



First responders simulate transporting patients during PACE Setter in Clackamas, Ore., Wed, May 22, 2013. PACE Setter full scale exercise enhances interagency coordination through exercise play in preparation for response to large-scale regional emergency events. Thomas Boyd/The Oregonian.

PACE Setter 2013

The **Portland Area Capabilities Exercise (PACE) Setter** was a regional exercise conducted May 21 - 23, 2013. The three-day full scale exercise involved agencies from Clackamas, Yamhill, Clark, Washington, Multnomah, Skamania, and Columbia counties. PACE Setter examined six core capabilities: operational communications; operational coordination; situation assessment; public health and medical services; public information and warning; and fatality management services. Exercise play focused on a bioterrorism scenario of anthrax including participation from federal, state, regional, local, and private stakeholders. For the full *PACE Setter 2013 After-Action Report* please [click here](#).

In this Issue:

[PACE Setter Summary](#)

P 1

[Points of Dispensing](#)

P 2

[Portable Morgue](#)

P 3

[Dispense Assist](#)

P 4

[Cities Readiness Initiative](#)

P 4

PACE Setter Summary

PACE Setter was based on a bioterrorism threat. The scenario centered on a small group of individuals that release anthrax spores causing both physical and psychological damage within the Portland metropolitan region.

Supported by UASI grant funds, PACE Setter involved participation from seven counties and spanned over the two states of Oregon and Washington. PACE Setter was the region's first full-scale exercise since TOPOFF 4 in 2007.

The PACE Setter exercise was conducted in tandem with the 2013 Washington State Annual Bioterrorism Exercise (WASBE), which occurred in SW Washington. Links between exercises were established to ensure consistency in the demonstration and assessment of common capabilities.

Regional participation included federal, state, and local authorities along with private sector stakeholders and trained community volunteers. For three days players at multiple venues throughout the region exercised, demonstrated, and assessed the

core capabilities of PACE Setter to help prepare the region to effectively respond to emergency.

Seven goals were set for the exercise focusing on interoperability of communication systems and devices; interagency command structure; delivery of timely emergency response; capacity for triage and medical care; public information systems; mobilization of critical resources; and fatality services.

The PACE Setter exercise provided extensive local, regional, state, and federal benefit. Many of the region's guiding emergency response plans were tested in the exercise to help identify gaps in procedure and opportunities to strengthen interagency response.

This issue of the **REDCAP Report** will highlight two core capabilities exercised in PACE Setter: Public Health and Medical Services, and Fatality Management Services. Functions and supporting programs of both of these capabilities will be explored supporting the Portland metropolitan region's vision to become a more unified, prepared, and resilient community.

Points of Dispensing (PODs) for Populations

What would happen if multiple inhalation anthrax cases are confirmed at area hospitals without an identified source, and the entire population of the Portland metropolitan region is asked to receive prophylaxis within a 48-hour period?

While this scenario may seem an unlikely one for our region, it was the post-911 anthrax scenario upon which the United States Centers for Disease Control and Prevention (CDC) launched the [Cities Readiness Initiative \(CRI\)](#) in metropolitan regions in 2004. The passing of the Pandemic and All Hazards Preparedness Act in 2006 expanded the scenarios to include other public health emergencies that impact an entire population, including the flu pandemic.

Since the start of the CRI program, the Portland region has been planning and routinely exercising capabilities to respond to public health emergencies that require dispensing medication within a 48-hour time frame.

The Portland region relies on coordinated plans within the CRI partner jurisdictions of Clackamas, Columbia, Multnomah, Washington, and Yamhill in Oregon; Clark and Skamania in Washington for dispensing medical countermeasures to the approximate 2.2 million people who live in the region.

There are challenges the region will face in an actual emergency that require providing mass medical countermeasures to an entire population. Concerns of accessibility, staffing, and security will need to be addressed in order to safely and equitably provide consistent, effective, life-saving services for the population. Primary consideration of where mass amounts of people will go to receive treatment becomes vital since traditional treatment centers such as hospitals and their medical staff will be overburdened with the sick.

Alternate facilities to serve manageable sections of the population will be activated for use as outlined in the Region IV Public Health Mass Prophylaxis Point of Dispensing Field Operations Guide.

The national model for mass prophylaxis plans rely on **points of dispensing (POD)**, centralized locations where the public can pick up life-sustaining medication.

During a bioterrorist event or widespread disease the Portland metropolitan region will open temporary PODs with medication or vaccination to protect the public against the current threat.

PODs provide medication intended to prevent the existing threat; in other words, they do not give out medicine for other medical conditions, such as insulin for diabetes. Furthermore, PODs do not treat the sick.

There are enough planned POD sites to serve all 2.2 million people in the region. However, to improve the response to the general public, the region has partnered with organizations outside of public health to develop “closed” or Push Partner PODs.

Push Partners are community organizations trained and willing to distribute medications to their employees, families, and clients under their care. Examples of regional Push Partners include: vulnerable population service providers, large employers, and community responders such as fire and law enforcement.

Push Partner PODs are critical in emergencies to provide medication to populations otherwise unable to attend public PODs. Additionally, Push Partner PODs reduce the demand at public dispensing sites thereby allowing public PODs to serve the general population more efficiently.

The Push Partner program is free of charge to interested organizations. Push Partners benefit from this agreement because it promotes continuity of operations, speeds recovery, and demonstrates a commitment of organizations to their community.



PODs dispense vaccinations to public during PACE Setter in Clark County, Ore., Wed, May 22, 2013.

PACE Setter POD Performance

- Two PODs were activated in Clark and Washington counties for one two-hour shift
- PODs dispensed vaccinations at a rate of 500 person per hour meeting State Strategic National Stockpile targets and counties' Medical Countermeasures Dispensing & Distribution Plan
- Both PODs were able to meet [CRI](#) goals opening PODs within the designated 48-hour timeframe from the decision to activate

The activation of PODs during the exercise helped to prepare responders in the region for a number of medical countermeasures including vaccines, antiviral drugs, antibiotics, and prophylaxis in support of treatment to identified populations.



Medical Examiner Division personnel and local authorities unload and stage Disaster Portable Morgue Unit (DPMU) in Clackamas County, Ore., Wed, May 22, 2013.

A **Disaster Portable Morgue Unit (DPMU)** is a deployable resource used to provide capabilities for storage, preservation, victim identification, remains processing, and transport for mass fatality events. The DPMU was purchased by UASI funds in 2012 for the Medical Examiner's Office in Clackamas County. Since then it has been transferred to the State Medical Examiner's Office for use throughout the Portland region.

A mass causality event, such as the PACE Setter bioterrorism scenario, would potentially overburden the State system as the Medical Examiner's morgue in Clackamas County can only hold about 120 bodies. In order to increase local capabilities, the DPMU can be deployed for all-hazard mass fatality events in the region including natural disaster, disease outbreaks, structural collapses, air traffic incident, or terrorist activity.

The DPMU allows for rapid activation of forensic field sites and temporary mortuary solutions in compliance with federal Occupational Safety and Health Administration guidelines.

PACE Setter tested primary goals for the DPMU to be deployed and operated by the Medical Examiner's Office. In addition, the Medical Examiner's Office was tasked to coordinate with local fire and military Fatality Search and Rescue Teams in the recovery and decontamination of deceased victims.

During the PACE Setter exercise the Medical Examiner's

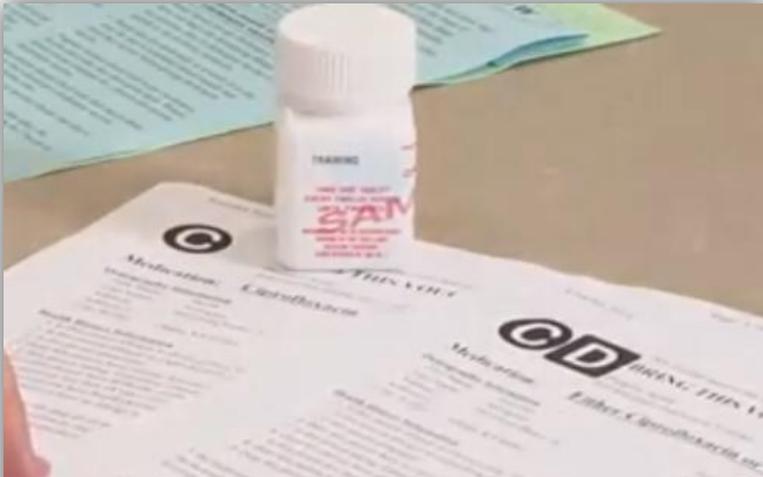
Office was able to deploy and operate the DPMU. Teams unloaded equipment from trailers and staged both indoor and outdoor areas to process victims.

Medical Examiner personnel and Fatality Search and Rescue Teams were able to productively work together and operate the DPMU. However, decontamination of the deceased was not fully completed due to delays in the shift of the incident command and procedural difficulties using the fire department decontamination system.

Moving forward, the State Medical Examiner's Office will continue to train and establish policy for Mass Fatality Regional Response Teams to be able to support decontamination efforts working collaboratively with local fire departments and interdisciplinary Fatality Search and Rescue Teams.

The DPMU consists of two customized trailers holding all equipment for staging and operations including: receiving; admitting; photography; victim identification; pathology; anthropology; packaging and transport.

Trailers are also equipped with personal protective gear and specialized equipment for mortuary and pathology activities. Units include generators for cooling systems, computers, and all electrical equipment.



Dispense Assist vouchers aid POD staff to quickly dispense appropriate medication in PACE Setter full scale exercise Washington County, Ore., Wed, May 22, 2013.

The PACE Setter Exercise integrated the use of **Dispense Assist**, a free online tool that streamlines the process to distribute medications in the event of a health emergency using online printable vouchers.

Dispense Assist aides the region's healthcare delivery system to provide medical countermeasures within the first 72 hours of an incident, as outlined in FEMA's Comprehensive Preparedness Guide. The target is also stated as a desired outcome in the [2012 Threat and Hazard Identification and Risk Assessment for the Portland Urban Area](#).

Including Dispense Assist during the PACE Setter exercise tested the ability of the region's fire-based emergency medical service agencies, health care organizations, and local public health authorities. In addition, trained volunteers from the Health/Medical Reserve Corps and Community Emergency Response Teams were activated to support efforts allowing for the full expansion of healthcare capabilities to serve the region and distribute mass prophylaxis at [POD](#) sites.

During the PACE Setter bioterrorism scenario, printed vouchers from Dispense Assist helped to efficiently mass distribute vaccinations to the public in Washington County.

The Dispense Assist website generates vouchers for the public to print in advance and bring to POD sites. Vouchers indicate the appropriate medication for patients based on a self-answered medical questionnaire. By eliminating the onsite screening process, vouchers increase the capacity for sites to mass dispense medication to populations and reduce the number of personnel needed at PODs.

In the final [RDPO 2013 PACE Setter After Action Report/Improvement Plan](#), Dispense Assist was highlighted as an exercise strength that worked "exceptionally well", allowing the public to easily access the website, complete the medical questionnaire, and print vouchers.

Cities Readiness Initiative (CRI) is a federally funded program by the CDC to enhance preparedness in the nation's 72 largest cities and metropolitan areas.

The U.S. Department of Health and Human Services created the initiative in 2004, as part of the Cooperative Agreement on Public Health Emergency Preparedness to aid metropolitan regions' ability to respond to a bioterrorism attack or disease outbreak.

The primary goal of CRI is to minimize loss of life during a large-scale public health emergency by rapidly dispensing medication and medical supplies from the Strategic National Stockpile to the population within 48 hours of the decision to activate.

The Portland Oregon CRI operates in the seven counties that surround the city of Portland including: Clackamas, Columbia, Multnomah, Washington, and Yamhill in Oregon; Clark and Skamania in Washington.

The region's CRI strives to achieve collaboration across state and local boundaries, in developing consistent public health preparedness plans to strategically allocate resources that optimize local capabilities.

According to the 2009 Initial Evaluation of the Cities Readiness Initiative conducted by the RAND Corporation, overall the CRI programs implemented across the nation appear to have "improved communities' readiness to dispense medications and other supplies on a large scale and under rapid timelines."

FACT: Not only can [PODs](#) be used in mass prophylaxis events such as the PACE Setter bioterrorism scenario, they can also be activated for annual flu vaccinations. In Fall 2009, Washington County operated nine PODs to provide vaccinations for the H1N1 flu outbreak. Medical Reserve Corps staffed at PODs distributed 7,300 vaccinations to the community.