PACE Setter 2013 Full-Scale Exercise

RDPO
Regional Disaster Preparedness Organization

After Action Report/ Improvement Plan

May 21-23, 2013

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PREFACE

Public sector agencies and organizations, non-governmental agencies, and private sector partners; including but not limited to counties and other jurisdictions of the Portland Urban Area (i.e., Clackamas, Clark, Columbia, Multnomah and Washington); the states of Oregon and Washington; and federal agencies (e.g., FBI, Coast Guard, and CDC) that make up the partnership of the Regional Exercise Design (RED) Team worked together to plan, design, conduct, and evaluate the Portland Area Capabilities Exercise (PACE) Setter 2013 Regional Full-Scale Exercise (FSE) following guidance set forth in the DHS Homeland Security Exercise and Evaluation Program (HSEEP).

The desired outcome of the PACE Setter 2013 Regional FSE was to 1) identify the complexities involved in a regional biological threat response by federal, state, and local governments; and 2) identify the potential gaps in operations and resource expectations related to the response requirements. Analysis of participant actions during the exercise is intended to advance the degree of mutual understanding of the impacts of such a scenario and serve as a means of enhancing existing regional capabilities and potentially developing new plans and solutions for future response efforts.

The PACE Setter 2013 Regional FSE and this After Action Report/Improvement Plan (AAR/IP) are tangible evidence of the participating agencies and organizations commitment to advance regional capabilities within the Portland Urban Area (PUA). This AAR/IP aligns exercise objectives with preparedness doctrine to include the National Preparedness Goal and related frameworks and guidance.

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EXERCISE OVERVIEW

Exercise Name	Portland Area Capabilities Exercise (PACE) Setter 2013 Regional Full-Scale Exercise (FSE)
Exercise Dates	May 21, 2013 – May 23, 2013
Scope	The PACE Setter 2013 Regional FSE was a three-day FSE conducted at multiple venues throughout the Portland, OR, region. The FSE included field and Emergency Operations Center/Multi-Agency Coordination System (EOC/MACS) operations. Exercise play began on May 21, 2013, and continued through May 23, 2013. The PACE Setter 2013 Regional FSE was conducted concurrently with the 2013 Washington State Annual Bioterrorism Exercise (WASABE); linkages between the two exercises were established to ensure consistency in the demonstration and assessment of common capabilities.
Mission Area(s)	Response
Core Capabilities	**Operational Communications** **Operational Coordination** **Situation Assessment** **Public Health and Medical Services** **Public Information and Warning** **Fatality Management Services**
Goals & Objectives	**Goal 1:** Test communications operability and interoperability using disparate devices and systems, and identify gaps and/or areas for improvement in the ability to communicate between emergency responders and between EOCs/Emergency Coordination Centers (ECCs)/Department Operations Centers (DOCs), Incident/ Unified Command Posts, and response partners and facilities. • **Objective:** Federal, state, and local first responders will establish voice communications operability and interoperability across disparate devices and systems. • **Objective:** ICPs/UCPs and field epidemiological investigators will establish voice communications operability with supporting EOCs, ECCs, DOCs, and AOCs. **Goal 2:** Assess the region's ability to mobilize critical resources and establish and operate appropriate command, control, support, and coordination structures

Goals & Objectives

within the PUA for the duration of the incident.

- **Objective:** Emergency responders across the region will establish and maintain a unified and coordinated operational structure and process that appropriately integrates all critical stakeholders and supports situational assessment, operational communications, public information, resource management, and emergency response requirements for multiple operational periods.
- **Objective:** ICPs/UCPs, DOCs/EOCs/ECCs, and parent agencies, as appropriate, will effectively coordinate with each other to support situational assessment, operational communications, public information, resource management, and other emergency management requirements.

Goal 3: The region's MACS support and coordination entities will develop a common operating picture (COP) and disseminate situation status (SitStat) reports that provide sufficient information to decision-makers regarding immediate lifesaving and life-sustaining activities within and outside the affected area.

- **Objective:** EOCs, ECCs, DOCs, and the Public Health and Medical MAC Groups will receive timely information from multiple agencies and multiple ICPs, develop a COP, and distribute SitStat reports to decision-makers and critical support organizations within 8 hours of the incident.

Goal 4: Assess the ability of counties within the PUA to deliver medical countermeasures (MCM) to exposed populations within a timeframe consistent with each county's MCM distribution and dispensing plan.

- **Objective:** State and local public health agencies will coordinate and initiate a joint Federal Bureau of Investigation (FBI)/law enforcement/ public health forensic epidemiological investigation within 8 hours (or 2-4 hours for initiation) of confirmation of anthrax.
- **Objective:** Local Public Health Authorities will make the decision to provide MCM to the entire population and conduct an MCM Distribution and Dispensing (MCMDD) campaign in accordance with local MCMDD plans.

Goal 5: Assess the region's ability to expand the capacity of the existing healthcare system (e.g., long-term care facilities, community health agencies, acute care facilities, alternate care facilities, and public health departments) to provide triage and subsequent medical care during a public health emergency and/or mass casualty incident.

- **Objective:** Assess the region's ability to provide healthcare services in a public health emergency.
- **Objective:** The region's fire-based emergency medical services agencies, ambulance providers, regional hospital, and healthcare organizations will

Goals & Objectives	establish a medical care point, manage a mass-casualty incident or incidents, provide appropriate care, coordinate patient transport to hospitals throughout the region, and track patient and bed status. **Goal 6:** Assess the region's ability to develop and deliver coordinated, prompt, and actionable messages to inform ongoing emergency services and the public about protective measures and other life-sustaining action and facilitate the transition to recovery. • **Objective:** The Regional Joint Information System (R-JIS), through the Regional Joint Information Center (R-JIC) and county and local EOCs/ECCs, will coordinate the sharing of prompt and actionable messages with the public and other stakeholders, as appropriate, to aid in the prevention of imminent or follow-on terrorist attacks. • **Objective:** The R-JIS, through the R-JIC and county and local EOCs/ECCs, will inform affected segments of society by all means necessary, including accessible tools, of critical lifesaving and life-sustaining information to expedite the delivery of emergency services and to aid the public in taking protective measures and other life-sustaining actions. **Goal 7:** Assess the region's ability to provide fatality management services, including body recovery and victim identification, working with state and local authorities to provide temporary mortuary solutions and sharing information with mass care services for the purpose of reunifying family members and caregivers. • **Objective:** The Medical Examiner's Officer will deploy and operate a mobile morgue in support of a mass-fatality scenario. • **Objective:** The Medical Examiner's Office will partner with local fire and military response teams to assist in decontamination and recovery of victims in a mass-fatality scenario.
Threat or Hazard	Bioterrorism
Scenario	The scenario utilized for the exercise depicted a small group of individuals who, although not part of a formalized organization, share extremist views that compel them to disperse anthrax spores and cause both physical and psychological damage within the PUA.
Sponsor	Regional Disaster Preparedness Organization (RDPO) with funding support from the Department of Homeland Security's Urban Areas Security Initiative (UASI) grant program.
Participating Organizations	The PACE Setter 2013 Regional FSE included participation from federal, state, regional, local, and private sector stakeholders to exercise, demonstrate, and

	assess the selected core capabilities. A full list of participating agencies, departments, and jurisdictions can be found in *Appendix B: Exercise Participants.*
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ANALYSIS OF CORE CAPABILITIES

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

Table 1. Summary of Core Capability Performance

Objective	Core Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
Federal, state, and local first responders will establish voice communications operability and interoperability across disparate devices and systems	Operational Communications		S		
ICPs/UCPs and field epidemiological investigators will establish voice communications operability with supporting EOCs, ECCs, DOCs, and AOCs.	Operational Communications		S		
Emergency responders across the region will establish and maintain a unified and coordinated operational structure and process that appropriately integrates all critical stakeholders and supports situational assessment, operational communications, public information, resource management, and emergency response requirements for multiple operational periods	Operational Coordination			M	
ICPs/UCPs, DOCs/EOCs/ECCs, and parent agencies, as appropriate, will effectively coordinate with each other to support situational assessment, operational communications, public information, resource management, and other EM requirements	Operational Coordination			M	
EOCs, ECCs, DOCs, and the Public Health and Medical MAC Groups will receive timely information from multiple agencies and multiple ICPs, develop a COP, and distribute SitStat reports to decision-makers and critical support organizations within 8 hours	Situational Assessment			M	

Objective	Core Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
of the incident					
State and local public health agencies will coordinate and initiate a joint Federal Bureau of Investigation (FBI)/law enforcement/public health forensic epidemiological investigation within 8 hours (or 2-4 hours for initiation) of confirmation of anthrax	Public Health and Medical Services		S		
Local Public Health Authorities will make the decision to provide MCM to the entire population and conduct an MCMDD campaign in accordance with local MCMDD plans	Public Health and Medical Services		S		
Assess the region's ability to provide healthcare services in a public health emergency	Public Health and Medical Services		S		
The region's fire-based emergency medical services agencies, ambulance providers, regional hospital, and healthcare organizations will establish a medical care point, manage a mass-casualty incident or incidents, provide appropriate care, coordinate patient transport to hospitals, and track patient and bed status	Public Health and Medical Services		S		
The R-JIS, through the R-JIC and county and local EOCs/ECCs, will coordinate the sharing of prompt and actionable messages with the public and other stakeholders to aid in the prevention of follow-on terrorist attacks	Public Information and Warning				U
The R-JIS, through the R-JIC and county and local EOCs/ECCs, will inform affected segments of society by all means necessary, including accessible tools, of critical lifesaving and life-sustaining information to expedite the delivery of emergency services and to aid the public in taking protective measures and other life-sustaining actions	Public Information and Warning			M	
The Medical Examiner's Officer will	Fatality		S		

Objective	Core Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
deploy and operate a mobile morgue in support of a mass-fatality scenario	Management				
The Medical Examiner's Office will partner with local fire and military response teams to assist in decontamination and recovery of victims in a mass-fatality scenario	Fatality Management			M	

Ratings Definitions:

- *Performed without Challenges (P): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws.*
- *Performed with Some Challenges (S): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. However, opportunities to enhance effectiveness and/or efficiency were identified.*
- *Performed with Major Challenges (M): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s), but some or all of the following were observed: demonstrated performance had a negative impact on the performance of other activities; contributed to additional health and/or safety risks for the public or for emergency workers; and/or was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws.*
- *Unable to be Performed (U): The targets and critical tasks associated with the core capability were not performed in a manner that achieved the objective(s).*

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

Goal 1: Test communications operability and interoperability using disparate devices and systems, and identify gaps and/or areas for improvement in the ability to communicate between emergency responders and between EOCs/ECCs/DOCs, Incident/Unified Command Posts, and response partners and facilities.

- **Objective:** Federal, state, and local first responders will establish voice communications operability and interoperability across disparate devices and systems.
- **Objective:** ICPs/UCPs and field epidemiological investigators will establish voice communications operability with supporting EOCs, ECCs, DOCs, and AOCs.

Associated Core Capability: Operational Communications

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

Strengths

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

- **Strength 1:** A large majority of personnel, both staff and volunteers, confirmed receipt of emergency callouts and notifications. Additionally, accurate contact information was available for most of the staff notified.
- **Strength 2:** Communications, when attempted or sought, were established between commands at the ICP, UCP, and field operations and their respective city, county, regional, and state command centers.
- **Strength 3:** Communication with public Points of Dispensing (PODs) and Push Partners was strong and coordinated through local ICPs/EOCs/ECCs within the region. Push Partners who were actively participating in the exercise provided timely responses to inquiries from ICPs and supporting EOCs/ECCs. ICPs/EOCs/ECCs also contacted and communicated effectively with PODs and Push Partners simulated by the Simulation Cell (SimCell).

Areas for Improvement

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

Area for Improvement 1: Local EOCs/ECCs within the region experienced communications and coordination challenges associated with supporting computer and Information Technologies (IT), including WebEOC.

Reference: Individual County IT Policies and Procedures, Access

Analysis: There were communications and coordination challenges between exercise participants observed during the exercise. Exercise evaluators attributed the occurrence of these challenges to delays in terminal access, the limited availability of access to certain applications and systems (such as WebEOC), changes and updates made to these applications and systems, a lack of user rights and permissions for some personnel, and staff unfamiliarity with the operation of the systems and applications being utilized to manage and coordinate activities. Procedurally, many participants were unaware of two separate WebEOC logistics ordering boards (county EOC and regional) and/or did not have access to both boards. Once participants knew about the two boards, critical information posted on the boards crossed with no clear definition of what information should be posted on either board.

Additionally, exercise evaluators indicated that there appeared to be an overall unfamiliarity with technology within the participating EOCs/ECCs. The outcomes of the exercise suggest that a more detailed analysis of local EOC/ECC computer/IT systems may need to be performed to gain a more complete and detailed understanding of the root causes, and corresponding resolutions required, to the issues observed and experienced during the exercise.

Area for Improvement 2: A significant number of the regional health and medical personnel did not receive Health Alert Network (HAN) notifications during the exercise.

Reference: Oregon Health Alert Network Alert Communications Plan and Procedures.

Analysis: The Oregon HAN is a secure, web-based communications and information exchange platform designed to link public health, hospitals, clinics, laboratories, public safety, and emergency medical services (EMS). A primary feature of the Oregon HAN is the ability to send notification of an incident to registered users (recipients of these notifications may be pre-identified in distribution lists, or may be selected at the time of notification). The notification features, in addition to the other facets of the Oregon HAN, are critical to effective communication and coordination with health and medical agencies, departments, and organizations within the region during an incident or emergency.

It was observed during the exercise that a significant number of the region's health and medical personnel did not receive HAN notifications, resulting in critical information and coordination being missed or delayed. The origin of this issue was related to the email address that health and medical personnel within the region used to register on the Oregon HAN. HAN is designed to alert individuals who hold certain roles. Most of the region's health and medical personnel participating in the exercise had registered in the system using personal or work email accounts. During the exercise, a large portion of these personnel were assigned positions within a local EOC, ECC, DOC, or ICP/UCP, using a position-specific terminal (laptop or personal computer) and email address. Because health and medical personnel were assigned to facility-specific positions and equipment, their ability to check regular email accounts, including those that may have been registered with the HAN, was limited, and HAN notifications sent to the registered accounts were missed.

Exercise evaluators indicated that as part of a regional communications plan, that EOC, ECC, DOC, and/or ICP position specific email addresses should be registered with and included on Oregon HAN and other alert and notification systems.

Goal 2: Assess the region's ability to mobilize critical resources and establish and operate appropriate command, control, support, and coordination structures within the PUA for the duration of the incident.

- **Objective:** Emergency responders across the region will establish and maintain a unified and coordinated operational structure and process that appropriately integrates all critical stakeholders and supports situational assessment, operational communications, public information, resource management, and emergency response requirements for multiple operational periods.
- **Objective:** ICPs/UCPs, DOCs/EOCs/ECCs, and parent agencies, as appropriate, will effectively coordinate with each other to support situational assessment, operational communications, public information, resource management, and other emergency management requirements.

Associated Core Capability: Operational Coordination

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

Strengths

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

- **Strength 1:** The Health/Medical Multi-Agency Coordination (MAC) Group maintained an appropriate strategic perspective, limiting activities, discussions, and outputs to those within the purview of the overall MAC Group mission, purpose, and scope.

- **Strength 2:** The "*Just-in-Time*" training provided at the outset of MAC Group exercise activities was useful in orienting MAC Group participants to the activities, purpose, scope, and framework of the MAC Group and the MAC Group Support Organization (MSO).
- **Strength 3:** EOCs, ECCs, DOCs, MACs, regionally, were activated in a timely manner.

Areas for Improvement

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

Area for Improvement 1: The capability of local EOCs/ECCs within the region to host the Health/Medical MAC Group is limited.

Reference: Health/Medical Multi-Agency Coordination Group Handbook (January 2010), Pgs. 5, 6, & 22 (Appendix 27).

Analysis: During health and medical emergencies, which often require broad regional coordination of health/medical response efforts and activities, the region (defined as the State of Oregon Region I, and the State of Washington Region IV) utilizes a local county EOC/ECC to host and help facilitate specific regional health and medical coordination functions, including regional situational awareness, health/ medical resource ordering and allocation, policy development, and decision-making. Further, the Health/Medical MAC Group Handbook, the operational plan that provides the framework to guide MAC Group activities during a health and medical emergency with significant regional impacts, identifies the roles and responsibilities of the host EOC/ECC, as well as defining the resource requirements of the MAC Group, when established at the host EOC/ECC.

Despite the codified plans and requirements, however, activities observed before and during the exercise indicated that the capability of the local EOCs/ECCs within the region to host the MAC Group is limited. For example, the ability of the MAC Group to obtain IT connectivity, access WebEOC, and utilize email for communications was significantly limited and the MAC Group Support Organization established to support MAC Group activities could not access WebEOC or email beyond a guest Wi-Fi. Additionally, evaluators identified that space and noise were also issues during the exercise.

Evaluators stressed that this issue does not indicate a critical flaw within the capabilities of the local EOCs/ECCs, or that there is a lack of willingness within the local EOCs/ECCs to support the MAC Group. Rather, this issue was attributed to the need for the local EOCs/ECCs within the region to develop plans, policies, procedures, systems, and protocols for hosting the MAC Group. It was unclear at the time of evaluation and this report if these plans exist or are in-place at the local EOCs/ECCs.

Evaluators indicated that these plans, policies, and/or procedures should be specific to the local EOC/ECC, and guide and direct the process for the local EOC/ECC to host, interact with, and facilitate MAC Group activities and operations. Evaluators identified that the development of local plans to host the MAC Group is the first step in building the capability: once plans are in-place, training and exercises, to validate and improve these plans will then be needed.

Area for Improvement 2: The process for authorization and activating of the regional organizations (i.e., Health and Medical MAC Groups, RLST, R-JIC, and Regional EOC) supporting health and medical activities needs to be defined in applicable regional plans.

Reference: None.

Analysis: In this case, the regional organizations were activated at the start of the exercise because the exercise was not designed to assess the regional activation and notification process or procedures. However, exercise evaluators noted activation and notification procedures were important elements in emergency response operations and as part of exercise play regional organizations should have communicated to other stakeholders that the regional organizations were operational. Currently the PUA does not have a plan in place for the activation/notification and operations of the regional organizations that support the health and medical activities.

Area for Improvement 3: Coordination and interaction between the Public Health MAC Group and the MAC Group Support Organization (MSO) was limited during the exercise.

References: Health/Medical Multi-Agency Coordination Group Handbook (January 2010), Pgs. 5, 6, & 22 (Appendix 27). Public Health MAC Group After Action Report (May 28, 2013), Pg. 3., *Objective 4.*

Analysis: Evaluators identified that the primary factor in the occurrence of this issue was the physical separation of the two entities (the MSO was located in a fixed EOC facility on the second floor, while the MAC Group operated out of a conference room on the first floor of the same facility). Evaluators noted the physical separation led to MAC Group members taking on roles assigned to, and better fulfilled by, the MSO.

Although it is not necessary to, and incident requirements may sometimes preclude the ability to, collocate the MSO with the MAC Group, a physical separation, as was experienced during the exercise, requires MAC Group and MSO participants to place an extra emphasis on, and more proactively engage in, face-to-face or electronic coordination, communication, and interaction.

The reason for the separation that occurred during the exercise was unclear, but was attributed to space limitations, and some exercise artificiality. Additionally, it was also unclear if local EOCs/ECCs within the region have plans in place that support hosting and supporting MAC Group activities and operations.

Area for Improvement 4: No consistent communications paths were established between participating EOCs/ECCs resulting in participants using informal communications methods to reach counterparts.

Reference: None.

Analysis: During the exercise, several of the county EOCs/ECCs, as well as the Health/Medical MAC Group and its support components had difficulty making contact with their counterparts and partners within the region. Discussions at the Exercise Controller and Evaluator (C/E) Debrief identified two causes for this problem. The first was a technical issue that prevented the MAC Group and its supporting components from having unrestricted Internet access at the local EOC hosting the MAC Group. The second cause for the occurrence was determined to be related to the use of position-based email addresses and telephone numbers.

Upon activation in an emergency, the EOCs/ECCs use position-based emails and phones. While these addresses and numbers do not often change, they typically have not been widely distributed to cooperating and partner agencies prior to an EOC/ECC activation. This condition makes routine communications difficult. During the exercise, significant time was spent attempting to obtain the correct contact information for personnel at partner and cooperating agencies. This resulted in

significant delays for even simple requests and coordination. While the informal method of contacting counterparts through normal paths ultimately worked for the exercise, this method would be insufficient and inadequate to meet and support communication and coordination needs. It is vital that communications lists are widely distributed among cooperating and partner agencies within the region prior to activation.

Area for Improvement 5: There is a need for additional training in the development of an Incident Action Plan (IAP).

Reference: Standard ICS operating procedures

Analysis: Effective response to an incident such as that depicted in the exercise scenario requires IAPs that are complete, executable, and created and delivered on time.

It was suggested that this issue resulted, in large part, from a turnover in personnel. It was identified that there had been significant staff turnover, resulting in command and general staff being comprised of personnel who had received only baseline training. As a result, IAPs developed during the exercise were either incomplete or were completed with significant coaching. Evaluators noted that the EOC/ECC command and general staff and IMTs require more advanced training in the operational tenets and processes of the ICS, to include in-depth understanding and practice in IAP development.

Goal 3: The region's MACS support and coordination entities will develop a COP and disseminate SitStat reports that provide sufficient information to decision-makers regarding immediate lifesaving and life-sustaining activities within and outside the affected area.

- **Objective:** EOCs, ECCs, DOCs, and the Public Health and Medical MAC Groups will receive timely information from multiple agencies and multiple ICPs, develop a COP, and distribute SitStat reports to decision-makers and critical support organizations within 8 hours of the incident.

Associated Core Capability: Situational Assessment

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

Strengths

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

- **Strength 1:** The MAC Group developed and disseminated a regional Health and Medical SitStat Report within assigned timeframes, according to in-place policies and procedures.

Areas for Improvement

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

Area for Improvement 1: The ability of the MAC Group to receive real-time incident information from all partners and stakeholders was limited, which delayed the ability of the MAC Group to make timely decisions.

Reference: Health/Medical MAC Group Handbook (January 2010), Pgs. 4, 6, & 22 (Appendix 7).

Analysis: One of the primary missions of the Health/Medical MAC Group is the management of consistent and accurate information concerning health emergencies occurring within the region. To effectively and efficiently accomplish this core mission, policies, processes, systems, and protocols for submission and processing of real-time critical incident information must exist.

During the exercise, evaluators observed that there was a significant limitation in the ability of the MAC Group to both receive real-time incident information and to request and/or collect incident information from multiple sources (such as WebEOC, SitStat Reports, etc.). While exercise evaluators indicated this limitation resulted in part from exercise artificiality, several other factors were identified as contributing to this issue, including a lack of connectivity to WebEOC; a lack of processes for face-to-face communication with the host EOC; and a lack of clarity regarding the lines of communication (in both system and process) between the MAC Group and the EOCs/ECCs within the region.

Evaluators and participants identified that individual MAC Group members were able to receive information from their home agencies; however, this proved insufficient to meet the information needs of the MAC Group during the exercise. Both evaluators and participants identified the limitation in information exchange significantly delayed the MAC Group's ability to make timely response and protection decisions, which, in turn, delayed the dissemination of these decisions, contributing to the potential for additional impact to the public.

Area for Improvement 2: County EOC to county EOC and county EOC to regional team communication protocols are unclear.

Reference: Regional Emergency Management Group (REMG) Regional Information-Sharing Protocol

Analysis: A Regional Information-Sharing Protocol was developed to address resource requests from jurisdictions in need of mutual aid from other local emergency management agencies. This protocol indicates that agencies will communicate from Emergency Management Director to Emergency Management Director in the PUA. The establishment of the area's regional organizations that participated in the exercise (i.e., Health/Medical MAC Group, Regional Joint Information Center and Regional Logistics Support Team) occurred subsequent to the implementation of this protocol, with the result that the operational integration of these teams into the current protocol is unclear.

Evaluators from several local EOCs/ECCs within the region that participated in the exercise noted that there was little to no information being submitted to the regional organizations. Conversely, evaluators also indicated that the participating EOCs/ECCs within the region received little information from the regional organizations. A majority of the local EOCs/ECCs participating in the exercise were uncertain if they should be making contact with the regional organizations directly; if they should be expecting information and/or communications from the regional organizations; or how any information exchange or communications with these regional organizations should take place.

Area for Improvement 3: County and regional organizations were not able to establish a common operating picture.

Reference: REMG Regional Information-Sharing Protocol

Analysis: Within a single jurisdiction, such as a county or city, a single EOC/ECC can develop and maintain a common operating picture of the incident. During an incident or emergency impacting a larger geographical region, no single jurisdiction will possess all critical incident information. This condition makes it necessary for all EOCs/ECCs to work proactively and cohesively to collect, share, and exchange incident information.

It was identified during the C/E debrief that most of the participating EOCs/ECCs possessed information regarding the status of their jurisdiction. That information, however, was not consistently shared in a manner that allowed quick and ready access or review by cooperating and partner EOCs/ECCs. In some instances, this resulted from inadequate email distribution lists; in other cases, there was a lack of access to and/or knowledge of WebEOC.

Some EOCs/ECCs attempted to mitigate this lack of information by directly contacting other jurisdictions to obtain the latest SitStat. This strategy was insufficient as it was noted by participants that there were inconsistencies between SitStat formats, which made it difficult to build a common operating picture. A clear example of this was a discrepancy in fatality and casualty numbers in each EOC/ECC.

While the tools available to support the development and maintenance of a common operating picture, such as WebEOC, OpsCenter, and Bridge, are robust and have significant information sharing capabilities, evaluators identified that they were underutilized during the exercise. This was attributed to limited participation by users outside of the EOC/ECC, lack of information sharing protocols, and an overall lack of familiarity and proficiency in the use of these tools. Additionally, evaluators noted that it is challenging to synchronize the information input into these tools since they are separate applications and do not integrate with one another. Finally, a lack of access to certain regional WebEOC boards inhibited some EOCs/ECCs from being able to adequately share or collect information.

Area for Improvement 4: There is a lack of integration between the OpsCenter and WebEOC incident management applications and systems.

Reference: None.

Analysis: The State has adopted OpsCenter as a statewide, standardized incident management application and requires all counties to use it to submit resource requests. The Portland Urban Area counties have separately chosen to utilize WebEOC as a regional incident management application and must use both WebEOC and OpsCenter in their incident management activities. The systems were developed by different companies and are not compatible. However, the State and urban area have worked with both vendors to build a “data bridge” to transfer information between the two systems. The bridge is still not complete or functional so the affected counties are still expected to log into OpsCenter to submit resource requests to the State.

Area for Improvement 5: EOC/ECC/ICP personnel across jurisdictions were unfamiliar with their assigned roles and responsibilities.

Reference: None.

Analysis: Post-exercise analysis identified that the qualification of EOC/ECC/ICP staff to fulfill their positions varied greatly among participating EOCs/ECCs/ICPs and between organizations. Evaluators stressed that this observation, the follow-on analysis, and resulting conclusion, is not a judgment on the

capability or capacity of these personnel, nor do these findings indicate a critical flaw in any one jurisdiction's emergency management organization.

Rather, evaluators noted, these findings indicate that there is a need for ongoing, region-wide EOC/ECC/ICP position-specific training and exercise activities to solidify, or enhance, EOC/ECC/ICP capabilities. Effectively trained personnel at the local EOC/ECC/ICP directly impact the ability of the region to appropriately support critical emergency operations, including situational assessment, operational communications, public information, resource management, and emergency response requirements for multiple operational periods.

Area for Improvement 6: During the joint FBI/epidemiological investigation, the results of joint interviews were not provided to local and regional stakeholders.

Reference: FBI-Local Health Authority/Public Health Division (LPHA/PHD) Joint Investigation Shared SOP and Joint Investigation Process Map.

Analysis: The Joint Command Post had planned for just one analyst to receive information and intelligence from all of the joint FBI/PH epidemiological investigative teams, analyze the data, and communicate it to regional and state partners. The single analyst was totally involved in the analysis portion, and as there was no Joint Command Post Communications Plan developed, no investigative results were provided to regional and state partners. As this was the first time a joint investigation of this nature had been undertaken in the region, a coordinated reporting and dissemination policy and/or procedure had not been developed to maximize the information and intelligence that results from the interviews conducted as a part of the investigation.

Goal 4: Assess the ability of counties within the PUA to deliver MCM to exposed populations within a timeframe consistent with each county's MCM distribution and dispensing plan.

Goal 5: Assess the region's ability to expand the capacity of the existing healthcare system (e.g., long-term care facilities, community health agencies, acute care facilities, alternate care facilities, and public health departments) to provide triage and subsequent medical care during a public health emergency and/or mass casualty incident.

- **Objective:** (Goal 4) State and local public health agencies will coordinate and initiate a joint FBI/law enforcement/public health forensic epidemiological investigation within 8 hours (or 2-4 hours for initiation) of confirmation of anthrax.
- **Objective:** (Goal 4) Local Public Health Authorities will make the decision to provide MCM to the entire population and conduct an MCMDD campaign in accordance with local MCMDD plans.
- **Objective:** (Goal 5) Assess the region's ability to provide healthcare services in a public health emergency.
- **Objective:** (Goal 5) The region's fire-based emergency medical services agencies, ambulance providers, regional hospital, and healthcare organizations will establish a medical care point, manage a mass-casualty incident or incidents, provide appropriate care, coordinate patient transport to hospitals throughout the region, and track patient and bed status.

Associated Core Capability: Public Health and Medical Services

The strengths and areas for improvement for each core capability aligned to this objective are described in this section. Please see Appendix E for the CDC Exercise Performance Measures.

Strengths

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

- **Strength 1:** There was significant communication and coordination of activities between the various public health and medical entities participating in the exercise.
- **Strength 2:** Push Partners demonstrated familiarity with the information exchange requirements of the incident, as depicted in the scenario, and demonstrated understanding of their roles and responsibilities.
- **Strength 3:** RSS warehouse personnel operated safely and efficiently and picked orders quickly while maintaining inventory control.
- **Strength 4:** Tremendous volunteer enthusiasm, support, and dedication were demonstrated during the exercise.
- **Strength 5:** Investigators from the FBI and health departments (Epidemiological Investigators) worked cooperatively and closely coordinated on all facets of the investigative elements of exercise play.
- **Strength 6:** The RSS inventory software demonstrated the capability and capacity to effectively support RSS warehouse missions and functions.
- **Strength 7:** The on-line Dispense Assist tool worked exceptionally well in allowing the general public to access the tool from work or home and answer general medical and health questions about themselves. This streamlined the medication dispensing process at both the public and Push Partner POD sites.
- **Strength 8:** The medical inquiry call center was staffed in a timely, efficient manner with Medical Reserve Corps (MRC) volunteers who were able to accurately answer caller concerns from simulated Push Partner and public PODs.
- **Strength 9:** Participating counties successfully requested and utilized needed MRC volunteers using the state's SERV-OR system.
- **Strength 10:** Just-in-Time Training for MRC volunteers was sufficient to support the regional call center and public and Push Partner PODs.
- **Strength 11:** Utilizing a Pharmacy Tech/Pharmacology Intern as a Team Leader/SME in the call center was extremely useful.
- **Strength 12:** Regional standards for MRC training made it easy to incorporate members from other Portland metro MRC units.

Areas for Improvement

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

Area for Improvement 1: Mass prophylaxis and Push Partner plans in the region require review and update.

Reference: County and Push Partner mass prophylaxis plans.

Analysis: The following analysis is a compilation of observations and recommendations from public and Push Partner POD operations demonstrated throughout the region. Overall, POD operations successfully demonstrated the ability to provide medical countermeasures to the community and organizations that support the Push Partner program. However, several observations indicated enhancements and improvements should be made to various operations. Additionally, public health departments across the region should consider developing and adopting public and Push Partner POD standard operational procedures/guidelines and tools. As several POD operations demonstrated best practices in various operational tasks, the Cities Readiness Initiative (CRI) should review those operations and the materials used and make regional recommendations for all PODs to enhance operations and provide consistency across the region.

The following observations were collected from various exercise POD operations:

- The number of total doses needed/calculated for each facility was not accurate. While some Push Partners had updates to the total number of doses needed, others were unclear. Push Partners need to consider how many clients they realistically would be able to support.
- The process for utilizing some of the inventory forms was confusing or redundant. Forms utilized included the Supply Order Requisition Form, which was confusing but contained useful information, and the BIN card in hard-copy format. Need to include more space for writing lot and ID numbers on the forms and revise the forms for clarity.
- POD staff did not always receive their personal individual dosage before staffing or supporting operations. Also, need to consider dosage for POD worker families to secure their commitment to support POD operations.
- Additional training and support is needed for PODs, especially supporting correct form usage and POD layout to permit serpentine lines.
- Need for increased cultural awareness/sensitivity programs for persons with English as a second language and people with access and functional needs.
- Need for increased security at POD locations. Review the importance of the role of security to protect the SNS assets in addition to ensuring the safety of the POD staff and patients.
- JIT training for POD workers should include a formal safety briefing and an overview of roles and responsibilities, including an introduction of command staff supporting the operations.
- The on-line Dispense Assist tool worked well, however nearly half of the population using the tool did not print the voucher; instead, they only printed the personal information they

completed when filling out the forms from the tool. PIO/R-JIC should consider including additional talking points/instructions to the public on use of the tool.

- Increase staff level for depth of positions.
- Provide shelter for the public while waiting in lines.
- Provide more and larger signage in various languages or easy to understand symbols.

Area for Improvement 2: There was confusion within participating EOCs/ECCs regarding the procedures for processing requests for medical supplies and resources.

Reference: RLST Plan and RLST Procedures

Analysis: The primary role of the RLST during the exercise was to receive and process medical resource requests from hospitals. They also compiled medical resource status in support of the resource allocation decisions being made by the MAC Group. Exercise evaluators identified that a large portion of the participating local EOCs/ECCs within the region were unaware of this function, and of the presence and activities of the RLST. Additionally, evaluators alluded to the existence of this issue prior to exercise conduct and suggested that ongoing training and outreach on the role and function of the RLST in support of the Health and Medical MAC Group be provided to local EOCs/ECCs within the region.

Area for Improvement 3: Requests for resources and supplies from regional counties and private hospitals were denied by state health, with the exception of requests from facilities within Washington County (the county that hosted the regional supporting organizations).

Reference: Healthcare Preparedness Region 1 Response Guide – January 2012.

Analysis: The regional resource ordering process, most particularly the process for ordering health and medical supplies, must be re-examined in concert with state health and emergency management. Upon compiling and submitting a combined request for medical supplies for all counties and private hospitals within the region, the request was denied by state health for all but Washington County-specific resources (the hosting agency for regional supporting organizations). As part of that examination, agreements, policies, and procedures should be considered and authorized by all counties within the region for processing resource orders through the regional support organizations. These agreements, policies, and procedures should be developed with the involvement of state health and emergency management to ensure understanding and commitment to future resource ordering requests.

Area for Improvement 4: Inconsistent operational processes and unfamiliar operational understanding observed during the joint PH/FBI investigation.

Reference: FBI Manual of Investigative and Operational Guidelines. Epidemiological Investigative Policies and Procedures.

Analysis: Law enforcement and public health staff have little experience operating jointly, and there is poor understanding by each discipline of how the other operates. Follow-on joint training opportunities should be explored so both the law enforcement and public health/epidemiological disciplines can begin to develop an understanding of investigative jurisdictions, procedures, techniques, requirements, reports, etc. This understanding is essential to the development of an effective capability for these disciplines to operate jointly. While a one-hour interview time was permitted for each joint investigative

team, past epidemiological experience indicates such interviews take approximately 20 minutes. Some "victims" were able to provide sufficient information in this timeframe and then move on to the next joint investigative team interview. Other "victims" were not able to expand on the scenario information given them, were done in the same amount of time, and waited for the hour to elapse before moving to the next joint investigative team interview.

Area for Improvement 5: Physician Standing Orders were never issued by the state of Oregon.

Reference: State/County Public Health Policy and Procedures.

Analysis: The State has a Physician Standing Order on Anthrax available for issue by the State Health Officer for appropriate health emergencies. The Physician Standing Order on Anthrax was neither requested nor issued during the exercise. Had it been, it would have provided health and medical guidance to local and state public health authorities during this simulated emergency.

Area for Improvement 6: The ratio of SME/Team Leader to staff at the regional medical inquiry call center needs to be improved.

Reference: MRC Policy and Procedures.

Analysis: While the overall effectiveness of the call center was exceptional, it was noted that there was not enough Team Lead/SME staffing to meet the needs of the MRC volunteers who were answering the phones and requesting addition information from the Team Lead/SME.

Area for Improvement 7: Organization of FAQs should be grouped by category and color coded for easy reference.

Reference: MRC Policy and Procedures.

Analysis: The MRC volunteers who staffed the regional medical inquiry call center were given a binder of information to help them address caller concerns and questions. It was noted that the information in the binder was good but sometimes hard to find quickly.

Area for Improvement 8: The layout of the medical inquiry call center work stations should be adjusted for Team Leader(s) to have clear sight of the call center support team member(s) requesting assistance.

Reference: MRC Policy and Procedures.

Analysis: Tables in the call center were set up with the team lead behind the call center staff so it was difficult to easily identify which staff needed assistance. It was also awkward to have a face-to-face discussion about the question/issue.

Area for Improvement 9: Ease of use of SERV-OR for registration and notification needs to be improved.

Reference: SERV-OR Policy and Procedures.

Analysis: Participants were not familiar with and/or had difficulties using the SERV-OR system for registration and notification.

Goal 6: Assess the region's ability to develop and deliver coordinated, prompt, and actionable messages to inform ongoing emergency services and the public about protective measures and other life-sustaining action and facilitate the transition to recovery.

- **Objective:** The R-JIS, through the R-JIC and county and local EOCs/ECCs, will coordinate the sharing of prompt and actionable messages with the public and other stakeholders, as appropriate, to aid in the prevention of imminent or follow-on terrorist attacks.
- **Objective:** The R-JIS, through the R-JIC and county and local EOCs/ECCs, will inform affected segments of society by all means necessary, including accessible tools, of critical lifesaving and life-sustaining information to expedite the delivery of emergency services and to aid the public in taking protective measures and other life-sustaining actions.

Associated Core Capability: Public Information and Warning

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

Strengths

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

- **Strength 1:** The R-JIC performed well as a regional hub for information gathering and coordination. From the first R-JIS conference call to the virtual operations conducted at the end of the exercise, the PIOs in the R-JIC were able to draw information from other playing agencies and the simulation cell in a manner appropriate for its location in the region-wide response organization.
- **Strength 2:** The initial R-JIS conference call was well attended by appropriate participants.
- **Strength 3:** The lead PIO effectively assigned PIO resources to key roles within the R-JIC. PIOs adjusted to their specific jobs well and gained cohesion quickly**.**
- **Strength 4:** Multi-agency coordination of emergency public information activity was achieved despite some exercise artificialities.
- **Strength 5:** The use of WebEOC as an online coordination tool worked well for some PIOs.
- **Strength 6:** The R-JIC chose to partner with an existing public inquiry center (PIC) – 211info – instead of attempting the activation of its own PIC.
- **Strength 7:** Given the rapidly changing nature of establishing, activating, and operating PODs – a responsibility of local public health agencies – the R-JIC made the right decision to play a "clearinghouse" role and point to county-level web pages for POD operating hours and locations in terms of publicly disseminated information.

Areas for Improvement

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

Area for Improvement 1: Limited health officer play and lack of state-regional agreement on public health risk and response priorities served as a barrier for effective coordination of public information to the point where the sharing of prompt and actionable messages with the public and other stakeholders was not achieved.

Reference: Portland Urban Area Regional Emergency Public Information Concept of Operations (ConOps) Plan. Health/Medical Multi-Agency Coordination (MAC) Group Handbook (January 2010).

Analysis: During the afternoon of May 22, the Washington County EOC decided to proceed with dispensing operations for the entire county population. This approach seemed to run counter to the prioritization expressed by state and county health officials that afternoon, a prioritization that emphasized prophylaxis only for those potentially exposed at public events in Clark and Multnomah counties. This divergent approach was identified in (among other ways) a call from the R-JIC Lead PIO to the Multnomah County Health Officer. To be fair, exercise artificiality restricted Public Health MAC Group play to the morning of May 22, leaving the R-JIC to seek health officer guidance outside of the exercise parameters. Yet the triangle pull from the Health and Medical MAC Group, R-JIC, and Incident Command Posts at the local level was too much to expect of any single health officer, and greatly slowed the process of messaging technical review, which in turn slowed the process of getting messages out to the public. The bottom line: real-time access and unified guidance from health officers at the county, regional, and state levels would be critical for effective public information operations.

Area for Improvement 2: Exercise play at the R-JIC did not address outreach to non-English speaking communities. This was not a specific objective of the exercise, but it is an issue the regional PIOs have been working to improve.

References: Portland Urban Area Regional Emergency Public Information ConOps Plan

Analysis: When disseminating critical information regarding protective actions, warnings, or other crisis communications to the general public, it is necessary that information be made available across multiple mediums, in multiple forms, and in multiple languages. The diverse and ever-evolving cultural makeup of the nation, especially in a large metropolitan area such as the PUA, makes it necessary to provide crisis communications in languages other than English. Exercise evaluators identified that crisis communications released from the R-JIC were in the English language only.

It was speculated that this issued occurred based on the controlled and limited scope of the exercise. However, evaluators noted that exercise objectives directed that the "…R-JIS, through the R-JIC and county and local EOCs/ECCs, will inform affected segments of society by all means necessary, including accessible tools…" that this circumstance would in all probability include non-English speakers, and should, therefore, have been addressed during the exercise.

Area for Improvement 3: Some PIOs participating in the R-JIC/JIS were unable to successfully use the WebEOC-based virtual JIC, regional PIO email listserv, and other technology-related tools.

Reference: Portland Urban Area Regional Emergency Public Information ConOps Plan

Analysis: This exercise was the first regional use of the WebEOC virtual JIC since 2009. Although some PIOs were able to use the system, many had forgotten their log-in information or didn't know how best to use it as a coordination tool. More training is needed to improve the use of WebEOC in the future. Several other technology issues came up during the exercise – including difficulties in using an email

listserv to communicate with PIOs and a fake public website set up within the exercise. Work needs to be done to ensure similar technology problems are addressed before an actual regional incident. Despite these technical shortcomings, the R-JIS served as a coordinating hub with good representation from multiple county coordinating centers and Local Public Health Authorities (LPHAs), to the extent they were playing in this exercise or through the SimCell. These participants were helpful in contributing to the messaging.

Area for Improvement 4: Initial R-JIS conference call was well attended by appropriate participants, but early designation of a Lead PIO to facilitate the call and use of the template agenda in the ConOps plan would have sped the process along.

Reference: Portland Urban Area Regional Emergency Public Information Concept of Operations Plan

Analysis: The Washington County Public Health PIO did an excellent job in requesting the R-JIS call of Regional Lead PIOs and identifying participants. Once convened, however, the call was not effectively facilitated due to the lack of a clearly defined lead. Participants handled the call effectively due to their professionalism, cooperative spirit, and previous experience. Nonetheless, the call length may have been shortened if a facilitator was designated up front and if the template agenda in the ConOps plan was followed.

Area for Improvement 5: Overall, multi-agency coordination of public information was achieved despite some exercise artificialities (e.g., lack of local law enforcement play with the R-JIC, some "siloed" exercise play at the local level, challenges with establishing effective communications at all levels of the response organization, etc.), but the R-JIC had a steeper hill to climb with respect to content approval and dissemination.

Reference: Portland Urban Area Regional Emergency Public Information Concept of Operations Plan

Analysis: The R-JIC performed well as a regional hub for information gathering and coordination. From the first Lead PIO conference call to the virtual operations conducted at the end of the exercise, the PIOs in the JIC were able to draw information from other playing agencies and the simulation cell in a manner appropriate for its location in the region-wide response organization. This effort was achieved despite the artificial focus on the public health and medical discipline (and not law enforcement, public works, etc.) for purposes of this part of the exercise. Good discussion occurred, largely by conference call, around questions of who should produce an initial media release, the relationship between the R-JIC and the county response entities, the lack of awareness among some response partners regarding activation, etc. As the region gains experience using ConOps processes and a wider understanding of the R-JIC's role takes hold, the frequency of phone conference use within the same operational period and the questions of role distinction during this exercise may be reduced.

- Although regional PIO play was focused within the health and medical discipline for this exercise, PUA agencies should keep the intended all-hazards mission of the R-JIC/JIS in mind for future exercises or real-world activations.
- The R-JIC may perform more effectively with only one or two Lead PIO phone meetings per operational period. These ConOps conference calls should convene at the same recurring time each operational period, giving participants across the region a predictable cycle to adjust their operations to.

- Although the R-JIC may issue an initial media release in the early hours of an incident (as prompted by a specific inject in this exercise), the R-JIC/JIS is better positioned to add value as a coordinating entity (vs. a content disseminator), at least in the early hours of a fast-moving incident. General talking points depicting, from a regional vantage, situation status, response operations, and public guidance may be a better "product" for the R-JIC to focus on early. Developing a good, brief set of these talking points would require extensive information gathering that could not be tested to a realistic extent given the 'siloed' nature of this exercise.
- Agencies and subject matter experts throughout the region should continue to develop consensus around incident-related content addressing a short list of probable hazards that an activated R-JIC could draw upon as part of a pre-vetted library of media releases, social media posts, etc.

Goal 7: Assess the region's ability to provide fatality management services, including body recovery and victim identification, working with state and local authorities to provide temporary mortuary solutions and sharing information with mass care services for the purpose of reunifying family members and caregivers.

- **Objective:** The Medical Examiner's Officer will deploy and operate a mobile morgue in support of a mass-fatality scenario.
- **Objective:** The Medical Examiner's Office will partner with local fire and military response teams to assist in decontamination and recovery of victims in a mass-fatality scenario.

Associated Core Capability: Fatality Management

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

Strengths

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

- **Strength 1:** Composite interagency team was well briefed by team leader. Resource utilization was well planned and executed well.
- **Strength 2:** Fatality Search and Rescue Team (FSRT) and Medical Examiner Division (MED) personnel integrated into a unified team and initially operated well together.
- **Strength 3:** Deployment of the portable morgue unit was very successful without any formal training. Formal training will increase this proficiency.

Areas for Improvement

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

Area for Improvement 1: The Medical Examiner Division (MED) was not notified of the incident and not integrated into the command structure upon arrival.

Reference: Support Annex H – Mass Fatality, State of Oregon EOP.

Analysis: While it may be related to exercise artificiality, the MED was not notified of the incident and self-deployed in order to accomplish exercise objectives. Upon arrival, the team was not integrated into incident command and received no details of the incident. Team members at the ICP were deferred in their requests for information.

Following the end of fire operations, the change of command briefing contained incorrect and unrelated information. While determining who should be in command, the briefing turned to jurisdictional and non-operational/incident discussions. Difficulty in understanding who should be in charge led to a transition to a Unified Command.

Area for Improvement 2: A safety officer was not identified during mobile morgue setup.

Reference: Support Annex H – Mass Fatality, State of Oregon EOP.

Analysis: The team operated well and safely; however, it was done without the guidance of a safety officer. Only small safety issues were observed; however, a dedicated safety officer should have been assigned and would have prevented them. The evaluator observed no safety brief or plan prior to team entry.

The absence of a safety officer resulted in several potentially dangerous situations. MED personnel used Level B/C PPE borrowed from fire. The decision to suit up the ME personnel into "borrowed" Level B/C PPE is questionable in view of apparent lack of similar level PPE training by ME personnel.

No safety plan was developed and no safety brief occurred for "suited" ME personnel prior to entry. No radio communication was available to "suited" ME personnel. No work-rest cycle was established. The lack of an established work-rest cycle resulted in FSRT team members leaving the hot zone before MED team members. Due to the lack of radios, MED team members down-site were unaware of FSRT departure.

Area for Improvement 3: Demobilization was delayed by staff unfamiliarity with vehicle loading procedures.

Reference: Support Annex H – Mass Fatality, State of Oregon EOP.

Analysis: While the setup of the mobile morgue proceeded well, there were slight delays in demobilization of the equipment. There was no plan or load map for the trailer so team members had to discuss and determine where each container belonged.

Area for Improvement 4: Decontamination of the deceased was not fully completed.

Reference: Support Annex H – Mass Fatality, State of Oregon EOP.

Analysis: Exercise objectives were to attempt to process the remains of ten decedents. The MED team was not able to complete this objective for two reasons. Delays in the IC transition meant that the exercise was completed before the entry teams had enough time to remove and process the bodies. There were also procedural difficulties in using the fire department decontamination line set up for force protection to process the remains. Evaluators determined there is a need to establish who has the capability to decontaminate human remains.

APPENDIX A: IMPROVEMENT PLAN

This Improvement Plan has been developed specifically for the Portland Metropolitan Regional Disaster Preparedness Organization (RDPO) PACE Setter 2013 Regional FSE conducted from May 21-23, 2013.

Core Capability	Issue/Area for Improvement	Corrective Action	Capability Element[1]	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Operational Communications	1. Local EOCs/ECCs within the region experienced communications and coordination challenges – computer, IT, WebEOC.	1. County emergency managers work with respective IT staffs to enhance EOC capabilities by expanding and simplifying guest access, facilitating printing from non-networked devices, and increasing the number of computing devices available to staff.	Planning Equipment	• All county EOCs/ECCs	• Joe Rizzi • Nancy Bush • Scott Porter • Cheryl Bledsoe • Renate Garrison	August 2013	1. Aug 2014
	2. A significant number of the regional health and medical personnel did not receive Health Alert Network (HAN) notifications during the exercise.	1. Investigate options for correcting this issue 2. Work with all stakeholders to implement corrective action	Organization	• Public Health Work Group	• Sue Mohnkern	August 2013	1. Aug 2014

Core Capability	Issue/Area for Improvement	Corrective Action	Capability Element[2]	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Operational Coordination	1. The capability of the local EOCs/ECCs within the region to host the Health/Medical MAC Group is limited.	1. Continue to develop Regional ConOps w/goal of defining regional MACS framework. 2. Revisit procedures (e.g., MAC Group Handbook) for implementation of MACS plan. 3. Develop guidelines to support MAC Groups at county EOCs/ECCs. 4. Integrate all regional plans to support regional MACS. 5. Train regional and county staff on plans/procedures. 6. Conduct "PACE" FSE in 2016.	Planning Training Exercise	• RDPO • All county EOCs/ECCs	• Denise Barrett • Joe Rizzi • Nancy Bush • Scott Porter • Cheryl Bledsoe • Renate Garrison	Ongoing	1. June 2014 2. June 2015 3. June 2015 4. June 2015 5. June 2016 6. June 2016
	2. Develop/define process for activating the regional organizations.	*The corrective actions for **Operational Coordination #1** above address the improvement plan for this area for improvement.*					
	3. Coordination and interaction between the PH MAC Group and the MSO was limited.	*The corrective actions for **Operational Coordination #1** above address the improvement plan for this area for improvement.*					

Core Capability	Issue/Area for Improvement	Corrective Action	Capability Element[3]	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Operational Coordination	4. No consistent communications paths were established between participating EOCs/ECCs resulting in participants using informal communications methods to reach counterparts.	1. Develop a standing Regional EOC/ECC Directory (include counties, ARC, Port, TriMet, State, etc.). 2. Determine IT infrastructure to support directory (e.g., HAN, WebEOC). 3. Review and revise directory quarterly.	Planning	• RDPO • EM Work Group	• Denise Barrett • Scott Porter	Ongoing	1. May 2014 2. May 2014 3. NA
	5. There is a need for additional training in the development of an Incident Action Plan (IAP).	1. Encourage planning cycle and IAP development training for appropriate EOC/ECC/ICP staff.	Training	• RDPO • EM Work Group	• Denise Barrett • Brain Landreth • Joe Rizzi • Nancy Bush • Scott Porter • Cheryl Bledsoe • Renate Garrison	Ongoing	1. June 2014
Core Capability	**Issue/Area for Improvement**	**Corrective Action**	**Capability Element[4]**	**Primary Responsible Organization**	**Organization POC**	**Start Date**	**Completion Date**

Core Capability	Issue/Area for Improvement	Corrective Action	Capability Element[5]	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Situational Assessment	1. The ability of the MAC Group to receive real-time incident information from all partners and stakeholders was limited, which delayed the ability of MAC Group to make timely decisions.	1. Ensure processes for activation and notification (e.g., checklist) is included in MACS ConOps. 2. Identify routes, processes, and communications expectations, including face-to-face communications between regional MACS entities and hosting EOC/ECC.	Planning	• MACS ConOps Task Force	• Denise Barrett • Joe Rizzi • Nancy Bush • Scott Porter • Cheryl Bledsoe • Renate Garrison	Ongoing	1. June 2014 2. June 2014
	2. County EOC to county EOC and county EOC to regional team communication protocols are unclear.	1. Revisit and vet/approve Regional Information Sharing (RIS) Protocol.	Planning	• RDPO • EM Work Group	• Denise Barrett • Scott Porter	Ongoing	1. June 2014
	3. County and regional organizations were not able to achieve a common operating picture.	1. Create a RIS Governance Board with regional representation. 2. Develop protocols for RIS – include use, access, and implementation of WebEOC. 3. Develop procedures for RIS. 4. Obtain approval from board of governance. 5. Provide training and exercises to validate plans/processes.	Planning Training Exercise	• RDPO • WebEOC RUG • State OEM	• Denise Barrett • Mark McKay • Doug Jimenez	Ongoing	1. June 2014 2. June 2015 3. June 2015 4. June 2015 5. June 2016

Situational Assessment	4. There is a lack of integration between the OpsCenter and WebEOC incident management applications and systems.	1. Ensure Oregon county EOC/ECC staff participate in regular OpsCenter drills conducted by state OEM. 2. Support continued development and implementation of the OpsCenter/WebEOC interface.	Organization Training Exercise	• Oregon county EOCs/ ECCs • WebEOC RUG • State OEM	• Joe Rizzi • Nancy Bush • Scott Porter • Renate Garrison • Mark McKay • Doug Jimenez	Ongoing	1. June 2014 2. June 2014
	5. EOC/ECC/ICP personnel across jurisdictions were unfamiliar with their assigned roles and responsibilities.	1. Develop recommended regional training standards and a regional training plan for EOC/ECC staff for position-specific roles. 2. Encourage training for EOC/ECC staff on position-specific roles including the appropriate FEMA ICS position-specific courses. 3. Follow up with direct EOC staff training at local EOCs/ECCs.	Training	• RDPO • EM Work Group	• Denise Barrett • Brain Landreth • Joe Rizzi • Nancy Bush • Scott Porter • Cheryl Bledsoe • Renate Garrison	Ongoing	1. June 2014 2. June 2014 3. June 2015
	6. During the joint FBI/Epidemiological investigation, the results of joint interviews were not provided to local and regional stakeholders.	1. Refine and revise existing SOPs and further develop needed crim/epi investigation guidelines. 2. *The corrective actions for **Operational Coordination #1** above address the improvement plan for this area for improvement.*	Planning	• County/State Public Health • FBI	• Sue Mohnkern	Ongoing	1. June 2014 2. NA

Core Capability	Issue/Area for Improvement	Corrective Action	Capability Element[6]	Primary Responsible Organization	Organization POC	Start Date	Completion Date

Public Health and Medical Services	1. Mass prophylaxis and Push Partner plans in the region require review and update.	1. Review and update county mass prophy plans 2. Review and update PH Push Partner plans. 3. Train and exercise as needed.	Planning Training Exercise	• CRI	• Adrienne Donner	Ongoing	1. June 2014 2. June 2015
	2. There was confusion within participating EOCs/ECCs regarding the procedures for processing requests for medical supplies and resources.	*The corrective actions for **Operational Coordination #1** above address the improvement plan for this area for improvement.*					
	3. Requests for resources and supplies from regional counties and private hospitals were denied by the state health, with the exception of facilities within Washington County	1. Regional task force to address regional healthcare ordering.	Planning	• Northwest Health Prep Organization	• Kathryn Richer	Ongoing	1. June 2014
	4. Inconsistent operational processes and unfamiliar operational understanding observed during the joint PH/FBI investigation.	1. Refine and revise existing SOPs and further develop crim/epi investigation guidelines.	Planning	• County/State Public Health • FBI	• Sue Mohnkern	Ongoing	1. June 2014
	5. Physician Standing Orders were never issued by the state of Oregon.	1. Review processes for requesting and issuing standing orders	Planning	• CRI	• Adrienne Donner	Ongoing	1. June 2014
Core Capability	**Issue/Area for Improvement**	**Corrective Action**	**Capability Element[7]**	**Primary Responsible Organization**	**Organization POC**	**Start Date**	**Completion Date**

Public Health and Medical Services	6. Staffing ratio of SME/Team Leader to staff needs to be improved.	1. Update Regional MRC/HRC SOP 2. Develop a Regional Call Center Plan	Planning	• Regional MRC/HRC	• Cynthia Valdivia	Ongoing	1. June 2014 2. June 2014
	7. Organization of FAQs should be grouped by category and color coded for easy reference.	1. Update Regional MRC/HRC SOP 2. Develop a Regional Call Center Plan	Planning	• Regional MRC/HRC	• Cynthia Valdivia	Ongoing	1. June 2014 2. June 2014
	8. The layout of the medical inquiry call center work stations should be adjusted for Team Leader(s) to have clear sight of the call center support team member(s) requesting assistance.	1. Update Regional MRC/HRC SOP 2. Develop a Regional Call Center Plan	Planning	• Regional MRC/HRC	• Cynthia Valdivia	Ongoing	1. June 2014 2. June 2014
	9. Ease of Use of SERV-OR for registration and notification needs to be improved.	1. Discussion with State SERV-OR administrator 2. Develop training on using SERV-OR for MRC/HRC volunteers. 3. Develop a one-page tutorial on how to select missions on SERV-OR	Planning Training	• Regional MRC/HRC	• Cynthia Valdivia	Ongoing	1. June 2014 2. June 2014 3. June 2014

Core Capability	Issue/Area for Improvement	Corrective Action	Capability Element[8]	Primary Responsible Organization	Organization POC	Start Date	Completion Date

Core Capability	Issue/Area for Improvement	Corrective Action	Capability Element[9]	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Public Information and Warning	1. Limited health officer play and lack of state-regional agreement on public health risk and response priorities served as a barrier for effective coordination of public information to the point where the sharing of prompt and actionable messages with the public and other stakeholders was not achieved.	1. Ensure county health officers are fully engaged and accessible to both regional and local coordination centers in future exercises. 2. State and county public health PIOs and health officers seek agreement on anthrax incident risk and response priorities and incorporate priorities into respective response plans. Assure that law enforcement information is accessed and incorporated into decision-making process. Also assure that elected official/public needs are considered.	Planning Exercise	• Public Health PIOs • Tri-County Health Officers	• Kristin Tehrani	1.Ongoing 2.August 2013	1. June 2015 2. June 2014
	2. Exercise play at the R-JIC did not address outreach to non-English speaking communities. This was not a specific objective of the exercise, but it is an issue the regional PIOs have been working to improve.	1. Ensure ConOps plan addresses messaging to all appropriate audiences. 2. Practice outreach to broader range of audiences in future exercises.	Planning Exercise	• PIO Work Group	• PIO Work Group Chair	Ongoing	1. June 2014 2. June 2015

Core Capability	Issue/Area for Improvement	Corrective Action	Capability Element[10]	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Public Information and Warning	3. Some PIOs participating in the R-JIC/JIS were unable to successfully use the WebEOC-based virtual JIC, regional PIO email listserv, and other technology-related tools.	1. Train all PIOs in the region on how to access and use WebEOC. 2. Better define in the ConOps plan how the virtual JIC should be used as part of the R-JIS. 3. Ensure that a single, widely recognized regional PIO email listserve is functional. 4. Develop a protocol for the use of PublicAlerts.org as a "dark site" for use by the R-JIC/JIS	Planning Training	• PIO Work Group	• PIO Work Group Chair	Ongoing	1. June 2014 2. June 2014 3. Sept 2013 4. June 2014
	4. Initial R-JIS conference call was well attended by appropriate participants, but early designation of a Lead PIO to facilitate the call and use of the template agenda in the ConOps plan would have sped the process along.	1. Update ConOps plan to ensure designation of a Lead PIO for conference calls is addressed. 2. Train PIOs on use of the template conference call agenda included in the ConOps plan.	Planning Training	• PIO Work Group	• PIO Work Group Chair	Ongoing	1. June 2014 2. Dec 2013

Core Capability	Issue/Area for Improvement	Corrective Action	Capability Element[11]	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Public Information and Warning	5. Overall, multi-agency coordination of public information was achieved despite some exercise artificialities (e.g., lack of local law enforcement play with the R-JIC, some "siloed" exercise play at the local level, challenges with establishing effective communications at all levels of the response organization, etc.), but the R-JIC had a steeper hill to climb with respect to content approval and dissemination.	1. Review ConOps plan to ensure process for message content approval and dissemination are adequately addressed and update the plan as necessary. 2. Adjust ConOps plan to limit the number of Lead PIO phone meetings per operational period and to indicate the meetings should occur at the same recurring time each period. 3. Ensure appropriate message approving authorities are fully committed to and engaged in future exercise activities.	Planning Exercise	• PIO Work Group	• PIO Work Group Chair	Ongoing	1. June 2014 2. June 2014 3. June 2015
Fatality Management	1. The Medical Examiner Division (MED) was not notified of the incident and not integrated into the command structure upon arrival.	1. Work with first responder community to ensure mass fatality response protocols include ME notification and appropriate integration of ME staff into the on scene command structure.	Planning	• State MED	• Geno Gray	Ongoing	1. June 2014
	2. A safety officer was not identified during mobile morgue setup.	1. Develop Mass Fatality Regional Response Teams. Ensure planning includes the use and deployment of safety officers.	Planning	• State MED	• Geno Gray	Ongoing	1. June 2014

Fatality Management	3. Demobilization was delayed by unfamiliarity with loading procedures.	1. Establish policy and protocols for mobilization and demobilization of Mass Fatality Regional Response Teams.	Planning	• State MED	• Geno Gray	Ongoing	1. June 2014
	4. Decontamination of the deceased was not fully completed.	1. Identify properly trained personnel willing and able to support decontamination as part of the Regional Mass Fatality Team.	Planning	• State MED	• Geno Gray	Ongoing	1. June 2014

APPENDIX B: EXERCISE PARTICIPANTS

Participating Organizations	
Federal	
Centers for Disease Control and Prevention	U.S. Department of Health and Human Services
FBI	Veterans Administration Medical Center
U.S. Coast Guard	
State	
Oregon Office of Emergency Management	Oregon State Police – Medical Examiner Division
Oregon State Health Authority	Oregon State Public Health Laboratory
Oregon State National Guard	Washington State Department of Public Health
Oregon State Police	Washington State Division of Emergency Management
Regional	
City of Beaverton	Multnomah County Department of County Assets
City of Cornelius	Multnomah County Dept. of Community Services
City of Fairview	Multnomah County Dept. of County Human Services
City of Forest Grove	Multnomah County Dept. of County Management
City of Gresham Emergency Management & Fire Corps	Multnomah County Health Department
City of Happy Valley	Multnomah County Health Reserve Corps
City of Lake Oswego	Multnomah County Office of Emergency Management
City of Portland	Multnomah County Sheriff's Office
City of Tigard	Peace Health SW WA Medical Center
City of Troutdale	Port of Portland
City of Vancouver	Port of Portland Police Department
City of Wood Village	Portland Bureau of Emergency Management
Clackamas County Facilities	Portland Fire Bureau
Clackamas County Medical Examiner	Portland Metropolitan Cities Readiness Initiative
Clackamas County Medical Reserve Corps	Portland Metropolitan RDPO
Clackamas County Office of Emergency Management	Tualatin Valley Fire and Rescue
Clackamas County Public Affairs	Vancouver Fire Department
Clackamas County Public Health	Vancouver Police Department
Clackamas Fire District #1	Washington County Animal Services
Clark County Amateur Radio Emergency Services	Washington County Emergency Management
Clark County Public Health (includes Skamania)	Washington County Health and Human Services
Clark County Sheriff's Office	Washington County Housing Services
Clark Regional Emergency Services Agency (CRESA)	Washington County Medical Reserve Corps
Regional (Continued)	

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Participating Organizations	
Columbia County Medical Reserve Corps	Washington County Sheriff's Office
Columbia County Office of Emergency Management	Willamette Valley Medical Center
CRESA Regional Policy Group	Yamhill Community Action Partnership
CRESA Virtual Operations Support Team	Yamhill County Citizen Emergency Response Team
Multnomah County Attorney's Office	Yamhill County Emergency Management
Multnomah County Chair's Office	Yamhill County Medical Reserve Corps
Multnomah County Communications Office	Yamhill County Public Health
Multnomah County Department of Community Justice	
Other Private and Non-Profit Organizations	
American Medical Response	Life Flight
American Red Cross	Marquis Care
Cedar Sinai	McMinnville School District
Center for Advanced Learning	Mt. Hood Community College
Federal Executive Board/Indian Health	Oregon Health and Science University
Legacy Emanuel Medical Center/Randall Children's	Providence Portland Medical Center
Legacy Good Samaritan Medical Center	Providence St. Vincent Medical Center
Legacy Meridian Park Medical Center	Salvation Army
Legacy Mt. Hood Medical Center	St. Andrew's Memory Care
Legacy Salmon Creek Medical Center	

APPENDIX C: LOCAL AND VENUE-SPECIFIC AAR/IP

This table provides information on additional AAR and AAR/IP's developed following participation in the PACE Setter 2013 Regional FSE.

Participating Organizations		
Agency/Jurisdiction/Venue	POC	Core Capabilities Assessed
Clackamas County Emergency Management	Terri Poet 503-655-8838 terripoe@co.clackamas.or.us	• Operational Coordination • Situation Assessment • Operational Communications • Resource Management
Clackamas County Public Health	Kathy Thompson 503-742-5376 kathytho@clackamas.us	• Public Health Services (Medical Countermeasures)
Clark Regional Emergency Services Agency	Cheryl Bledsoe 360-737-1911 x3779 cheryl.bledsoe@clark.wa.gov	• Operational Coordination • Operational Communications • Situational Assessment • Public Information and Warning • Planning
Gresham Office of Emergency Management ECC	Todd Felix ORCEMS 503-618-2432 Todd.Felix@GreshamOregon.gov	• Operational Coordination • Operational Communications • Situational Assessment • Public Information and Warning
Kellogg Middle School	Matt Silva 503-823-7269 Matthew.Silva@portlandoregon.gov	• Operational Coordination • Operational Communications • Response Health and Safety • Medical Services • On-Scene Security and Protection
Multnomah County Health Department ICP	Robin Holm 503-988-3663 x24426 robin.m.holm@multco.us	• Operational Communications • Operational Coordination • Situational Assessment • Public Health and Medical Services • Public Information and Warning
Multnomah County Office of Emergency Management ECC	Luis Hernandez, MEP 503-988-6041 luis.hernandez@multco.us	• Operational Communications • Operational Coordination • Situational Assessment • Public Information and Warning

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Participating Organizations		
Agency/Jurisdiction/Venue	POC	Core Capabilities Assessed
R-JIS/R-JIC	Philip Bransford 503-846-2013 Philip_Bransford@co.washington.or.us	• Public Information and Warning
Washington County Emergency Management EOC	Steve Muir 503-259-1194 Steven.Muir@tvfr.com	• Operational Coordination • Situational Assessment • Public Health and Medical Services • Public Information and Warning
Yamhill County Public Health	Sarah Bates 503-434-7479 batess@co.yamhill.or.us	• Public Health and Medical Services • Volunteer Management

APPENDIX D: ACRONYMS

AAR	After Action Report
C/E	Controller/Evaluator
ConOps	Concept of Operations
COP	Common Operating Picture
CRI	Cities Readiness Initiative
DHS	U.S. Department of Homeland Security
DOC	Department Operations Center
EOC	Emergency Operations Center
ECC	Emergency Coordination Center
EMS	Emergency Medical Services
ESF	Emergency Support Function
FAQ	Frequently Asked Questions
FBI	Federal Bureau of Investigation
FEMA	Federal Emergency Management Agency
FOUO	For Official Use Only
FSE	Full Scale Exercise
FSRT	Fatality Search and Rescue Team
HAN	Health Alert Network
HazMat	Hazardous Materials
HSEEP	Homeland Security Exercise and Evaluation Program
IAP	Incident Action Plan
ICP	Incident Command Post
IP	Improvement Plan
IT	Information Technology
MAA	Mutual Aid Agreement
MACS	Multi Agency Coordination System
MCM	Medical Countermeasures
MCMDD	Medical Countermeasures Dispensing and Distribution
MED	Medical Examiner Division
MSO	MAC Group Support Organization
PACE	Portland Area Capabilities Exercise
PIO	Public Information Officer
POC	Point of Contact
POD	Point of Dispensing
PUA	Portland Urban Area

RDPO	Regional Disaster Preparedness Organization
RED	Regional Exercise Design
R-JIC	Regional Joint Information Center
R-JIS	Regional Joint Information System
SitMan	Situation Manual
SitStat	Situation Status
SME	Subject Matter Expert
TICP	Tactical Interoperable Communications Plan
UCP	Unified Command Post
WASABE	Washington State Annual Bioterrorism Exercise

APPENDIX E: CDC EXERCISE PERFORMANCE MEASURES

Performance Measure 1. Time in which the local EOC is fully staffed
Summary: All counties activated their EOCs, which were fully staffed within designated time frames. Clackamas, Clark and Multnomah counties also activated their public health command centers: Department Operation Center (DOC) or Incident Command Post (ICP)

Clackamas County: Emergency Operations Center (EOC) and Department Operations Center (DOC)
EOC was staffed within 2 hours of activation
DOC was staffed within 2 hours of activation

Clark County: Health Department Incident Command Post (ICP)
ICP was staffed within 15 minutes of activation

Columbia County: County EOC
EOC was staffed within 30 minutes of activation at 0800 by County Emergency Management

Multnomah County: Health Department ICP
ICP was staffed within 30 minutes of activation

Washington County: County EOC
EOC was fully staffed and operational at 0800 on May 22, 2013, the planned time of activation. Washington County has demonstrated in past drills that it is able to get the county EOC staffed and operational within one hour of a cold start activation so that was not a focus of this exercise.

Yamhill County: County EOC
Staffed within 30 minutes of request by public health. (YCPH AAR objective #2 noted ability of EOC to stand up and utilize OpsCenter).

Performance Measure 2. Percent of public health personnel who arrive safely within target timeframe to perform capability
Summary: In all counties, the majority of public health personnel arrived safely within designated timeframes. Public health personnel were sent to a variety of locations including: EOC, DOC, Warehouse/RSS, Points of Distribution (PODs), and a join criminal/forensic epidemiological investigation.

Clackamas County: EOC, DOC, and Warehouse (RSS)
EOC – 100% of public health personnel (1 liaison, 1 health officer) arrived within target timeframe.
DOC – 75% of pubic health personnel (3 of 4) arrived within target. The fourth person arrived a little late due to traffic issues.
RSS – 100% of public health personnel (2) and MRC volunteers (2) arrived within target timeframe.

Clark County: EOC, Epi Investigation and POD
EOC – 100% of public health personnel (1 liaison) arrived within 1 hour of notification
Epi Investigation – 100% of staff arrived within 15 min of activation
POD – 100% of staff arrived within 1 hour of activation

Washington County: EOC, Forensic EPI, POD
EOC – 100% of public health personnel (8 of 8 on Wed., 5/22/13, and 7 of 7 on Thursday, 5/23/13) arrived at the county EOC safely in the target time (by 0800 each morning) to assist in performance of the capability.
Forensic EPI Investigation – 100% of communicable diseases staff and the epidemiologists (9 of 9) arrived at the site of the joint FBI/epidemiological criminal investigation by 0900 on 5/22/2013 (the specified target time).
POD – 100% of Washington County MRC volunteers arrived at the public POD by the target time of 1700 on

5/23/2013.

Columbia County: EOC and Warehouse (RSS)
EOC – 100% of public health personnel (1) arrived at the EOC within targeted timeframe (1 hour of activation)
RSS – 100% of public health personnel and volunteers reported to warehouse at time of activation.

Multnomah County: ICP and EOC
ICP – 100% of PH Incident Management Team arrived within 30 minutes of activation
Emergency Coordination Center – 100%; PH Liaison checked in immediately upon activation and arrived at the EOC the next morning at scheduled opening time.

Yamhill County: EOC and Warehouse (RSS)
EOC – 100% of assigned staff arrived on time.
Warehouse (RSS) – 100% of assigned staff arrived on time. (YCPH AAR objective #6 noted staff able to conduct warehouse operations)

Performance Measure 3. Percent of volunteer staff acknowledging ability to assemble at a given response location within the target time specified in the emergency notification.
Summary: All counties called down volunteers at the local level and/or at the state level. Most of the volunteers called were Health/Medical Reserve Corps (HRC/MRC) but there were members of Citizen Emergency Response Teams called as well. Most volunteers were not asked to physically show up to a site but there were volunteers at EOCs, PODs and warehouses/RSS.

Clackamas County: Medical Reserve Corps (MRC)
MRC – 30% of 103 MRC replied to the alert and said in a real event they would be available to respond. A small number were actually used in the exercise at the warehouse and Regional Call Center.

Clark County: State Volunteer Activation
Washington State activated statewide volunteers who would have presented at PODs in real life but who were not utilized in the exercise.

Washington County: Community Emergency Response Team (CERT) and MRC
CERT – 47% of the 150 volunteers called acknowledged ability to assemble in 24 hours or less. These volunteers actually assembled at the POD site at the given time.
MRC – 100% of the MRC volunteers (22) assembled as planned at both the POD and Regional Call Center. These volunteers were activated through a much larger MRC activation coordinated by Oregon State Public Health.

Columbia County: MRC
47% of MRC acknowledged ability to assemble at notional POD within 12 hours of notification
100% of MRC acknowledged ability to assemble at Call Center and Columbia County warehouse within the designated timeframes.

Multnomah County: Health Reserve Corps
26% of MRC received the notification. There was a technical issue that came up with new staff performing the notification/activation so this number is low as volunteer responses were not gathered.

Yamhill County: MRC
36% of MRC volunteers acknowledged ability to assemble at the POD OR Call Center within 24 hours. (YCPH AAR objective #4 noted 66% of MRC members confirmed receipt of message).

Performance Measure 4. Time in which public is provided with accurate and consistent information messages regarding POD locations
Summary: All counties had public information staff represented at the Regional Joint Information Center (R-JIC).

The JIC had messaging around medical countermeasures, what to expect, how to use Dispense Assist (online screening tool), and Points of Dispensing prepared. This messaging was not actually provided to the public, but it was ready and in a real event it would have been provided prior to PODs opening.
Clark County Public information (including press release, tweets and website posting) was prepared and ready for release (no actual release done) 12 hours prior to POD opening. **Multnomah County** Issued one POD-related risk communication message that provided the POD locations, 3 hours and 20 minutes after PODs were expected to open. Plans indicated opening at 0800 and the message was officially approved at 1120.
Performance Measure 5. Percent of sufficient, competent personnel available to staff dispensing centers or vaccination clinics, as set forth in SNS plans and state/local plans **Summary:** There were two PODs set up during the exercise and both actually ran for approximately 2 hours. Both counties assumed a 48-hour response, 12-hour shifts, and used the planned staffing for the site activated. Twelve-hour shifts are not optimal but it is one of the options in this region especially at the beginning of a large response.
Clark County: 100% Activated 1 POD for 1 shift. Real life response would have been 48 hours, four 12-hour shifts, 50 staff per shift for a total of 200 people. **Washington County: 100%** Activated 1 POD for 1 shift. Real life response would have been 48 hours, four 12-hour shifts, 40 staff per shift for a total of 160 people. 83 people were available to staff the first two shifts (with only one volunteer group activated). Plans identified approximately 40 staff needed per shift for this small, public, non-medical POD. Initial staff would be asked to return for a second shift and the EOC would be asked to find relief staff. **Counties supporting exercise play:** Evaluation at Washington County POD – Clackamas, Columbia and Yamhill Counties Evaluation at Clark County POD – Multnomah and Skamania Counties
Performance Measure 6. Time for all first-shift staff to be at the POD and ready **Summary:** Because of exercise artificialities (example: no play from 5pm-8am), the timelines for this PM were greatly skewed. If converted from exercise to real life, both PODs would have been staffed and ready to open in 4-6 hours from decision to activate PODs.
Clark County POD staff were notified the day prior to POD opening and arrived at designated time. In a real response, POD staff would have been onsite and trained using just-in-time training (a refresher for most) within the planned timeframe and prior to opening time. More time was used in the exercise due to overnight no-play time. **Washington County** POD staff were activated the day prior to POD opening. Activation occurred as soon as it was known that PODs would be utilized. Available staff and volunteers arrived at designated time. In real life, POD staff would have been onsite and trained using just-in-time training within the planned timeframe and prior to opening time. More time was used in the exercise due to overnight no-play time. **Counties supporting exercise play:** Evaluation at Washington County POD – Clackamas, Columbia and Yamhill Counties Evaluation at Clark County POD – Multnomah and Skamania Counties
Performance Measure 7. Time for all POD equipment and operational supplies to be in place **Summary:** All POD supplies were successfully delivered within the given timeframe.
Clark County

POD equipment arrived at POD within 1 hour of initial briefing.

Washington County
All POD supplies arrived and were in place within 4 hours of notification.

Counties supporting exercise play:
Evaluation at Washington County POD – Clackamas, Columbia and Yamhill Counties
Evaluation at Clark County POD – Multnomah and Skamania Counties

Performance Measure 8. Percent of security forces designated in the POD-specific plan who report for duty
Summary: Both POD sites had security forces present. The security forces included local law enforcement as well as unarmed volunteers. In our plans, security forces include a combined force of volunteers (door monitors), security for the site (schools), and local law enforcement.

Clark County
300% – Plan calls for 1 armed LE per POD; 3 reported for duty.

Washington County
100% of POD security staff reported for duty – two Tigard police officers were on duty at the POD, augmented by 3 volunteer CERT security staff members.

Counties supporting exercise play:
Evaluation at Washington County POD – Clackamas, Columbia and Yamhill Counties
Evaluation at Clark County POD – Multnomah and Skamania Counties

Performance Measure 9. Time in which clinical staff and volunteers become available at triage station
Summary: Because of exercise artificialities (example: no play from 5pm-8am), the timelines for this PM were greatly skewed. If converted from exercise to real life, both PODs would have been staffed and ready to open in 4-6 hours from decision to activate PODs. In this region, there is not a significant difference in how we activate or train general POD staff or "triage station" POD staff.

Clark County
POD staff were notified the day prior to POD opening and arrived at designated time. In a real response, POD staff would have been onsite and trained using just-in-time training (a refresher for most) within the planned timeframe and prior to opening time. More time was used in the exercise due to overnight no-play time.

Washington County
POD staff were activated the day prior to POD opening. Activation occurred as soon as it was known that PODs would be utilized. Available staff and volunteers arrived at designated time. In real life, POD staff would have been onsite and trained using just-in-time training within the planned timeframe and prior to opening time. More time was used in the exercise due to overnight no-play time.

Counties supporting exercise play:
Evaluation at Washington County POD – Clackamas, Columbia and Yamhill Counties
Evaluation at Clark County POD – Multnomah and Skamania Counties

Performance Measure 10. Percent of PODs able to process patients at the rate (persons per hour) specified in SNS plans and state/local plans
Summary: Both POD sites had the capability to process patients at the rate specified in their plans but there was some difficulty getting enough volunteer patients to stress the capacity. Our plans specify the use of a head of household model in this type of response so these numbers represent only one third of the people who "receive" medications through the POD.

Clark County
100% – Plan specifies a target of 500-1000 per hour depending on event. POD showed capability to process 600.

Washington County
100% – The expected throughput for this medium-sized POD is 500 people per hour. In the 90 minutes of dispensing, the POD processed 234 people but had a lot of unutilized capacity due to lack of volunteer patients. It was calculated that 'patients' were able to be processed through the POD at an average rate of 3 minutes per person and there were 3 steps in the process (intake, screening and dispensing) with 8 stations at the slowest step which easily gave them the capacity to meet the planned 500 per hour.

Counties supporting exercise play:
Evaluation at Washington County POD – Clackamas, Columbia and Yamhill Counties
Evaluation at Clark County POD – Multnomah and Skamania Counties