environmental Health Tasks:**
        - Roster a Strike Team.
        - Produce an inventory of Go Kits.
        - Discuss how team leaders will assure Public Health Response team members are ready to deploy to the scene or duty site.
        - Discuss how to coordinate team travel to duty site.
        - Report to Mobilization Center.
    - **Epidemiology Surveillance and Investigation Tasks**:
        - Roster a Strike Team.
        - Produce an inventory of Go Kits.
        - Discuss how team leaders will assure Public Health Response team members are ready to deploy to the scene or duty site.
        - Discuss how to coordinate team travel to duty site.
        - Report to Mobilization Center.
    - **Special Needs Sheltering Tasks**:
        - Roster a Strike Team.
        - Produce an inventory of Go Kits.
        - Discuss how team leaders will assure Public Health Response team members are ready to deploy to the scene or duty site.
        - Discuss how to coordinate team travel to duty site.
        - Report to Mobilization Center.

- **Objective 2:** Demonstrate team internal and external communications.
    - **Environmental Health Tasks:**
        - Develop a plan to communicate with the local ICS structure.
        - Discuss key information that is communicated in a team briefing.
        - Describe how Environmental Health services for mass care shelter assessments and water supply system assessments are communicated.
        - Discuss how communications equipment and logistics is provided.
    - **Epidemiology Surveillance and Investigation Tasks:**
        - Develop a plan to communicate with the local ICS structure.
        - Discuss key information that is communicated in a team briefing.
        - Describe how surveillance and investigation procedures are communicated.
        - Maintain public health communication channels supported by information systems that comply with the PHIIN functional requirements for partner communications and alerting.
        - Discuss how communications equipment and logistics are provided.
    - **Special Needs Sheltering Tasks:**

- Develop a plan to communicate with the local ICS structure.
- Discuss key information that is communicated in a team briefing.
- Describe how regular communications briefings with SpNS Mass Care Staff are conducted.
- Discuss how communications equipment and logistics are provided.

- **Objective 3:** Demonstrate immediate action and tactical planning.
  - **Environmental Health Tasks:**
    - Develop a tactical plan to accomplish all missions.
    - Describe how Environmental Health services for mass care shelter assessments and water supply system assessments are conducted.
  - **Epidemiology Surveillance and Investigation Tasks:**
    - Develop a tactical plan to accomplish all missions.
    - Describe how surveillance and investigation procedures are conducted.
  - **Special Needs Sheltering Tasks:**
    - Develop shelter tactical plans to accomplish all missions.
    - Coordinate environmental health and EPI assessment of SpNS Mass Care operations with agencies responsible for environmental health.
    - Discuss how communications equipment and logistics are provided.

- **Objective 4:** Demonstrate integration into the Incident Command System (ICS) at the state and local structures as applicable.
  - **Environmental Health Tasks:**
    - Develop a plan to communicate with the local ICS structure.
  - **Epidemiology Surveillance and Investigation Tasks:**
    - Develop a plan to communicate with the local ICS structure.
    - Report within local command structure in accordance with ICS structure.
  - **Special Needs Sheltering Tasks:**
    - Develop a plan to communicate with the local ICS structure.
    - Report within the local ESF/ICS Structure.

Scenario Summary

The Leading Edge exercise scenario revolved around "Hurricane Neo", a major disaster cutting a wide swath across Florida. The exercise was divided into three modules, Module 1 – Activation and Rostering, Module 2 – Mobilization, Module 3 – Operations.

Module 1. Participants were provided information through press reports and State Emergency Response Team (SERT) situation reports in order to frame the mindset as a build-up to the exercise. On 14 June Hurricane Neo makes landfall in Florida and cuts a wide swath across the region. On 15 June 2011, the state Emergency Support Function 8 (ESF-8) Logistics Staffing Unit, through a simulated EMConstellation message, forwarded staffing requests for regional Epidemiology, Environmental Health and Special Needs Sheltering Strike Teams as identified in the document *Regional Public Health & Medical Response Team Readiness Hurricane Season 2011*. This document, as identified by the regions, outlines capabilities and typing of the teams which shaped the basis of the rostering effort. Included in the rostering effort was the requirement for team leaders to report the following day to region-specific assembly locations, with a completed roster and inventory of strike team "Go Kits".

Module 2. On 16 June 2011, regional strike team leaders reported to their designated locations for the start of the TTX portion of the exercise.   Team leaders provided a capability briefing as a result of module one and then reported to a "mobility center" to prepare their teams to arrive at the duty site location as identified in the 2008 FDOH *Regional Public Health Response Teams, Team Leader Guide*. A state ESF-8 liaison provided team leads a briefing which contained:

- Date and time to report to Mission assignment site.
- Directions to the Mission assignment site.
- Length of deployment and the assigned duty schedule.
- Type of assignment and area of responsibility, expected duties and immediate deployment supervisor and contact information.
- Information on current situation conditions and chain of command.
- Information on meal stations, open stores, gas stations and restaurants.
- Necessary maps, specialty equipment (if applicable), and ancillary support supplies.
- A reminder not to stray or re-direct from Mission assignment.
- Time for next communication with liaison for demobilization information.

The briefing was created in alignment to the 2008 FDOH *Regional Public Health Response Teams, Team Leader Guide*. After the team preparations were complete, a cross sharing of information between regions were completed via videoconferencing technology.

Module 3. The final stage of the exercise involved arrival at the disaster duty site, during a heat wave, where each team leader received an operational briefing. During the briefing, team leaders were given specific time-sensitive assignments to accomplish. These assignments included:

- Develop strategies to determine viability of existing epidemiological surveillance systems and the investigation of a potential disease outbreak in shelters.
- Assist in staffing an overwhelmed SpNS shelter and identify and open a secondary SpNS shelter.
- Determine actions steps to address restoration of the waste water facility and actions needed to address private well systems along with potable water availability.
- Prioritize and address team safety considerations.
- Determine additional immediate actions and priorities.

SECTION 3: ANALYSIS OF CAPABILITIES

Capability 1: Cross-Cutting All Strike Teams

Capability Summary: The following activities and observations are applicable to all strike teams that participated in the Leading Edge exercise including Environmental Health, Epidemiology and Special Needs Sheltering (SpNS).

Activity 1.1: Area for Improvement - Team Activation and Rosters (OBJ-1)

Observation 1.1: Strike Teams' current rosters included out-of-date and incomplete information.

References:
1. Florida Department of Health Regional Public Health Response Teams, Team Leader Guide.

Analysis: A majority of regional Strike Teams were able to roster teams within allotted time frames, with varying levels of success. Region 6 and Region 2 were not able to roster an Epidemiological Strike Team. Of particular note were the numbers of issues related to the rosters including out-of-date and incomplete information. In a disaster, the ability to activate and mobilize teams in a timely manner is dependent on the ability to reach team members. Regional points of contact and team leaders are dependent on current rosters for effective activation. Failure to maintain current rosters can negatively impact the ability of the team to mobilize. The Florida Department of Health Emergency Notification System (FDENS) and State Emergency Responders and Volunteers of Florida (SERVFL) provide a robust and secure avenue for maintaining and storing responder notification information

Recommendations: Team leaders assure rosters are current by a thorough quarterly review and update. Rosters should include multi-modal communications information such as work and personal email addresses, phone numbers and other communication avenues as applicable. Additionally:
1. Maintain this, and related requirements, within the Team Leader Guide (e.g. assure team members promptly notify team leaders when there has been a change in contact information).
2. Reinforce requirements in Team Leader and Team Member Trainings.
3. Strongly suggest team members provide personal contact information to team leaders and team activation specialists which would not be used or released for any other purpose including the State roster.

4. Update statewide roster form to be distributed/used by all teams with work related information only.
5. Maintain accurate and up to date profiles in FDENS and SERVFL.

Activity 1.2: Area for Improvement - Team Specific Guides (OBJ-3)

Observation 1.2: Consistent and concise Strike Team Standard Operating Guidelines that contain specific tools, forms and job aids are needed.

References: EH Resource Guide, Epi Hurricane Toolkit, SpNS Deployment SOGs

Analysis: During the exercise the Region 5 Epidemiology Strike Team's functionally specific tools, documents, forms and job action sheets were highlighted as a model for other teams to follow. Likewise the SpNS teams have strong documentation available on-line, although some updating is required. The SpNS tools provided a consistent and accessible approach to task management across regional SpNS Strike teams. Assuring functionally-specific tools are available for all strike teams would provide a consistent approach to deployment and response activities which can guide team responses and can aid in task accomplishment.

Recommendations: Develop and/or update functionally-specific team leader and member guides that are aligned across all regions to establish minimum expectations and requirements. Items to include in the documentation include:
1. Job action sheets with clearly defined roles and responsibilities
2. Other general Job aids
   a. Command, control & communication protocols
   b. Demobilization planning
   c. Communication planning
   d. Updated pre-deployment checklist
   e. Immunization verification information
   f. Functionally specific forms
   g. ICS form requirements
3. Incident-specific job aids
   a. Organizational structure at the deployed location

Activity 1.3: Area for Improvement – Strike Team Recruiting (OBJ-1)

Observation 1.3: Teams reported on-going difficulties in recruiting and maintaining both licensed and unlicensed team members.

References:

1. 2010 County Health Department (CHD) Expectations

Analysis: Several teams reported issues in the ability to activate teams due to availability of personnel or shortfalls in personnel needed. Region 3 was an exception and attributes their ability to maintain and recruit motivated team members to frequent team communications and team building activities such as drills. While success in Region 3 was evident based on their rostering efforts, recruiting and maintaining team members is a statewide challenge. Personnel changes for the State of Florida may also add to the challenges of recruitment and maintenance of teams. The need for these teams is well established for effective Florida emergency response.

Recommendations: Conduct a statewide review of strike team recruitment and retention issues, utilizing FDOH state, regional and local leadership. Integrate Region 3 by practices for actively increasing recruitment activities, increasing interaction with team members and getting team members involved in recruiting into Standard Operating Guidelines. Increasing team building skills not only builds competency and team comradery but can build pride in which others would want to be associated with. Regions/teams should cross-talk in sharing and developing recruitment methods and tools. Regional leads should seek volunteers from local Child Medical Services (CMS) resources if available.

Activity 1.4: Area for Improvement – Strike Team Leader Training (OBJ 1 & 3)

Observation 1.4: Inconsistent Team leader training levels across teams and regions.

References:

1. Florida Department of Health Regional Public Health Response Teams Team Leader Guide.

Analysis: Team leaders have no baseline training requirements. It was observed and self reported that some team leaders received no training prior to occupying their positions. Regions limit the amount of training time allotted for training based on CHD demands. Effective leadership is essential to the successful execution of tasks by deployed teams. The time to learn expectations and responsibilities of the team leader is not when a disaster is hours away. The lack of training can lead to misguided decision making, life safety issues, inappropriate expenditures, inappropriate use of resources and confusion in reporting and command and control requirements.

Recommendations:

a. Develop a Strike Team Leaders Course that focus' on the common elements across all teams.

1. Reconstitute mobile team leader training conducted in 2008 into a web-based program (Webinar).

b. Regions develop supplemental training that focus' on region specific activities.

c. Functional strike team office of primary responsibility (EH, EPI, SpNS) develop functionally specific team leader training with the focus on specific responsibilities and activities from a leadership perspective as related to Activity 1.2 noted above.

d. Create a statewide web-based deployable member training and credentialing program that identifies core deployment responsibilities for all.

e. If feasible, outgoing team leaders should "groom" their replacements to better prepare them for assuming responsibility.

f. Develop standard team leader qualifications for the categories of "Trainee, Basically Qualified, Fully Qualified, and Expert levels.

Activity 1.5: Area for Improvement – Purchasing and Procurement (OBJ-3)

Observation 1.5: Teams have identified a shortfall in executing purchasing/procurement when deployed.

References:

1. Florida Department of Health Emergency Purchasing & Accounting Protocols

Analysis: Team leaders have identified a shortfall in executing purchases or procurement when deployed to a disaster site. This limitation can impede the team's ability to execute operations in a timely manner and place an additional burden on an already over-taxed logistics system in a disaster environment. There are legitimate reasons (such as life safety) where a team may have an immediate requirement for service or product which may not be filled within needed timelines through the normal procurement system. This issue was also identified as an area of improvement from the Deepwater Horizon After-Action Report.

Recommendations:

a. Integrate regional strike team support into the State ESF8 Forward Logistics Standard Operating Guidelines to ensure procedures to acquire time sensitive items most likely to be needed in a disaster or humanitarian event.

    b. Issue purchases cards (P-Cards) to team leads and alternates (2 cards per team) with the understanding that purchases must be pre-approved if reimbursement will be requested from the State and establish necessary controls such as activating upon team recall or locked in safe.

    c. Establish P-Card and contingency contracts into team leader training.

Activity 1.6: Area for Improvement – Go-Kits, Shelf Life Management (OBJ-1)

Observation 1.6: Teams have identified an issue with outdated equipment or expendables that exceed expiration dates or become unusable.

References:
1. Florida Department of Health Regional Public Health Response Teams Team Leader Guide.

Analysis: Teams and evaluators have identified a shortfall in maintaining equipment or expendables that exceed expiration dates. Teams can only be as good as the tools that support them. Expendables, such as batteries, should be fully charged and replaced as necessary.   Newly available equipment that provides for advanced capability can aid teams in performing services faster, provide more refined results and can be more cost effective. Co-Chair funding in the past provided for these activities and now teams are dependant on funds leftover from other projects or programs.

Recommendations:
    a. Teams inventory, inspect and replace out of date items on a quarterly basis.

    b. Team leaders execute responsibility for the readiness, inventory, maintenance and replacement of equipment items.

    c. Establish procedures for State ESF8 Logistics to procure replacement team equipment and supplies and ensure team kits are consistent across regions.

    d. Bureau of Preparedness and Response to determine funding streams.

Activity 1.7: Area for Improvement – Go-Kits, Equipment Baseline (OBJ-1)

Observation 1.7: Submitted Team Go-Kits inventories do not follow a baseline standard.

References:
1. Florida Department of Health Epidemiology Hurricane Toolkit

2. Division of Environmental Health, Environmental Health Response Guide (2011)

Analysis: Team leads, as part of the exercise, were asked to submit copies of their Go Kit inventories. Documentation received varied by team including incomplete checklists which did not identify what was on-hand or quantities, personal deployment kit requirements instead of team kit inventories, deployment lists which do not indicate what is available and a Go Kit list which listed nothing. As stated in Activity 1.6, teams can only be as good as the equipment they carry. There can be either a lack of adherence to, an antiquated, or no baseline standard of minimum Go Kit requirements per team type. Identifying baseline requirements including equipment type and quantities can aid in interoperability and establishes a standard across all teams to meet.

Recommendations:

a. Form a standing Strike Team Equipment Review Board to establish standardized functional Go-Kits which includes functional strike team offices of primary responsibility (OPR). Review, update or develop minimum baseline team Go Kit requirements to include the necessity of computer support.

b. Team leaders insure all required baseline equipment is on-hand, budgeted for purchase and maintained as identified in Activity 1.6.

c. State ESF8 retain an up-to-date list of baseline equipment and supply requirements by type of team and establish processes to ensure consistency is maintained across regions.

d. Include standards into functional team training.

e. Identify a process to evaluate the applicability and feasibility of new technologies, including computer related needs, for approval and purchasing and that considers consistency across functional areas.

Activity 1.8: Strength – Expertise & Experience (OBJ-3)

Observation 1.8: Evaluators and participants across regions identified the depth of expertise and experience as a major exercise enhancer.

1. **References:** N/A

Analysis: The successful completion of exercise objectives was directly attributed to the dedication and expertise of team leaders and other participants. This also accounts for the multiple comments requesting a more challenging operations based exercise in the future. The knowledge and leadership displayed by the participants also led to multiple comments on how the

environment allowed them to increase their confidence and knowledge base for future operations

Recommendations:

    a. Team leaders spread their expertise and experience through team mentorship.

Activity 1.9: Strength – Strike Team Safety (OBJ 1 & 3)

Observation 1.9: Team leaders placed an emphasis on safety for response team members.

References:

1. Florida Department of Health Regional Public Health Response Teams Team Leader Guide.

Analysis: Safety hazards in Florida can vary by region and can be event specific. The exercise introduced the element of extreme heat. Team leaders were very conscientious over the safety concerns of their team members. Safety of the team is a primary concern and responsibility of the team leader. Team members that know their leaders have their health and safety in mind are more apt to focus on mission requirements and also can improve morale. Team leaders demonstrated this.

Recommendations:

    a. Integrate team safety standards in Team Leader and Team Standard Operating Guidelines.

Activity 1.10: Area for Improvement – Mobilization Center (OBJ-1)

Observation 1.10: Mobilization center requirements and operations are unclear

References:

1. Florida Department of Health Regional Public Health Response Teams Team Leader Guide (2008).

Analysis: The Team Leaders guide identifies that "All teams will be processed through a designated mobilization/ demobilization center near the impact area." At least one exercise participant was unfamiliar with this facility. Further discussion resulted in the discovery that requirements for a mobilization center are unclear. Documentation on who is responsible for establishing the center, responsibilities of center personnel, personnel requirements, training requirements, logistical support requirements, facility requirements are all undefined. The concept, as stated within the Team Leader Guide is sound but requires further development with provisions for continuing or establishing oversight of teams by the Regional Point of Contact prior to departing to the impact location and processing of teams at the mobility center near the impact area. The guidance on Mobilization Centers (who, what, where, when and how) requires further development.

Recommendations:

   a. Update State ESF8 Forward Logistics Support Standard Operating
      Guidelines to specifically address:
      1. Establish who is responsible for establishing the center.
      2. Mobilization Center manpower requirements.
      3. Logistical support requirements for establishing a Mobilization
         Center.
      4. Logistical support requirements for deployed teams (if any).
      5. Training requirements of Mobilization Center personnel.
      6. Minimum facility requirements.
      7. Communication requirements.
      8. Job aids.
      9. Inter-relationship with the incident command system.
      10. Identify a "Trigger Point" when the center is activated.

Activity 1.11: Area for Improvement – Web-Based Access to information (OBJ 1 & 3)

Observation 1.11: Required plans, SOGs, Job Aids are difficult to find on the DOH websites.

References:

2. N/A

Analysis: Guidance documents are not easily accessible on the DOH websites. Documents are scattered across multiple sections and Sharepoint and inhibit easy access by users. For example, as exercise staff was conducting research they discovered a DOH SpNS web page that had been superseded and not removed. Participants have also advocated for county health emergency management plans to be posted within a "county profile" section on the DOH website which will facilitate quick access for response teams. Having this information readily accessible in a central location will aid teams in determining responsibilities, vulnerable populations, county capabilities and actions and other response activities which can better prepare the team for the mission pre-deployment.

2. **Recommendations:**
   a. Revise the existing DOH Bureau of Preparedness and Response
      website for user friendly access.
      1. Form a temporary representative stakeholder team (Tiger
         Team) to best address needed support and site layout.

2. Review Hazards Section of the existing BPR Website and Dark Site template to ensure information need for teams is easily accessible.
3. Establish an ESF8 Personnel Resource Webpage for central posting of all public health and medical team related documentation is available.
4. Review and recommend enhancements to the County Emergency Management Plan Sharepoint Site.

Activity 1.12: Area for Improvement – Strike Team Support (OBJ 1, 2 & 3)

Observation 1.12: State, regional and county support to strike teams is not clearly defined.

References:
1. RPHRT 2007 – Regional Public Health Response Team Recruitment and Deployment Guideline for County Health Departments
2. 2010 County Health Department (CHD) Expectations (2008)

Analysis: Guidance documents for strike teams do not clearly specify the support that will be provided by the State, region or county. The *2010 County Health Department (CHD) Expectations,* does outline the expectation that county's will "Identify staff to participate on Regional Public Health Response Teams".   However, other support for teams, such as funding for new equipment is not clearly defined. Strike teams are valuable assets during a disaster or other public health emergency which requires continued support on a daily basis to ensure viability when needed to respond.

Recommendations:
a. In coordination with Regions, develop or include in existing guidance support responsibilities at all levels (State, region, county) for designated strike teams. At a minimum include:
   1. Allocated team training time.
   2. Funding expectations.
   3. Administrative and operational support during day to day operations, pre-deployment and deployed operations.
b. Include in Team Leader Training.

Activity 1.13: Area for Improvement – Communications (OBJ 2)

Observation 1.13: Availability of communications equipment was not always evident.

References:
1. Florida Comprehensive Emergency Management Plan, Appendix VIII, Public Health and Medical Services (February, 2010 – Draft)
2. Florida Department of Health Regional Public Health Response Teams Team Leader Guide (2008).
3. Logistics Support Annex to the Emergency Operations Plan (2010)

Analysis: Some of the exercise participants expressed concern over the availability of communications equipment such as two-way radios. Ability of the county health department to provide this equipment is inconsistent. The DOH DPCs, when deployed carry a minimum amount of radios that may be used, but due to constraints would be limited to one unit per team. A single unit per team would suffice, if alternative means of communication, such as cell phones are still viable. Frequently team members are dispersed individually or in small groups in order to accomplish inter-related tasks. A single radio per team without adequate redundancy becomes a responder safety and mission hindrance issue without the ability to conduct internal and external communications.

Recommendations:
    a. Each CHD conduct an inventory radios, batteries, chargers and repeaters and other available resources for team use.
        1. Provide status to the appropriate Regional Co-Chair.
        2. Provide inventory to ESF-8 Logistics.
    b. Maintain, test and inventory equipment on a quarterly basis in conjunction with Activity 1.6.
    c. DOH ESF-8 Logistics to develop a communications prioritization plan based on a catastrophic event based on existing inventories and expected support.
    d. Where appropriate include shortfalls into budgetary process.
    e. ESF-8 Logistics to coordinate communication purchases with appropriate agencies to insure compliance and emphasis on interoperability.

Capability 2: Environmental Health Strike Team

Capability Summary: Environmental Health is the capability to protect the public from environmental hazards and manage the health effects of an environmental health emergency. This capability includes the design, implementation, and interpretation of

results from environmental field surveys, laboratory sample analyses, rapid needs assessments, and comprehensive environmental health and risk assessments focused on drinking water, food, and mass care safety, waste water management, vector control, solid waste and debris removal, and hazardous materials disposal.

Activity 2.1: Area for Improvement – Water System Boundary Information Requirement (OBJ 3)

Observation 2.1: EH Strike Team limitations on access to water system boundary information hinders planning.

References: N/A

Analysis: Water system boundary information is notoriously hard to get. Team leader and EOC leadership will need to have this information ready for the team when they arrive on site in order to effectively facilitate mission accomplishment and to minimize or mitigate environmental health issues. Information required includes water system boundaries, locations of lift stations, feeding sites and shelters. Maps of the local area will also be necessary to familiarize the team members with the area.

Recommendations:
1. Each Regional team to collect required data within assigned region.
2. EH Team office of primary responsibility to assist and coordinate placement of data into appropriate, globally accessible mapping systems such as GATOR in conjunction with the DOH GIS Manager.
3. Include requirement and process into appropriate documents including those identified in Activities 1.2 and 1.4.

Activity 2.2: Area for Improvement – Vacant Region 7 Strike Team Leader Position (OBJ 1)

Observation 2.2: Evaluators determined that the Region 7 EH Strike Team Leader position has been vacant for an extended period of time.

References:
1. 2010 County Health Department (CHD) Expectations.

Analysis: Team leaders are critical to the successful completion of assigned tasks and missions. They are charged with keeping teams prepared, mobilizing, assigning team priorities and proper demobilization amongst a myriad of other tasks. Their importance can not be overstated as essential to the State of Florida's response capability. Team members have an expectation of leadership that has gone unfilled and is reflected in preparedness activities as identified in

Activity 2.3. In accordance with 2010 County Health Department (CHD) Expectations, county's will "Identify staff to participate on Regional Public Health Response Teams".

Recommendations:

1. Temporarily assign a team leader from existing team members that are most familiar with and qualified until a permanent team lead can be assigned.

Activity 2.3: Area for Improvement – Region 7 Go Kits (OBJ 1)

Observation 2.3: Region 7 Strike Team Go Kit status could not be determined.

References:

1. Environmental Health Strike Team and Individual Deployment Standard Operating Procedures.
2. Florida Department of Health Regional Public Health Response Teams Team Leader Guide (2008).

Analysis: EH team personnel were unable to determine the status of the team's Go-Kit including location and inventory. Access, maintenance and deployability are critical to the successful execution of the Environmental Health mission in a disaster. Each team member should know the location of their designated Go Kits, inventory and access procedures in order to quickly mobilize when needed. This issue may be related to activity 2.2, vacant team leader position and activity 1.6, Go Kit, Shelf Life Management.

Recommendations:

1. Determine location and status of Go-Kits
2. Team leaders assume responsibility for the readiness, inventory, maintenance and replacement of equipment items as identified in the Team Leaders Guide.
3. Insure each team member knows the location, inventory and access procedures for team Go-Kits.

Capability 3: Epidemiological Strike Team

Capability Summary: The Epidemiological Surveillance and Investigation capability is the capacity to rapidly conduct epidemiological investigations. It includes deliberate and naturally occurring exposure and disease detection, rapid implementation of active surveillance, maintenance of ongoing surveillance activities, epidemiological investigation, analysis, communicating with the public and providers about case

definitions, disease risk, mitigation, and recommendations for the implementation of control measures.

Activity 3.1: Strength – Expansion of Surveillance Network (OBJ 3)

Observation 3.1: The Region 3 team developed a plan to search for locations to add to the surveillance network.

References:
1. County Health Department Epidemiology Hurricane Response Toolkit (September, 2006).

Analysis: The team leader and members developed a plan for scouring the community for private MD's office that open up after the storm in order to add them and Emergency Departments to the surveillance program. Expansion of the system to likely population centers/congregation points after a disaster increases the chances of early detection of disease outbreak along with expanding the network or where public service announcements can be distributed.

Recommendations:
1. Region 3 to coordinate and share planning methodology with other regional teams.
2. Include into plans/planning process into appropriate guides and the DOH EOP Epidemiology Annex as identified in Activities 1.2 and 1.4.
3. Include "gypsy shelters" identification into training and planning considerations.
4. As multi use information share identified site locations and populations with the EOC and the Public Information Officer (PIO).

Activity 3.2: Area for Improvement – Region 6 Epidemiology Non-Participation (All OBJ)

Observation 3.2: Region 6 Strike Team point of contact chose not to participate in the exercise.

References:
1. County Health Department Epidemiology Hurricane Response Toolkit (September, 2006)

Analysis: The Region 6 Epidemiology Strike Team point of contact declined team participation in the exercise citing that "…current information is not adequate to send a team" and that the "...team must have a specific task (ex: respond to on [sic] outbreak at a local shelter)." The POC posed valid questions

which were partially answered when leading to their decision and was based on the constraints of the exercise and insuring all exercise participants received the same information at the same time. The POC was also informed that the mission request was valid and approved by the ESF-8 Emergency Coordinating Officer. In a catastrophic disaster, requests for assistance will come from many avenues. Those entered into the EMConstellation, as was simulated in this case, are validated and approved prior to the request being sent to the regions requesting their support. In the initial hours and even days of a disaster, incoming event information can be sketchy, conflicting, out of date, invalid or confusing. Not all information will be available when requested and teams may have to operate on partial information. Information may only trickle in based on systems availability. When a mission request is received, Regions must render some level of trust in the ESF-8 process of validation. Requests for a clearer picture and additional information should not be discouraged, but may not be available at the time of the request. The Epidemiology Toolkit, Section VIII, Assistance Post-Storm specifically address "General Assistance" and describes instances where this type of support may be required. This missed opportunity by Region 6, detracted from the team's opportunity to network with those within and outside of the region, to validate team preparedness levels and to apply tactics, techniques and procedures.

Recommendations:

1. Document training and exercise expectations in Standard Operating Guidelines.

Capability 4: Special Needs Sheltering Strike (SpNS) Team

Capability Summary: SpNS is the capability to activate, staff and operate shelters for clients with special needs. Team members register and provide medical care to clients needing assistance. They provide feeding and bulk distribution appropriate to the needs of the population. Team members request, maintain and apply resources and equipment needed to support operations and clients. Team members can provide guidance to agencies responsible for the care of special-needs populations.

Activity 4.1: Area for Improvement – Shelter Disease Control (OBJ 3)

Observation 4.1: The exercise scenario introduced an outbreak of norovirus into the special needs shelter with varying responses which led to questionable results.

References:

1. Infection Control Guidance for Community Evacuation Centers Following Disasters, http://emergency.cdc.gov/disasters/commshelters.asp.
2. Infection Prevention and Control for Shelters During Disasters (APIC).

3. County Health Department Epidemiology Hurricane response Toolkit (September, 2006).
4. Environmental Health Manual.
5. Special Needs Sheltering Operations Guidelines.

Analysis: The exercise scenario introduced an outbreak of norovirus into the special needs shelter. Each team developed strategies for disease management ranging from maintaining all personnel within a single facility to dividing symptomatic and asymptomatic into separate facilities. Some decisions were made independently, while others consulted other available functional strike team leaders. In a real world event as in a tabletop exercise, the issue of consulting specialists, through appropriate channels should be standard practice in these instances. Any outbreak must be given careful consideration and will ultimately be a judgment call. The utilization of all available resources can lead to better decision making. Inclusion of appropriate resources and processes in appropriate guidance will strengthen the team's abilities.

Recommendations:

1. In consult with subject matter experts develop contingency plans/procedures in the event of a disease outbreak within a shelter.
2. Consult subject matter experts in the decision making process when an outbreak occurs.
3. Review and update current team guidebooks and SpNS SOGs.

Activity 4.2: Area for Improvement – Team Typing Capability (OBJ 1)

Observation 4.2: Type I, Incident Management teams as identified in Team Typing Matrices are not staffed or available.

References:

1. Regional Public Health & Medical Response Team Readiness Hurricane Season 2011.
2. Team Typing Matrices for Inclusion under ESF-8 Public Health & Medical Typed Resources.

Analysis: Various regions were assigned specific team types in accordance with the Team Typing Matrices approved by the Florida Domestic Security Oversight Council (2007) and the Regional Public Health & Medical Response Team Readiness Hurricane Season 2011 report. Some regions, within the report, specifically identified number of personnel trained and type team(s) available. The exercise intended to test these self-identified capabilities. Other regions reported numbers of personnel available but did not specify team types. These teams were arbitrarily asked to roster a team based on those identified within the

matrices. It was brought to the attention of the exercise staff that Type I teams (Incident Management) are not staffed or available from the Regions. This disconnect can lead to confusing expectations between leadership and capability. When determining team types the ability to roster any given team type will be based on personnel availability, however, as a planning factor, Regions should consider team type needed versus ability to roster based on their hazard vulnerability analysis, to include Type I teams.

Recommendations:

1. Reconcile the team typing matrices with operational capability and expectations.
   a. Determine the necessity for Type I teams and the appropriate agency or Region for staffing.
2. Implement a credentialing system for the DOH workforce to include the six phases of credentialing identified by NIIMS; Registration and enrollment, eligibility vetting, issuance, verification and use, expiration and revocation, redress and waiver.
3. DOH BPR coordinate team type needs and capabilities and all Regions report capabilities in order to expedite decision making during disaster events which includes, number of personnel available, number and type team(s) available, "go kit" status per team, training and credentialing status and any related shortfalls.
4. SpNS program manager to coordinate with regions and assign appropriate team types based on the hazard vulnerability assessment.

Activity 4.3: Area for Improvement – Service Animals (OBJ 3)
Observation 4.3: Current guidance and planning for the care of service animals in shelters can be enhanced.

References:

1. Department of Health Standard Operating Guidelines, SpNS 001, Special Needs Shelter Operations, approved 10/7/10.
2. Florida Statute, Title XXX, Social Welfare, Chapter 413, Section 413.08.

Analysis: The exercise scenario introduced service animals into the shelter environment and the possibility that care and feeding may become an issue for the client. Team leaders addressed the issue in a variety of ways including going against operating guidelines which states "The care of the service animal is the sole responsibility of its owner" but were still in compliance with the Florida ADA Laws (Section 413.08, F.S.), which does not preclude providing care and food. It is a distinct possibility that the client may not be able to care or feed the animal for a variety of reasons including death. It would improve operational execution to plan for such an eventuality to include the assistance available and

responsibilities of Emergency Support Function 17, Animal Protection.

Recommendations:

1. Develop contingency plans to provide for care and feeding of service animals.
2. Provide training to staff members on care and feeding of animals and/or coordinate with an outside agency to conduct tasks.
3. Determine and coordinate assistance available and responsibilities of ESF-17, Animal Protection, in relationship to Special Needs Shelters and service animals
4. Determine process for disposition of animals in the event of client death.

Activity 4.4: Area for Improvement – SpNS Shelter Requirements and Activation (OBJ 3)

Observation 4.4: Identification of Minimum Shelter Requirements and Shelter Activation requires additional emphasis.

References:

1. SpNS Standard Operations Guide for Local SpNS Operation.
2. Team Typing Matrices, June 2007.
3. Technical Assistance Guidelines (TAG), General 12, Special Needs Shelter Planning, August 2010.

Analysis: In a catastrophic disaster pre-designated SpNS shelters may not be available nor its staff. In this type of situation, Regional SpNS Strike Teams may be activated and deployed. The exercise scenario asked team leaders to choose between two facilities and activate as a SpNS shelter for client overflow. While the TAG places the responsibility of shelter selection on the local emergency management office, team leaders may be consulted and should be able to recognize the minimum characteristics of a suitable special needs shelter and be fluent in activation procedures based on team typing.

Recommendations:

1. Include in functionally specific team leader training, awareness of minimum SpNS shelter requirements as identified in TAG, General 12, Special Needs Shelter Planning.
2. Review and update SpNS Standard Operations Guide for sufficient detail in activation/set-up procedures.
3. Exercise shelter activation/set-up procedures as identified in the SpNS Standard Operations Guide.

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SECTION 4: CONCLUSION

The Leading Edge tabletop exercise was designed to establish a baseline of existing capabilities of the Environmental Health, Special Needs Shelter and Epidemiology Strike Teams. The execution of the exercise allowed personnel at all levels, State, Regional and team to review policies, procedures and equipment in order to build on strengths and improve in areas that will make Florida's response capability stronger. The capabilities identified align with the Department of Homeland Security's Target Capability List. The objectives selected for Leading Edge were previously identified as areas for improvement from the Turbulent Tide strike team exercise of 2010 and warranted further assessment.

The expertise and experience across regions was evident and greatly enhanced the exercise environment. Newly identified successful processes, such as the expansion of the epidemiological surveillance system during a disaster is a testimony to the willingness to improve the services the strike teams have to offer. The extra efforts extended to roster teams were visible to exercise evaluators and staff and the dedication appreciated. Participants, facilitators and evaluators agreed on the value of bringing teams together to exchange thoughts, ideas and approaches and found the interaction invaluable. These exercise strengths, dedication, expertise and experience, are characteristics that will drive the teams to overcome obstacles and the uncertainty that is typical of a disaster environment.

With some individual team exceptions, all objectives of the exercise were met. In order to continue evolving and to develop stronger and more capable teams, participants and evaluators identified higher order areas that could be improved. The exercise showed that establishing a standardized baseline of plans, equipment and training, both general and capability specific, will insure interoperability when teams are combined in the field or if manpower shortfalls require a patchwork of personnel. A constant across disasters and response organizations is the challenge of communications, and the strike teams are no exception. Accountability of existing resources should be achieved along with prioritization of those assets. Lastly, personnel management, including recruitment and roster management require constant attention.

The areas of improvement and identified strengths should be viewed strategically as each item may have subtle and not so subtle influences on the other areas and the team's ability to perform and execute. This can present a synergistic effect in areas of team building, morale and recruitment and requires balance in a dynamic economic period of staff reductions, feeding the "do more with less" syndrome.

The exercise format, utilizing the Polycom video capability, proved to be beneficial, although it presented certain challenges. Utilization of the system allowed strike teams, cross-regionally to interact. In these days where budgets are strained and travel is restricted, the video capability is a viable solution in reducing costs and still achieving program objectives. Some regional locations experienced spotty problems, while Region 2 could not be operationalized. The exercise team had taken "Murphy's Law" into account and planned for redundancy via telecom, email and facilitators prepared to assume control of the exercise on an individual region level. Multiple comments were received from participants requesting more time for cross-regional interaction. Due to time constraints, number of teams and seven regions, it was not feasible to accomplish in this exercise. Future exercises utilizing this methodology should take this request into consideration.

APPENDIX A: IMPROVEMENT PLAN

This IP has been developed specifically for the State of Florida Department of Health and associated Regional Strike Teams as a result of the Leading Edge TTX conducted on 15-16 June 2011. These recommendations draw on both the After Action Report and the After Action Conference. The IP should include the key recommendations and corrective actions identified in *Chapter 3: Analysis of Capabilities*, the After Action Conference, and the EEGs. The IP has been formatted to align with the *Corrective Action Program System*.

Capability	Observation Title	Recommendation	Corrective Action Description	Capability Element	Primary Responsible Agency	Agency POC	Start Date	Completion Date
Crossing-Cutting All Environmental Health, Epidemiology, Special Needs Sheltering Capabilities	**Observation 1.1: Team Activation and Rosters** Strike Teams experienced out of date and incomplete information on team rosters	Team leaders assure rosters are current through quarterly review and update. Rosters should include multi-modal communications information such as work and personal email addresses, phone numbers and other communication avenues as applicable	1.1.1 - Update Team Rosters Quarterly	Personnel	DOH Bureau of Preparedness & Response (BPR)	Regional Co-Chair POC: ==BPR Logistics Unit==:	1 Sep 2011	31 Dec 2011
			1.1.2 - Include requirements in Team Leader Training	Training	DOH Bureau of Preparedness & Response	DOH BPR Training & Exercise Unit	1 Sep 2011	1 Sep 2012
			1.1.3 – Document Team Member responsibilities regarding maintaining current contact information in Team Standard Operating	Planning	DOH Bureau of Preparedness & Response	BPR ESF8 Systems Unit	1 Sep 2011	31 Dec 2011

		Guidelines (SOG)					
		1.1.4. – Maintain accurate and up to date profiles in SERV-FL and produce reports with selected information as needed.	Planning	DOH Bureau of Preparedness & Response	Regional Co-Chair POC: <mark>BPR Logistics Unit</mark>	1 Sep 2011	31 Dec 2011
Observation 1.2: Team Specific Guides Consistent and concise Strike Team Guides that contain specific tools, forms and job aids are needed	Develop or update functionally specific deployment guides that are consistent across all regions to standardize expectations and requirements for all involved.	1.2.1: Develop Team Standard Operating Guidelines to include: 1. Immunization verification information 2. Clearly defined roles and responsibilities 3. Updated pre-deployment checklist 4. Job aids 5. Command, control & communication protocols 6. Demobilization planning	Planning	DOH Bureau of Preparedness & Response	DOH BPR ESF8 Systems Unit	1 Sep 2011	31 Apr 2012

			7. Communication planning 8. Organizational structure at the deployed location 9. Functionally specific forms 10. ICS form requirements					
	Observation 1.3: Strike Team Recruiting Teams reported difficulties in maintaining/recruiting both licensed and unlicensed team members.	Increase recruitment activities	1.3.1: Develop recruitment strategy and procedures to maintain viable teams. Document in Standard Operating Guidelines. Recruitment strategy should : 1. Engage Regional leadership 2. Enlist team members in recruiting efforts 3. Recruit volunteers	Personnel	DOH Bureau of Preparedness & Response	Director, Bureau of Preparedness & Response	1 Sep 2011	31 Dec 2011

		from Child Medical Services 4. Determine other organizations /individuals to resource					
	Observation 1.4: Strike Team Leader Training Inconsistent Team leader training levels across teams and regions.	Establish baseline training requirements common to all team leaders	1.4.1: Develop sustainable Team Leader Training curriculum to be delivered either face-to-face or virtually.	Training	DOH Bureau of Preparedness & Response	DOH BPR Training & Exercise Unit	1 Sep 2011	1 Sep 2012
			1.4.2: Develop team-specific team leader training with the focus on specific responsibilities and activities from a leadership perspective	Training	DOH Bureau of Preparedness & Response	DOH BPR Training & Exercise Unit	1 Sep 2011	31 Mar 2012
			1.4.3: Create a statewide 1-2 hour web-based deployable member training program that is linked to a credentialing program that identifies core deployment	Training	DOH Bureau of Preparedness & Response	DOH BPR Training & Exercise Unit	1 Sep 2011	1 Sep 2012

		responsibilities for all.					
		1.4.4: Develop standard team leader credentialing system for the categories of "Trainee, Basically Qualified, Fully Qualified, and Expert levels.	Planning	DOH Bureau of Preparedness & Response	DOH BPR Training & Exercise Unit	1 Sep 2011	1 Sep 2012
Observation 1.5: Purchasing and Procurement Teams have identified a shortfall in executing purchasing/procurement when deployed.	Provide teams with purchase cards (P-cards)	1.5.1: Integrate strike team support into the State ESF8 Forward Logistics SOG including: 1. Procedures for Team P-Cards 2. P-Card controls 3. Storage of Disaster P-Cards 4. Activation procedures for disaster P-Cards	Planning	DOH Bureau of Preparedness & Response	DOH BPR Logistics Unit	1 Sep 2011	28 Feb 2012
		1.5.2: Implement purchase cards procedures	Finance/ Logistics	DOH Bureau of Preparedness & Response	Regional Co-Chair POC: <mark>DOH Bureau</mark>	1 Sep 2011	28 Feb 2012

					of Finance & Accounting		
		Determine best system to expedite time sensitive logistical requirements beyond P-card capabilities	1.5.3: Develop or streamline a system that expedites or gives teams the capability to receive time sensitive equipment	Finance/ Logistics	DOH Bureau of Preparedness & Response	DOH BPR Logistics Unit	1 Sep 2011	1 May 2012
			1.5.4: Establish contingency contracts for immediate need and life safety requirements.	Finance/ Logistics	DOH Bureau of Preparedness & Response	DOH BPR Logistics Unit	1 Sep 2011	1 May 2012
		Provide training to team leaders	1.5.5: Incorporate P-card use and acquisition procedures into Team Leader Training, including pre-approval process and what can be purchased and under what conditions in order to be eligible for reimbursement	Training	DOH Bureau of Preparedness & Response	DOH BPR Training & Exercise Unit	1 Sep 2011	1 May, 2012
	Observation 1.6: Go-Kits,	Determine existing	1.6.1: Team leaders	Logistics	DOH Bureau of Preparedness	Regional Co-Chair POC:	1 Sep 2011	31 Dec 2011

Shelf Life Management Teams have identified an issue with outdated equipment or expendables that exceed expiration dates or become unusable.	equipment and expendable requirements	inventory, inspect and replace out of date items on a quarterly basis and report shortfalls to the applicable Regional Co-Chair		& Response	<mark>BPR Logistics Unit</mark>		
		1.6.2: Integrate Team equipment procedures into State ESF8 Logistics SOG including: procedures to procure replacement team equipment and supplies and ensure consistency across regions.	Logistics	DOH Bureau of Preparedness & Response	BPR Logistics Unit	1 Sep 2011	31 Dec 2011
	Establish funding streams to update, repair and replace equipment and expendables	1.6.3: Determine most appropriate funding avenues and include in annual budget process	Finance	DOH Bureau of Preparedness & Response	DOH BPR Administratio n Section	1 Sep 2011	1 May, 2012
Observation 1.7: Go-Kits, Equipment Baseline Submitted	Functional strike team, in conjunction with stakeholders, review, update or develop minimum	1.7.1. Form a standing Strike Team Equipment Review Board to establish standardized	Logistics	DOH Bureau of Preparedness & Response of Preparedness & Response	DOH BPR Logistics Unit	1 Sep 2011	31 Dec 2011

Team Go-Kits inventories do not follow a baseline standard	baseline team Go Kit requirements.	functional Go-Kits					
		1.7.2: Identify a process to evaluate the applicability and feasibility of new technologies, including computer related needs, for approval and purchasing and that considers consistency across functional areas.	Logistics	DOH Bureau of Preparedness & Response of Preparedness & Response	DOH BPR Logistics Unit	1 Sep 2011	31 Dec 2011
		1.7.3: State ESF8 Logistics maintains an up-to-date list of baseline equipment by type of team and establishes a process to ensure consistency across regions. Procedures are documented in the ESF8 Logistics SOG.	Logistics	DOH Bureau of Preparedness & Response	BPR Logistics Unit	1 Sep 2011	31 Mar 2012
		1.7.4: Functional baseline requirements to	Planning	DOH Bureau of Preparedness & Response	DOH BPR ESF-8 Systems Unit	1 Sep 2011	30 Jan 2012

		be documented in the State ESF8 Logistics SOG.					
		1.7.5: Procedures for maintaining and using equipment requirements are documented in the Team SOG.	Training	DOH Bureau of Preparedness & Response	DOH BPR ESF-8 Systems Unit	1 Sep 2011	31 Mar 2012
Observation 1.8: Strength-Expertise & Experience	Strength						
Observation 1.9: Strength – Strike Team Safety	Strength						
Observation 1.10: Mobilization Center Mobilization center requirements and operations are unclear	Define Mobilization Center requirements and procedures	1.10.1: Integrate Mobilization/Demobilization Center into ESF8 Forward Logistics Support SOG, to include: 1. Establish who is responsible for establishing the center 2. Mobilization Center manpower requirements	Planning	DOH Bureau of Preparedness & Response	DOH BPR ESF-8 Systems Unit	1 Sep 2011	31 Apr 2012

			3. Logistical support requirements for establishing a Mobilization Center 4. Logistical support requirements for deployed teams (if any). 5. Training requirements of Mobilization Center personnel. 6. Minimum facility requirements. 7. Communication requirements. 8. Job aids 9. Inter-relationship with the incident command system				

		10. Identify a "Trigger Point" when the center is activated					
Observation 1.11: Web-Based Access to Information Required plans, SOGs, Job Aids and related material are difficult to find on the DOH websites.	Improve web-based accessibility to DOH preparedness and response documentation	1.11.1: Form a temporary representative stakeholder team to best address needed support and site layout.	Communications	DOH Bureau of Preparedness & Response	DOH BPR Planning Unit	1 Sep 2011	31 Dec 2011
		1.11.2: Review and recommend updates to the BPR website. Response section where the current hurricane and/or other hazard specific sections will reside 1. Review "Hazards" Page and Dark Site template and recommend improvements. 2. Establish an ESF8	Communications	DOH Bureau of Preparedness & Response	DOH BPR Knowledge Management Section	1 Sep 2011	1 Mar 2012

			Personnel Resource Webpage for central posting of all public health and medical team related documentation. 3. Review and recommend improvements to the County Plans Sharepoint Site.					
	Observation 1.12: Strike Team Support State, regional and county support to strike teams is not clearly defined.	Define in appropriate documentation including, but not limited to, the 2010 CHD Expectations document, Team Guides and appropriate State guidance for strike team support mechanisms	1.12.1: In coordination with Regions, develop or include in existing guidance support responsibilities at all levels (State, region & county) for designated strike teams. At a minimum include: 1. Allocated team training time 2. Funding expectations	Planning	DOH Bureau of Preparedness & Response	DOH BPR Logistics Unit	1 Sep 2011	1 July 2012

		3. Administrative and operational support during day to day operations, pre-deployment and deployed operations					
	Train appropriate personnel on support available	1.12.3: Include support available in Team Leader training as identified in Observation 1.4	Training	DOH Bureau of Preparedness & Response	DOH BPR Training & Exercise Unit	1 Sep 2011	1 Sep 2012
Observation 1.13: Communications Availability of communications equipment was not always evident.	Determine communication asset inventory, plan/budget for shortfalls and develop a communications asset prioritization plan	1.13.1: Each CHD conduct an inventory of radios, batteries, chargers and repeaters and other available resources for team use. Provide status to the appropriate Regional Co-Chair and provide inventory to ESF-8 Logistics.	Logistics	DOH Bureau of Preparedness & Response	Regional Co-Chair POC: <mark>BPR Logistics Unit</mark>	1 Sep 2011	28 Feb 2012

			1.13.2: Maintain, test and inventory equipment on a quarterly basis.	Logistics	DOH Bureau of Preparedness & Response	Regional Co-Chair POC: <mark>DOH BPR Logistics Unit</mark>	1 Sep 2011	31 Dec 2011
			1.13.3: DOH ESF-8 Logistics to develop a communications prioritization plan based on a catastrophic event based on existing inventories and expected support	Logistics Planning	DOH Bureau of Preparedness & Response	DOH BPR Logistics Unit	1 Sep 2011	1 Mar 2012
			1.13.4: Include shortfalls into budgetary process	Logistics	DOH Bureau of Preparedness & Response	DOH BPR Administration Section	1 Sep 2011	1 Mar 2012
			1.13.5: ESF-8 Logistics to coordinate communication purchases with appropriate agencies to insure compliance and emphasis on interoperability	Logistics	DOH Bureau of Preparedness & Response	DOH BPR Logistics Unit	1 Sep 2011	1 Sep 2012
Environmental Health	**Observation 2.1: Water System Boundary**	Regional teams to proactively collect required data	2.1.1: Each regional team to collect required water system	Planning	DOH Bureau of Preparedness & Response	Regional Co-Chair POC: <mark>BPR Knowledge</mark>	1 Sep 2011	1 Sep 2012

Information Requirement EH Strike Team limitations on access to water system boundary information hinders planning		boundary information within assigned region and include in globally accessible mapping system such as GATOR				<mark>Management</mark>	
		2.1.2: EH Strike Team Program Manager to assist and coordinate placement of data into appropriate, globally accessible mapping systems such as GATOR in conjunction with the DOH GIS Manager	Planning	DOH Bureau of Preparedness & Response	DOH BPR Knowledge Management <mark>Bureau of Environmental Health</mark>	1 Sep 2011	31 Mar 2012
		2.1.3: Include requirement and process into appropriate EH documents	Planning	DOH Bureau of Preparedness & Response	DOH BPR Knowledge Management <mark>Bureau of Environmental Health</mark>	1 Sep 2011	31 Mar 2012
Observation 2.2: Vacant Region 7 Strike Team Leader Position	Assign a team leader for Region 7	2.2.1: Temporarily assign a team leader from existing team members that are most familiar with	Personnel	DOH Bureau of Preparedness & Response	Regional Co-Chair POC: <mark>BPR Preparedness Director</mark>	1 Jul 2011	Complete

	Region 7 EH Strike Team Leader position has been vacant for an extended period of time.		and qualified until a permanent team lead can be assigned.					
	Observation 2.3: Region 7 Go-Kits EH team personnel were unable to determine the status of the team's Go-Kit including location and inventory.	Determine location and status of assigned Go-Kit	2.3.1: Determine location and status of assigned Go-Kit	Logistics	DOH Bureau of Preparedness & Response	Regional Co-Chair POC: <mark>BPR Preparedness Director</mark>	1 Sep 2011	1 Dec 2011
			2.3.2: Team leaders assume responsibility for the readiness, inventory, maintenance and replacement of equipment items as identified in the Team Leaders Guide	Logistics	DOH Bureau of Preparedness & Response	Regional Co-Chair POC: <mark>BPR Preparedness Director</mark>	1 Sep 2011	1 Dec 2011
			2.3.3: Ensure each team member knows the location, inventory and access procedures for team Go-Kits	Logistics	DOH Bureau of Preparedness & Response	Regional Co-Chair POC: <mark>BPR Logistics Unit</mark>	1 Sep 2011	1 Dec 2011
Epidemiology	**Observation 3.1: Expansion of Surveillance**	Strength					

	Network		████████████████████████████					
	Observation 3.2: Region 6 Epidemiology Non-Participation Region 6 Strike Team point of contact chose not to participate in the exercise for arbitrary reasons.	Participate in training and exercise opportunities	3.2.1: Participate in exercise and training opportunities	Exercise	DOH Bureau of Preparedness & Response	Regional Co-Chair POC: ==BPR Preparedness Director==	1 Sept 2011	1 Sept 2012
Special Needs Sheltering	**Observation 4.1: Shelter Disease Control**. The exercise scenario introduced an outbreak of norovirus into the special needs shelter with varying responses which led to questionable results.	Develop shelter contingency plans for disease outbreak	4.1.1: In consult with subject matter experts develop contingency plans/procedures in the event of a disease outbreak within a shelter.	Planning	DOH Bureau of Preparedness & Response	DOH BPR Community Resiliency Unit	1 Sept 2011	31 Mar 2012
			4.1.2: Review and update current team guidebooks and SOGs to include consulting with subject matter experts	Planning	DOH Bureau of Preparedness & Response	DOH BPR ESF-8 Systems Unit	1 Sept 2011	31 Mar 2012
	Observation 4.2: Team Typing	Review/modify team typing capabilities	4.2.1: Reconcile the team typing matrices with	Planning	DOH Bureau of Preparedness & Response	DOH BPR ESF-8 Systems Unit	1 Sept 2011	31 Mar 2012

Capability Type I, Incident Management teams as identified in Team Typing are not available.			operational capability and expectations				
			4.2.2: Implement a credentialing system for the DOH PPHR workforce to include the six phases of credentialing identified by NIIMS; Registration and enrollment, eligibility vetting, issuance, verification and use, expiration and revocation, redress and waiver.	Planning	DOH Bureau of Preparedness & Response	DOH BPR ESF-8 Systems Unit	1 Sept 2011	31 Mar 2012
			4.2.3: All Regions report capabilities that specify team types available in order to expedite decision making during disaster events which includes, number of personnel	Planning	DOH Bureau of Preparedness & Response	Regional Co-Chair POC: <mark>BPR Preparedness Director</mark>	1 Sept 2011	31 Mar 2012

		available, number and type team(s) available, "go kit" status per team, training and credentialing status and any related shortfalls.					
		4.2.4: DOH Bureau of Preparedness & Response ESF-8 Systems Manager to coordinate with regions on appropriate team types based on the hazard vulnerability assessment.	Planning	DOH Bureau of Preparedness & Response	DOH BPR <mark>ESF-8 System Unit</mark>, Training and Exercise Unit	1 Sept 2011	31 Mar 2012
Observation 4.3: Service Animals Current guidance and planning for the care of service animals in shelters can be enhanced. .	Develop contingency plans for the care and feeding of service animals in the event of owner inability or death	4.3.1: Develop contingency plans to provide for care and feeding of companion animals.	Planning	DOH Bureau of Preparedness & Response	DOH BPR Community Resiliency Unit	1 Sept 2011	31 Mar 2012
		4.3.2: Determine and coordinate assistance available and responsibilities of	Planning	DOH Bureau of Preparedness & Response	DOH BPR Community Resiliency Unit	1 Sept 2011	31 Mar 2012

		ESF-17, Animal Protection, in relationship to Special Needs Shelters and service animals					
		4.3.3: Provide training to staff members on care and feeding of animals and/or coordinate with an outside agency to conduct tasks.	Planning	DOH Bureau of Preparedness & Response	DOH BPR Community Resiliency Unit	1 Sept 2011	31 Mar 2012
		4.3.4: Determine process for disposition of animals in the event of client death.	Planning	DOH Bureau of Preparedness & Response	DOH BPR Community Resiliency Unit	1 Sept 2011	31 Mar 2012
Observation 4.4: SpNS Shelter Requirements and Activation Identification of Minimum Shelter Requirements and Shelter Activation	Review procedures and train on SpNS shelter requirements and activation	4.4.1: Include in functionally specific team leader training, awareness of minimum SpNS shelter requirements as identified in TAG, General 12, Special Needs Shelter Planning.	Training	DOH Bureau of Preparedness & Response	DOH BPR Training and Exercise Unit	1 Sept 2011	31 Mar 2012

requires additional emphasis.							
			4.4.2: Review and update SpNS Standard Operations Guide for sufficient detail in activation/set-up procedures.	Planning	DOH Bureau of Preparedness & Response	DOH BPR Community Resiliency Unit	1 Sept 2011	31 Mar 2012
			4.4.3: Exercise shelter activation/set-up procedures as identified in the SpNS Standard Operations Guide	Exercise	DOH Bureau of Preparedness & Response	DOH BPR Community Resiliency Unit	1 Sept 2011	1 July 2012

Table A.1: Improvement Plan Matrix

APPENDIX B: LESSONS LEARNED

While the After Action Report/Improvement Plan includes recommendations which support development of specific post-exercise corrective actions, exercises may also reveal lessons learned which can be shared with the broader homeland security audience. The Department of Homeland Security (DHS) maintains the *Lessons Learned Information Sharing* (LLIS.gov) system as a means of sharing post-exercise lessons learned with the emergency response community. This appendix provides jurisdictions and organizations with an opportunity to nominate lessons learned from exercises for sharing on *LLIS.gov*.

For reference, the following are the categories and definitions used in LLIS.gov:

- **Lesson Learned:** Knowledge and experience, positive or negative, derived from actual incidents, such as the 9/11 attacks and Hurricane Katrina, as well as those derived from observations and historical study of operations, training, and exercises.

- **Best Practices:** Exemplary, peer-validated techniques, procedures, good ideas, or solutions that work and are solidly grounded in actual operations, training, and exercise experience.

- **Good Stories:** Exemplary, but non-peer-validated, initiatives (implemented by various jurisdictions) that have shown success in their specific environments and that may provide useful information to other communities and organizations.

- **Practice Note:** A brief description of innovative practices, procedures, methods, programs, or tactics that an organization uses to adapt to changing conditions or to overcome an obstacle or challenge.

Exercise Lessons Learned:

1. Technology Test and Utilization

The Leading Edge TTX was a multi-regional exercise that spanned the State of Florida. In order to save time, travel and funding the exercise was held via the Polycom two-way video conferencing system. This system is designed so that all regions with the capability can interact cross-regionally. Two weeks prior to the exercise IT specialists began testing their individual systems with the Tallahassee DOH Capital Circle Office Center. While some systems tested perfectly, others were spotty and Region 2 was identified as having capacity difficulties as it competed with other web-based resources. With this understanding in mind, the exercise planning team prepared each regional facilitator to execute the exercise solo, sans Polycom, in order for impacted teams to continue through with their activities and objectives. Linkages with the other regions would be maintained through emails and telephone. On the day of the

exercise Region 2's system was not operable and two other regions experienced some initial difficulties. In these cases the back-up plan was instituted and the exercise continued for all parties.

2. Increased Interaction

Exercise staff received many laudable comments on providing the ability to interact both within and cross-regionally. This included interactions with other functional teams to discuss their process and procedures. The participants expressed that, in fact, enough time was not allotted for this. Due to time constraints, number of teams and seven regions, it was not feasible to accomplish in this exercise. Future exercises utilizing this methodology should take this request into consideration.

3. Exercise Planning and Preparedness Time

The Leading Edge TTX was executed in an expedited manner due to budgetary and execution deadlines. This led to a shortened planning cycle, impacts on schedules and coordination. The Training and Exercise Team in the future should extend every effort possible to adhere to timelines outlined in the HSEEP guidance.

Exercise Best Practices:

1. Region 5 Epidemiology Strike Team Pre-Deployment Preparedness

a. Synopsis: Region 5 EPI Strike Team has resources available on a SharePoint site & hurricane resource flash drive which including forms, standard operating guides, supply lists & rosters. Resources provided at exercise by Strike Team Leader included: Roster of EPI Strike team members & contact information. resource types for EPI Strike Teams, supply list for Go-Kits, pre-deployment assessments, field safety pre-deployment criteria, SOG - Regional Coordinator (requesting & recruitment of response teams), response team asset/EPI log, disaster activation list, Bureau of EPI contact sheet, Bureau of Laboratories contact sheet, CHD EPI primary contact list, Bureau of EPI asset typing sheet, Region 5 EPI Strike Team leaders, "The EPI & Disease Response to Hurricanes & Tropical Storms".

b. Analysis: It is evident that the Region 5 Epidemiological Strike Team has taken preparedness seriously by putting together a simple collection of resources that is accessible on demand when and where needed. Their efforts promote their ability to quickly review their capabilities, shortfalls, resources and tools they need to execute mission requirements. *This team has established a standard for which other teams should emulate.* While the tools may change based on the type of strike team, it would serve the people of Florida well if all strike teams were to develop and maintain similar deployment packages.

APPENDIX C: PARTICIPANT FEEDBACK SUMMARY

The Participant Feedback form included on the following pages was distributed to the exercise participants during the After Action Review. The forms were collected and the data was entered and sorted.

The results from each section are presented in this Appendix.

Participant Feedback Form

Please enter your responses in the form field or checkbox after the appropriate selection.
Name: _____ Title: _____
Agency: _____ County:_____ Region: _____
Strike Team: _____Role in Exercise:_____

PART I: RECOMMENDATIONS AND CORRECTIVE ACTIONS

1.   Based on the exercise activities and the tasks identified, list the top strengths.

   1. _____

   2. _____

   3. _____

2.   Based on the exercise activities, and the tasks identified, list the top areas that need improvement.

   1. _____

   2. _____

   3. _____

3.   Identify corrective actions that should be taken to address the top three areas that need improvement identified above. For each corrective action, indicate if it is a high, medium, or low priority.

Corrective Action	Priority
1.	
2.	
3.	

4.   Describe the corrective actions that relate to your area of responsibility. Who should be assigned responsibility for each corrective action?

Corrective Action	Recommended Assignment
1.	
2.	
3.	

5.   List the applicable equipment, training, policies, plans, and procedures that should be reviewed, revised, or developed. Indicate the priority level for each.

Item for Review	Priority
1.	

Appendix C: Participant Feedback Summary

Item for Review	Priority
2.	
3.	

PART II: ASSESSMENT OF EXERCISE DESIGN AND CONDUCT

Please rate, on a scale of 1 to 5, your overall assessment of the exercise relative to the statements provided below, with 1 indicating strong disagreement with the statement and 5 indicating strong agreement.

Assessment Factor	Strongly Disagree				Strongly Agree
The exercise was well structured and organized.	1	2	3	4	5
The exercise scenario was plausible and realistic.	1	2	3	4	5
The facilitator/controller(s) was knowledgeable about the area of play and kept the exercise on target.	1	2	3	4	5
The exercise documentation provided to assist in preparing for and participating in the exercise was useful.	1	2	3	4	5
Participation in the exercise was appropriate for someone in my position.	1	2	3	4	5
The participants included the right people in terms of level and mix of disciplines.	1	2	3	4	5
This exercise allowed my agency/jurisdiction to practice and improve priority capabilities.	1	2	3	4	5
After this exercise, I believe my agency/jurisdiction is better prepared to deal successfully with the scenario that was exercised.	1	2	3	4	5

PART III: PARTICIPANT FEEDBACK

Please provide any recommendations on how this exercise or future exercises could be improved or enhanced.

_____

_____

_____

_____

_____

Table C.1, Section I of the Participant Feedback Form: Representative Participant Reported Strengths, Areas for Improvement & Corrective Actions

STRENGTHS	AREAS FOR IMPROVEMENT	CORRECTIVE ACTION	Items for Review
Team Members are Experienced	Need deployment manuals for deployment i.e. all EPI/EH		
Increased Knowledge of Procedural Improvements	Capacity!! Need More Members!!	Update Procedures/Increase Membership/TEAM SOP for all Teams	Team SOP for all teams
Opportunity to meet regional partners	Ability to have each separate discipline converse statewide		Deployment Guide/SOG/SOP
Efficiency –everything seemed to run smoothly	Report-out periods were too short/We need an open discussion to see where needs are at		Communication procedures/plans Pcards
Ability to address primary SpNS concerns & Team roster	Training review & Identify personnel to monitor shelter capacity related to percentages	Identify personnel to monitor shelter capacity related to percentages & Statewide review of Job Action Sheets	Training plans/equipment supply list/SOG
Scenario & tasks for teams	Technology was inadequate	Make sure technology is tested well in advance	Update personal information for team members
Good interaction and communication between team leaders/members	More direct participation by team members	Recruit more team members	Local SOG/Go Kit contents/Training records
Ability to work effectively & efficiently as a team	More clear defined roles	Participants should have a better understanding of the role they are expected to fill	
Hearing the thoughts of other regional strike teams	"Basic Exercise"	Develop a second part of the training to further enhance critical thinking and prioritization of activities for strike teams	
IDing gaps in current plans	Demob planning needed	Additional T.L. training – Statewide, standardized	
Safety concerns	Making EH guidance documents more available	EH guidance documents availability/SOP availability	
Motivated participation	Updated rosters; 0 call-down trees provided to team leaders	Possible use of FDENS for exercise notification, update team lists	

Appendix C: Participant Feedback Summary

Resources and facilitator	Update contact names and numbers on team members	Regularly scheduled times of the year to meet, region 7	SpNS training manual, SOP

TABLE C.2, SUMMARY OF PART II: ASSESSMENT OF EXERCISE DESIGN AND CONDUCT RESULTS

Region	(1) Exercise Well structured	(2) Scenario	(3) Facilitator	(4) Documentation	(5) Appropriate Level	(6) Right People	(7) Practice / Improve	(8) Better Off After Exercise	Regional Average of Averages
1	3.6	3.7	4.0	3.3	3.7	4.2	3.3	3.3	3.6
2	3.8	4.0	4.8	3.8	4.8	4.2	3.6	3.0	4.0
3	4.3	4.4	4.2	4.3	4.5	4.1	4.3	4.3	4.3
4	4.3	4.6	4.3	4.0	4.3	4.7	4.3	4.2	4.3
5	4.3	4.6	4.6	4.8	5.0	4.6	4.4	4.6	4.6
6	3.8	4.2	4.4	4.2	3.8	3.8	4.0	4.3	4.0
7	4.3	4.8	4.3	4.1	4.8	4.3	4.8	4.3	4.5
State Average	4.1	4.3	4.4	4.1	4.4	4.3	4.1	4.0	4.2
EH	4.2	4.3	4.3	4.2	4.1	4.4	4.0	4.2	4.2
Epi	3.6	4.6	4.1	3.8	4.6	4.2	4.3	3.9	4.1
SPNS	4.1	4.4	4.4	3.9	4.4	4.2	4.3	4.2	4.2
DOH*	4.1	4.0	4.2	4.1	4.3	4.3	3.9	3.6	4.1
State Average	4.0	4.3	4.3	4.0	4.3	4.3	4.1	4.0	4.2

*Participant did not specify team affiliation.

REPRESENTATIVE RESULTS OF PART III: PARTICIPANT FEEDBACK

1. "Not robust enough. Didn't exercise team leaders very well."
2. "Exercises should be done more realistic & exercises that make you think and coordinate with each other better"
3. "Better match up of EEG & questions."
4. "Please do not start at 0730 Central Time"
5. "The training was beneficial for me. I'm glad to meet other team members. Good collaboration effort."
6. "Need exercise for ALL team members, not just leaders. Recommend full scale exercise."
7. "Chris Rietow was great keeping the exercise on schedule even though technology failed."
8. "Overall exercise technology"
9. "Put EPI & ENV together so they are crossed trained in each area"
10. "*Test video conf. equipment prior to training   *Location of training was not clear to staff of CHD or those reporting to training.   *Very helpful training, would like to have quarterly."
11. "A more hands on exercise would have been beneficial. Had one in Gainesville several years ago. Gave participants hands on scenario, could witness issues that occur with a shelter either opening or working in an existing shelter."
12. "Original technical difficulties, but they improved. Polycom is best way to get all players to participate."
13. "Provide everyone with a list of everyone on the strike teams so we can try to get to know each other. So if we have questions, we could ask others that may have deployed and already been in situations… supplies you personally took, items that may be helpful to pack etc."
14. "Excellent exercise, able to implement previous training knowledge. Always more training to be able to keep skills current."
15. "The exercise was educational. I appreciated working with EH/EPI & SPNS. Too many technical difficulties Type I training - recognizing who is on these plans."
16. "Our teams are beyond the need for tabletops. What we need are field exercises where all team members can play."
17. "The exercise was very informative. This was my first experience in my position as Strike Team leader (EH) and I feel I learned a lot."
18. "We need to do one with the teams as well as the leaders."
19. "Field exercise – less table top"
20. "We had technical difficulties and in the early part of the exercise participants needed more time."
21. "Great exercise."
22. "Bring ALL County EPI Strike Team leaders next time."
23. "Overall scenario seemed realistic and provided the ST members a chance to review procedures, identify gaps and develop a course of action to address gaps."
24. "It is necessary for all counties in a region to participate. Funding & travel restrictions make it difficult. Regional team leaders were not all available."

APPENDIX D: PERFORMANCE RATING

Region	Objective 1 (OBJ-1) - Demonstrating the ability to activate and deploy strike teams	Objective 2 (OBJ-2) - Demonstrating team internal and external communications	Objective 3 (OBJ-3) Demonstrating immediate action and tactical planning	Objective 4 (OBJ-4) Demonstrating integration into Incident Command System (ICS) state and local structures
Region 1				
Epidemiology Strike Team	Met	Met	Met	Met
Environmental Health Strike Team	Partially Met (No Roster)	Met	Met	Met
Special Needs Sheltering Strike Team	Met	Met	Met	Met
Region 2				
Epidemiology Strike Team	No data Collected			
Environmental Health Strike Team	Met	Met	Met	Met
Special Needs Sheltering Strike Team	Met	Met	Met	Met
Region 3				
Epidemiology Strike Team	Met	Met	Met	Met
Environmental Health Strike Team	Met	Met	Met	Met
Special Needs Sheltering Strike Team	Met	Met	Met	Met
Region 4				
Epidemiology Strike Team	Met	Met	Met	Met
Environmental Health Strike Team	Unmet (Rosters & Equipment)	Met	Met	Met
Special Needs Sheltering	Met	Met	Met	Met

Strike Team				
Region 5				
Epidemiology Strike Team	Met	Met	Met	Met
Environmental Health Strike Team	Met	Met	Met	Met
Special Needs Sheltering Strike Team	Met	Met	Met	Met
Region 6				
Epidemiology Strike Team	Not Met	Not Met	Not Met	Not Met
Environmental Health Strike Team	Partially Met (No Equipment)	Met	Met	Met
Special Needs Sheltering Strike Team	Met	Met	Met	Met
Region 7				
Epidemiology Strike Team	Met	Met	Met	Met
Environmental Health Strike Team	Unmet	Met	Met	Met
Special Needs Sheltering Strike Team	Met	Met	Met	Met

APPENDIX E: ACRONYMS

[Any acronym used in the AAR should be listed alphabetically and spelled out.]

Table E.1: *Acronyms*

Acronym	Meaning
AAR / IP	After-Action Report / Improvement Plan
CHD	County Health Department
CST	Central Standard Time
EEG	Exercise Evaluation Guide
EH	Environmental Health
EOC	Emergency Operations Center
EPI	Epidemiology
ESF 8	Emergency Support Function 8: Health and Medical
FDOH	Florida department of Health
FEMA	Federal Emergency Management Agency
HSEEP	Homeland Security Exercise and Evaluation Program
ICS	Incident Command System
OBJ	Objective
OPR	Office of Primary Responsibility
POC	Point of Contact
SEOC	State Emergency Operations Center
SERT	State Emergency Response Team
SpNS	Special Needs Shelter
SOG	Standard Operations Guide
SUL	Shelter Unit Leader
TCL	Target Capabilities List
TL	Team Leader
TTX	Tabletop Exercise
UTL	Universal Task List