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## After Action Report (AAR)



The After Action Report documents the performance of the LRS regional exercise related tasks and makes recommendations for improvements. The following AAR format is adapted from U.S. Department of Homeland Security (outlined in U.S. Homeland Security

Event/exercise and Evaluation Program - Volume 2).

### Executive Summary

1. Event/ exercise: Overview
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Western North Carolina Strategic National Stockpile Local Receiving Site Regional Full Scale Exercise

### Executive Summary

On April 9, 2008, the Buncombe County Health Center (BCHC) in cooperation with Public Health Regional Surveillance Team 6 (PHRST 6) hosted a full- scale Pandemic Influenza preparedness field exercise. Avery, Mitchell, Yancey, Burke, Cherokee, Haywood, Henderson, Swain, Caldwell, Jackson, Clay, Transylvania, Graham, Madison, Rutherford, Polk, McDowell, Macon, and Madison counties all participated from Region 6 in the exercise.

In keeping with the Homeland Security Exercise Evaluation Program (HSEEP), the exercise was designed and conducted to test the deployment of the Strategic National Stockpile (SNS) from the Receipt, Stage, and Store warehouse (RSS) to the chosen Local Receiving Sites (LRS) in Buncombe County. Once the county LRS received the asset, they in turn were required to fulfill exercise enhancements which included a mock press conference and re- distribution of the antivirals to treatment centers. Evaluators were present at each location to evaluate the exercise. Exercise Evaluation Guides (EEGs) were provided to evaluators so that strengths and areas of improvement could be documented.

### Objectives

North Carolina Public Health Preparedness and Response (PHP&R) used the 2008 Division of Strategic National Stockpile Local Technical Assistance Review (TAR,

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October 2007) as a guide for creating a standard set of objectives and enhanced activities for the Buncombe County exercise. Buncombe County and its planning partners added additional objectives beyond the common set. The objectives were based on the Target Capabilities chosen from the Target Capabilities List published by the Department of Homeland Security (DHS). A detailed list of objectives can be found in the objectives section of the AAR.

The Western North Carolina Strategic National Stockpile Local Receiving Site Full-Scale Exercise (WNC SNS LRS FSE) is the first regional pandemic influenza strategic national stockpile receiving exercise in North Carolina. In North Carolina SNS planning is done at the local level which makes it difficult to exercise due to time and money issues.

The exercise design was unique in this full scale exercise. Due to the number of participants there were six independent exercises taking place at that same time but still being coordinated through a control cell. The actual receiving site warehouse and the Joint Information Center exercises were full scale using participants, players, and material. Additionally, there were four functional tabletop exercises in which participants undertook the 8 primary roles outlined in the TAR and managed injects directed at each individual tabletop by the control cell through the controller assigned to that group.

The WNC SNS planning team consisted of preparedness coordinators from Health Departments within Region 6 (Avery, Mitchell, Yancey, Burke, Cherokee, Haywood, Henderson, Swain, Caldwell, Jackson, Clay, Transylvania, Graham, Madison, Rutherford, Polk, McDowell, Macon, and Madison), members of Public Health Regional Surveillance Team 6, Asheville Regional Airport, Buncombe County Emergency Management, Buncombe County Health Center, Mission Hospital System, Envirosafe, and the Buncombe County Crisis Public Information Team (CPIT). Initial, midterm, and final planning conferences were held to aid in planning and preparation for the exercise.

#### Exercise Strengths:

The scope of the exercise in which all participants were busy once the exercise began was a primary strength. The six simultaneous exercises took place in three venues and planning for this which included transport was managed well in advance.

Many participants had never been exposed to SNS and nearly none of the participants were familiar with the Buncombe County SNS plan therefore exposing so many regional players who are all stakeholders in one another's plans was certainly a strength.

Simply having these exercises which have never taken place such as the JIC, or in such detail such as the FSELRS was a great strength since it allowed participants to see in a controlled environment what may happen and allow all involved counties to improve their plans respectively.

Good communication records maintained by Communications Manager: The Communications Manager was well versed in her role and utilized the proper ICS form to document her actions. Back-up method of communication was in place and used when needed. When land lines went down, the Communications Manager quickly converted to cell phones with VIPER system to be activated if

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necessary. Recommend training on the VIPER system to ensure all staff is familiar with it.

### **Joint Information Center**

- *Utilization of pre-developed forms was evident and proved to work well during a high stress situation*

During the activation of the JIC individual participants were given specific assignments. Each assignment had job action sheets with step by step instructions. There were pre-developed forms available for the applicable function areas. The forms observed in use were the Media Release Record, The Speaker Information Form, and the General Message Form. Recommend continued practice in using forms and customize forms to agency-specific needs.

- *Good just-in-time training for JIC staff*

The training covered job action sheets, WebEOC, ICS review, and all other aspects of functioning with in a JIC. Continue to practice and train periodically to ensure comprehension and retention.

- *The group took the exercise seriously*

The group played well into the artificiality of the exercise including the development of tangible press release documents and a full-fledged press conference with video camera. Continue to practice to enhance media interaction skills.

### **Local Receiving Site (Full-scale and Tabletop)**

- *Activation of warehouse operations*

Overall planning and coordination with the State to provide a real time, hands on exercise involving regional participation was excellent.

- *Establish security*

Airport Security was interactive and engaged. Their ICS forms and reports to the LRS Manager were complete and efficient.

- *Pick team for warehouse operations and distribution*

The pick team was efficient and thorough in handling the medical resources and maintained excellent documentation.

- *Chain of custody*

The chain of custody was followed for each institution receiving medical resources and was documented appropriately.

- *Job responsibilities reviewed*

In the beginning all LRS staff job action sheets were reviewed with the staff. This served as a reminder to actions staff of their responsibilities.

- *Resources not available were readily found*

Inventory reported when supplies were low and requested they be ordered. When necessary items to operate the LRS were low orders were put in place to enable the LRS to stay in operation.

- *Re-distribution redundancy*

They established not one, not two, but three ways of making sure redistribution was done correctly and in a timely manner. All counties should

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have their amounts to be re-distributed put in numbers rather than %ahead of time.

- *Communication redundancy*

Because they almost missed sending the correct amount to a site, they realized the importance of more than one means of communication and the need than for more than one person to be doing the calculations. The root cause could have been pills delivered in boxes and the request to go out was in a percentage. This could have been made to match ahead of time.

- *Followed ICS principles*

With some of the injects, this group learned very quickly to send things up the chain to an ICS position as appropriate.

- *Chain of custody*

The group established two means of chain of custody as a double check system and it was very useful, so each location was ensured the correct amount. This should be a standard- - to have all outgoing shipments checked for accuracy of amount, etc.

- *The ability of staff to turn percentages into actual number of pill bottles*

The SNS plan had percentages written in, not actual numbers needed, so it made figuring out how much to send a logistics nightmare. Recommend including numbers so that calculation will be easier to make.

- *Security was easily established and maintained*

Recommend sites sit down with law enforcement ahead of time to establish a continuity plan.

## Areas for Improvement:

### **Joint Information Center**

*- Development of situational updates/briefings with pre-determined checklists would be beneficial*

Regular updates by the JIC Manager are critical in keeping all participants on the same page. It is an essential part of an effective JIC. Additional training as a JIC manager, in addition to mini-drills is needed to enhance ability to call order and give regular situational briefings in the JIC.

*- JIC physical layout and design.*

The physical location and design of the JIC needs to be technologically updated (i.e., phone line drops, Ethernet cables, alternate communication methods). The current dedicated JIC/EOC is very functional, but need some technological updates to enhance the usability. Recommend installation of additional phone lines and computer line drops.

*- A streamlined method of accessibility and upkeep of all predetermined forms is needed.*

The forms worked well, but comments from participants as well as observation indicated that accessing and keeping up with the forms was sometimes confusing. Consult with the JIC team to determine best method of accessing, storing, and keeping up with vital forms.

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*- Confusion about location of the press conference.*

There was some confusion as to where the press conference would be held. A pre-developed schematic of the facilities with specific locations would prove to be beneficial to agencies coming in that are not familiar with Buncombe Health Center. Pre-determine what facilities are going to be used for JIC purposes including backup locations. Then develop a layout with a map of each function group. This can be handed out to participating agencies unfamiliar with the location.

*- Specific positions within the JIC were not identified well.*

This eventually somewhat corrected with the use of tent cards. There were numerous positions staffed by numerous different agencies within the JIC. All members had on vests that indicated JIC, but specific positions within the JIC were not on the vests. Eventually, tent cards were made, but were somewhat hard to keep up with. Position specific vests should be worn and pre-printed tent cards utilized.

*- Appointment of position to receive all incoming calls and log.*

This will relieve the PIO/JIC manager from having to do it. The JIC Manager was quite overwhelmed trying to take phone calls, disseminate information, and run the JIC. This needs to be a dedicated position so that the JIC Manager is freed up to focus on other issues. Assign individual the task of answering phones and disseminating information.

*- Actual utilization of pre-plans such as JIC operations, timelines, etc.*

The plans may be written, but must be utilized. If not written then they should be written and made available. Other than Job Action Sheets the usage of pre-written JIC plans was not observed. Pre-written plans work well because they are developed in a non-emergent environment. After each use the design can be improved.

## **Local Receiving Site (Full-scale and Tabletop)**

*- ICS structure*

The exercise plan established LRS positions but, in the absence of an Incident Commander, LRS Managers changed the structure by combining two exercise teams into one and placing two individuals in each warehouse position, i.e., two pick team managers, two LRS managers, etc. It was thought that using a large ICS structure including ICS Command staff would leave these individuals without much to do and create too much work for the facilitation team. Using a full ICS structure would be beneficial to involve partner agencies if the facilitation/evaluation capabilities are available. Use of ICS structure should be emphasized and required in all exercises complete with organizational chart and all appropriate ICS forms.

*- Credentialing*

Individuals, who were later identified as non-uniformed policemen, walked into the open exercise area without credentials and were not challenged. Security checkpoints and/or a perimeter that can be secured by law enforcement should be selected for LRS exercising. All individuals presenting in the exercise area should be challenged and credentialed or removed. Space utilized for credentialing and check in was cramped and did not allow for good traffic flow.

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All materials for participants were not in a single folder. Streamline credentialing and check in by conducting this activity in a space with one entrance and one exit or in a space with an open area that will accommodate multiple check-in tables. Include all materials, including job action sheets and ICS forms that the position will need in one folder.

- *Warehouse operations staff unfamiliar with equipment.*

The team was unfamiliar with warehouse equipment, materials, and procedures, especially blister packing techniques. Difficulties also occurred with calculating the percentages of medical resources to be allocated to each facility. Hands on just in time training with warehouse equipment or pre-train trainers in warehouse equipment and procedures to then provide training to personnel would be helpful. Provide all supplies needed to conduct warehouse activity. Develop calculation wheels or grids for determining quantities of medical resources to send in orders for facilities.

- *Altering of plan.*

Local district/county plans began to override the original plan. After the exercise began, the LRS Manager began to use the plan they were most acquainted with. Recommend all staff know the plan for the area in which they are serving.

- *Changes between use of military time*

Injects were made using military time, but LRS staff did not use military time. This sometimes caused confusion. Suggest using just one type of time and throughout the exercise.

- *Lack of training on ICS training*

It was discovered that without planning and testing of plans ahead of time, the group does not know how carrying out the plans will actually go. Once the SNS plan has been written appropriately, training for all listed should be done in a classroom setting, including a scenario or tabletop, and then as a higher-level exercise to assure the plan's efficacy.

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## Chapter 1: Event/exercise Overview

**Exercise Name:** Western North Carolina Strategic National Stockpile Local Receiving Site Regional Full- Scale Exercise

**Duration:** 8 hours

**Exercise Date:** April 9, 2008

**Sponsor:** National Association of City and County Health Officials, Centers for Disease Control, North Carolina Public Health Preparedness and Response, Buncombe County Health Center, Public Health Regional Surveillance Team 6, and Asheville Regional Airport

**Type of Exercise:** Full- Scale Exercise including Joint Information Center with four Functional Tabletop exercises occurring simultaneously

**Funding Source:** NACCHO granting Buncombe County Health Center

**Program:** Preparedness

**Focus:** Response

**Classification:** Unclassified (U)

**Scenario:** Biological release or threat (B) or Other (O). Infectious Disease outbreak

### Exercise Summary

The Buncombe County exercise began under the assumption that in late March there were reports of a severe influenza- like illness that had caused a number of deaths in several countries in Asia and the Middle East. The WHO and the CDC had sent teams to investigate. The national and international press were giving the story wide coverage. Buncombe County through their emergency management partner agencies requested the SNS assets. PHP&R took possession of the assets at an undisclosed location in Greensboro, NC. Orders were picked by the RSS staff and transported to the Buncombe County LRS location. Transportation and security (by North Carolina State Highway Patrol) were coordinated through North Carolina Emergency Management.

### Location:

This was a joint exercise with North Carolina Public Health Preparedness and Response who apportioned and shipped the anti- virals from the regional staging and storing facility in Greensboro to Buncombe County. The remaining portion of the regional exercise took place in Asheville, NC within Buncombe County.

The Local Receiving Site was staged at Asheville Regional Airport (AVL), the Joint



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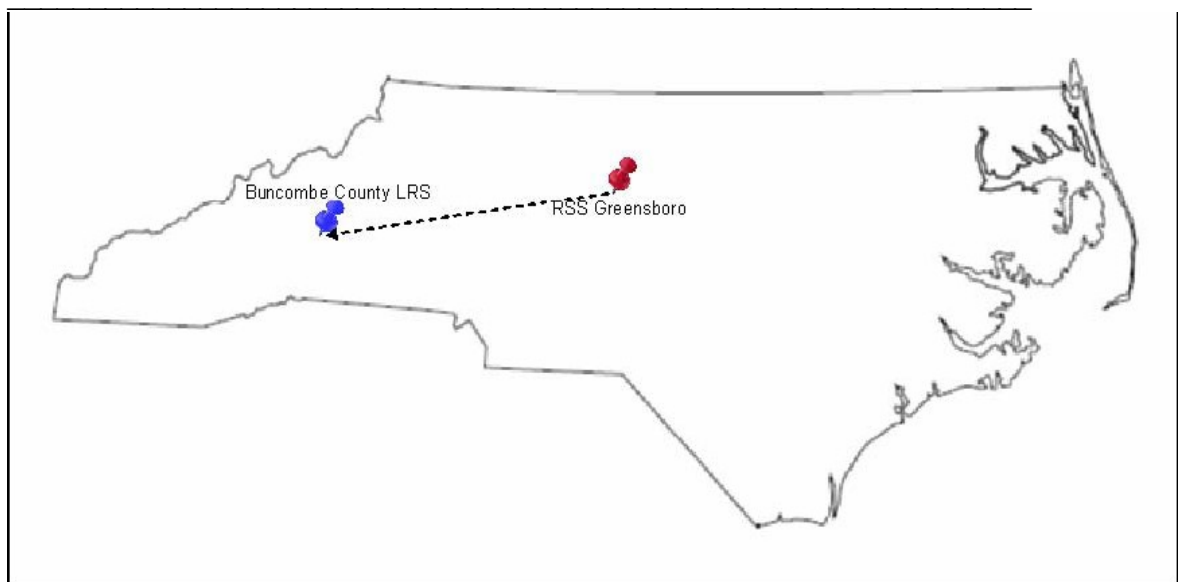
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Information Center (JIC) was staged at Buncombe County Health Center (BCHC), and the four functional tabletop exercises took place at Broadmoore Country Club which is less than ¼ of mile from Asheville Regional Airport.

The LRS was staged at AVL due to the increased security capabilities and mutual aide agreement with the facility allowing use of security personnel, warehouse space, and warehouse equipment.

The JIC was staged at BCHC to keep media out of the LRS and AVL. This also allowed Health Department leadership to participate in the mock media exercise and evaluate the current capabilities of the facility.

The Broadmoore was used for the tabletop exercises and the control cell due to space consideration at BCHC and AVL. Each tabletop exercise was assigned a controller and an evaluator and set in a different conference room away from the other tabletops.



**Participating Organizations:**

National Association of City and County Health Officials, Centers for Disease Control, North Carolina Public Health Preparedness and Response, Buncombe County Health Center, Public Health Regional Surveillance Team 6, Envirosafe, and Asheville Regional Airport.

**Participants:**

Angel Medical Center

Asheville Regional Airport

Asheville Veterans Administration

Macon County Emergency Management

Macon County Health Department

Macon County Medical Reserve Corps



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Buncombe County	Madison County
Buncombe County Emergency Management	Madison County Health Department
Buncombe County Health Center	Mission Hospital
Burke County Health Department	National Assoc. of County and City Health Officials
Caldwell County Health Department	Rutherfordton Polk McDowell Health District
Caldwell Memorial Hospital	Graham County Health Department
Cherokee County Health Department	Swain County
Clay County Health Department	Swain County Health Department
Haywood County	Public Health Regional Surveillance Team 6
Haywood County Health Department	Toe River Health District
Haywood Emergency Management	Transylvania County Emergency Management
Henderson County Health Department	Transylvania County Health Department
Jackson County Health Department	United Way/211

**Number of Participants:**

Observers: 5

Controllers: 9

Evaluators: 7

Player/Participants: 98

Role Players: 4

**Event/exercise Overview:**

Beginning in late March there were reports of a severe influenza- like illness that has caused a number of deaths in several countries in Asia and the Middle East. The WHO and the CDC have sent teams to investigate. The national and international press is giving the story wide coverage.

- " 4/1/08 the National Guard posted in Asheville has returned from duty in the Middle East
- " 4/2/08 an urgent message has been sent by the WHO and CDC detailing an antigenic shift in an Egyptian case.
- " The new virus A/Human/Egypt/08(H5N2) is believed to be the result of H3N2 and H5N1 combining antigens.
- " 4/6/08 Mission PH Epidemiologist contacts BCHC EPI Team noting a severe ILI case requiring ventilator support.
- " 4/7/08 Case deceased
- " 4/8/08 Confirmed H5 strain
- " 4/8/08 BCHC Epi Team recommends requesting the SNS
- " 4/9/08. WHO has analyzed the virus and determined that it is a new strain of Influenza. Some clusters of human- to- human transmission have been confirmed in Asia. There is a suspected cluster of cases in Asheville, NC.

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Antivirals appear to be effective in early onset of disease, but a vaccine is not yet available.

*Initial pandemic flu cases are identified in your jurisdiction. Several staff in key positions in your agency are absent today due to fear, school closures or other reasons.*

- " 4/9/08- Late Evening. The media has shown up at the Local Receiving Site and is setting up to film.
- " Materials have been re- apportioned and need only be shipped but traffic is already heavy and there is a reported accident on I-26 West.
- " Local elected officials, public safety, and healthcare are demanding prophylaxis medication.
- " ABC Nursing home received a shipment and immediately requested more stating they had used their stock.

**The first wave of illness is ongoing at this time. This timeframe simply covered the receipt and re- apportionment of the SNS.**

- " What resources have been mobilized?  
How will they be de- mobilized?
- " How will government services that have been temporarily suspended be reinstated?  
Do any non- essential services need to be reinstated at this time?
- " How will costs be recovered?
- " What are the long- term/ongoing issues?  
Mental Health  
Repealing community containment measures (i.e. school closures)  
Economic recovery  
Etc
- " What strategies could your jurisdiction consider to before requesting additional SNS materials?
- " Which local agencies should take the lead on these on- going issues? How could the private sector contribute to the on- going management process?

### Exercise Agenda

- 8:15 SIGN IN and Credentialing
- 9:00 Mass Briefing
- 9:45 - Joint Information Center (JIC) leaves premises  
- Just- In- Time Training (JITT) completed per position by assigned PC

Groups \_\_\_\_\_  
LRS Mgr  
Security Mgr

Trainer \_\_\_\_\_

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Safety Mgr  
Com/IT Mgr  
Inv. Control Mgr  
Ship/Receive  
Pick Team Mgr  
QC Mgr  
JIC  
Evaluation Team  
Control Team

10:45 Load Vans and transport to Broadmoore

11:00 LUNCH (AVL, Broadmoore, BCHC)

LRS/WAREHOUSE:

12:00- 1:00 SNS truck arrives

1:00- 2:30 LRS workers exercise receiving, inventory, re- apportionment, and shipping

2:30 EXERCISE ENDS - RETURN TO MASS BRIEFING AREA FOR HOT WASH

Broadmoore/LRS Sim (Simulation) Cells

11:45 LRS Sim Cells start responding to team specific exercise injects within their teams

2:15- 2:45 EXERCISE ENDS - RETURN TO MASS BRIEFING AREA FOR HOT WASH

JIC

9:45 Leave Airport

10:30- 11:30 Just in Time Training

11:30- 12:00 Lunch

12:00 Starts response to media based on scenario and injects.

2:15- 2:45 EXERCISE ENDS - RETURN TO MASS BRIEFING AREA FOR HOT WASH

EVALUATION TEAM

2:30 Reconvenes to briefly summarize findings

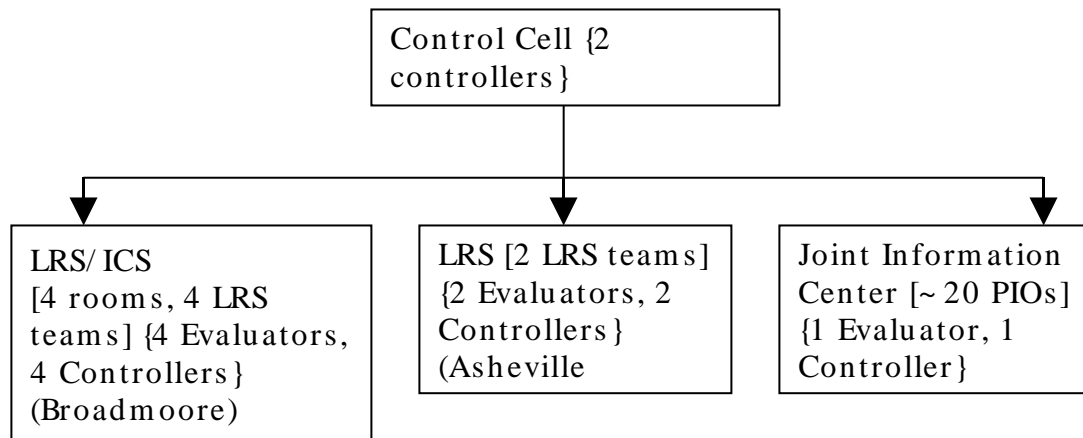
2:45 Attends Hot Wash- takes notes- returns EEG s and notes to Lead Evaluator

2:45- 4:30 HOT WASH and Adjourn Exercise

Region 6 Full- Scale Exercise Design

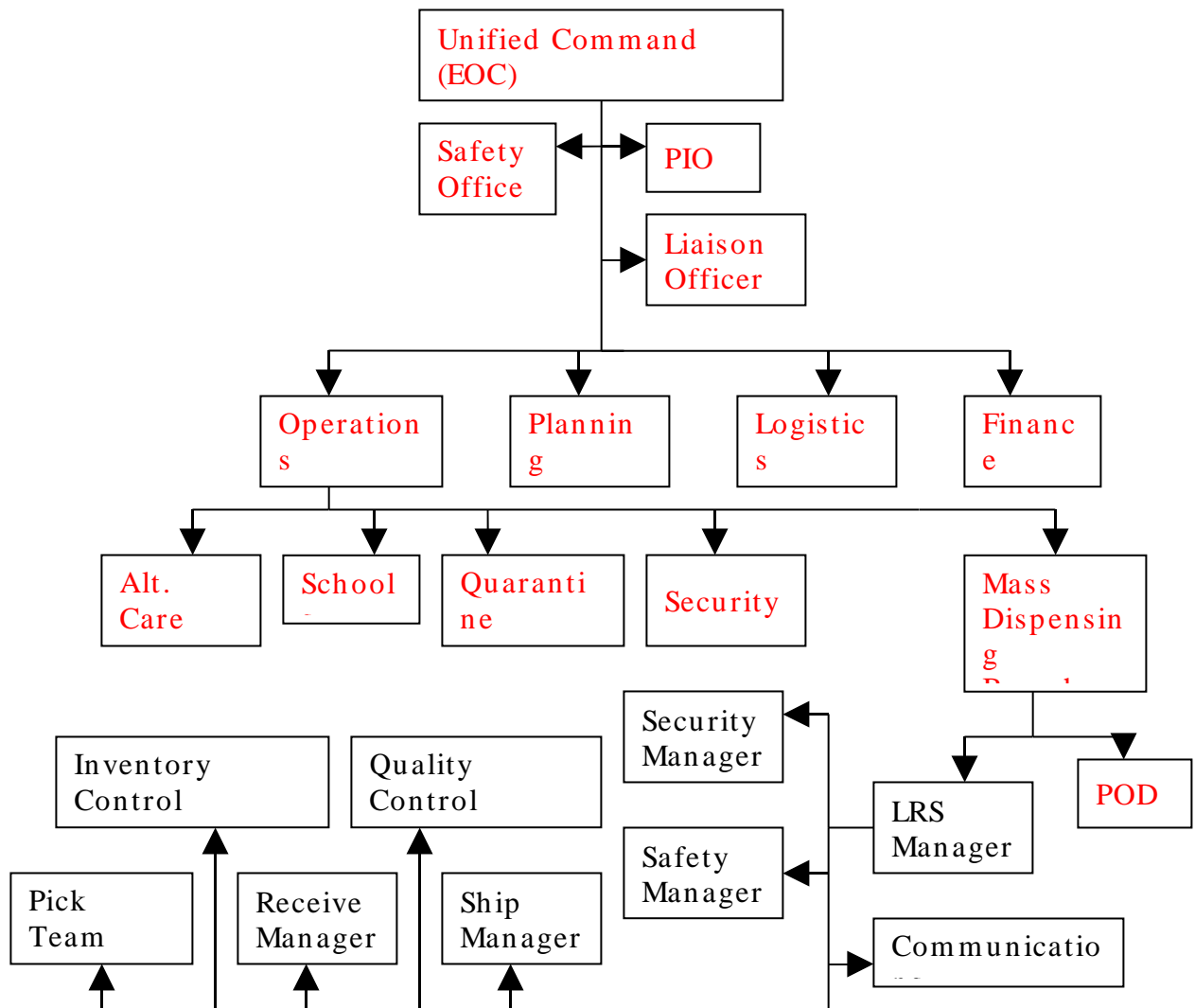
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Controllers will be updating the Control Cell on how issues are handled and what additional issues arise. Injects prepared on a timeline are tailored by the Control Cell according to these updates. Communication between controllers and control cell was to be done on several redundant systems: a real-time web based Master Scenario Events List (MSEL), handheld radios, telephone tree, email, and hard copy MSELs. Evaluators using an HSEEP EnviroSAFE evaluation guide will use this measurement tool to evaluate the exercise.

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The diagram above represents Buncombe County's ICS structure as outlined in the SNS plan. The positions highlighted in yellow are the only positions exercised during the regional LRS exercise on 4/9/08.

**Event/exercise Evaluation:**

In keeping with the Homeland Security Exercise Evaluation Program (HSEEP), the exercise was designed and conducted to test the deployment of the Strategic National Stockpile (SNS) from the Receipt, Stage, and Store warehouse (RSS) to the chosen Local Receiving Sites (LRS) in Buncombe County. Once the county LRS received the asset, they in turn were required to fulfill exercise enhancements which included a mock press conference and re-distribution of the antivirals to treatment centers. Evaluators were present at each location to evaluate the exercise. Exercise Evaluation Guides (EEGs) were provided to evaluators so that strengths and areas of improvement could be documented. Trained evaluators

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were given modified versions of the Communication, Emergency Public Information and Warning, Medical Supplies Management and Distribution, and Mass Prophylaxis Exercise Evaluation Guides (EEGs) so that strengths and areas of improvement could be documented.

The Centers for Disease Control (CDC's) Technical Assistance Review tool (October 2007) was used as a guide for creating a standard set of objectives to be measured throughout the exercise by evaluators and controllers trained prior to the exercise on HSEEP, TAR, and Target Capabilities.

Target Capabilities chosen from the Target Capabilities List published by the Department of Homeland Security (DHS) were used as additional objective measurement tools throughout the exercise by evaluators and controllers.

## Chapter 2: Event/exercise Goals and Objectives

### Standard LRS Objectives:

**Objective 1** The local public health director or designee shall ensure that sufficient numbers of personnel are available to staff the LRS and any POD site after the calldown/notification alert has been initiated.

**Objective 2** The LRS manager is required to have the security plan in place and available for the LRS and for transportation elements.

**Objective 3** - The LRS manager shall ensure that an identification/badging system is in place that will readily identify staff members and observers as soon as the LRS opens.

**Objective 4** - The LRS will have available at least one person authorized to sign for the SNS asset as soon as the LRS facility opens.

**Objective 5** - The LRS manager shall oversee the delivery of Just-In-Time training ensuring that staff understands the Incident Command System structure of the LRS, the use of Job Action Sheets, and job specific tasks. The briefing should include situational awareness, mission statement, and safety concerns.

**Objective 6** The LRS, upon receipt of the SNS assets, will unload and put away the inventory.

**Objective 7** The LRS will have an Inventory Management System in place (with back-up) to record receipt and issue of SNS assets, including ability to track pharmaceutical lot numbers and generate a bill of lading.

**Objective 8** - The LRS manager will coordinate with community partners for the transportation (including security of) SNS assets to other locations such as Points of Distribution (POD) and hospitals.

### Buncombe County Objectives:

**Objective 9** The LRS staff will pick inventory in sufficient quantities according to the SNS plan to reappportion the antivirals to treatment centers throughout the county within one hour. Prior to shipment the order will undergo QA/QC check.

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**Objective 10** - The local public health director or designee will hold a press conference informing the public of the incident and instructions for mass prophylaxis.

**Objective 11** - Test Treatment Center receiving policies and procedures in communicating with ICS in determining needs.

**Objective 12** Agency Administration will appropriately credential all staff as they check in and issue tags/vests according to position.

**Objective 13** - Joint Information Center is established completing joint messages/information gathered from all participating agencies.

**Objective 14** - Buncombe chain of custody form is completed and followed according to plan with authorized staff

**Objective 15** - Test use of the Incident Command System (ICS) in an SNS event including the use of the ICS forms.

**Objective 16** LRS manager will test plan for calculating quantity of meds to be sent to each treatment center

**Objective 17** LRS manager will off-load push-pack from tractor-trailers and ensure that needed equipment is available to do so.

**Objective 18** - Lead Public Information Officer will be responsible for just in time training for all positions in a large JIC (18-30 PIOs)

**Objective 19** Lead Public Information Officer will assign positions within the JIC and will be responsible for distribution of Job Action Sheets.

**Objective 20** PIO staff will be trained in the use of WebEOC to include logging on to the system, and navigation and operation within system

**Objective 21** PIO staff will be responsible for directing media personnel to the appropriate person, rallying media to a designated area, monitoring press releases for accuracy and hotline messages.

### Chapter 3: Event/exercise Events Synopsis

Prior to the full-scale exercise that took place on 4/9/08 a midterm planning tabletop was conducted at which time an LRS call-down drill was conducted to determine whether essential staff could be reached to open the LRS. This notification exercise was conducted in every county within Region 6.

The following information is the MSEL from SimCell 1 detailing the exercise event synopsis.

Event Time	Event Description	Recipient Player(s)	Expected Outcome of Player Action
12:15	STARTEX	GROUPS 1,2,3,4	
12:15	Truck leaves Greensboro call received by local HD and passed to LRS Mgr	LRS Mgr Full group	LRS Mgr calls down LRS list (simulated) Groups discuss how ICS/UCS would be set up & create overall ICS O chart with likely functions & personnel
12:29	Truck arrives at AVL	LRS Mgr Unit Leaders	Mgr & Unit Leaders describe LRS process unloading, picking, etc.



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12:31	Truck arrives at wrong location		LRS mgr. gives it to communications to get trucker correct address.
12:44	Bill of Lading (BOL) from delivery truck is damaged and unable to read.		Call LRS manager to call the RSS and ask that they fax a copy of the BOL.
12:45	After providing pickers with JITT observe that one team has not filled their request and the other teams are working on 2nd request. Overhears the pickers speaking a different language.		Ascertain if there is a problem with the form or directions, etc. Reassign persons as discover they tell Pick Unit Mgr. they do not read English.
12:47	Find out the two pickers do not have their credentialing proof on them		Need to confirm or eject them from the LRS- contact made to Resource Unit Leader in Logistics
12:48	Now Short Pickers		Contact Logistics, Resource Unit Leader
12:49	Pick Unit leader reports two teams have dropped boxes on their feet and are in pain and want to have a medical evaluation		Activates medical plan for workers. Then contacts LRS manager to report the incident, completes appropriate paper work. Asses manner in which accident occurred, corrects hazard. Ops chief informs Safety Officer of incident.
12:50	Safety Manager witnesses sparking and smoking from electrical outlet where the computer for inventory control manager is working.		Clears the area. Call fire dept. Contacts the LRS manager, who then request to IC to stop the operations from this location until fire dept. clear if for re- occupancy. Safety officer informed.
12:55	Materiel transported to Mission Hospitals		Chain of custody observed; safe & secure transport conducted; appropriate amounts transported & process documented; vehicle & driver return
12:57	Receives call from safety manager that an electrical outlet is sparking and smoking and that he has evacuated the LRS.		Obtains roster of all staff working the shift and gives it to safety officer to check and make sure staff are accounted for. Calls the SNS mgr. to alert
12:59	Media Person shows up demanding an interview		Sends to JIC
13:00	VA Hospital( AVL) report 10 patients in ED with severe respiratory symptoms- Presumptive flu. They want to know how much materiel they will get and when, and their supply of Tamiflu is very low.		
13:01	After the delivery truck has left the LRS with a load, it becomes apparent that the wrong pallet got put on the truck.		The Quality control manager asks the transportation manager to call the truck back and re- load with correct pallet. Also request that the Ship/Receive Manager call the treatment center and alert them that shipment will be arrive later than originally stated.

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13:03	The basic rule of materiel dispensing is not to open up boxes and divide contents into multiple boxes. Treatment centers are requesting meds in smaller quantities than they come boxed. More treatment centers are requesting meds than were identified in this SNS plan. What should you do?		If decides to split up boxes, then will need to work with QC for correct labeling and secure packaging box with inventory control to quantify by the smaller unit vs. box or case .
13:05	EM calls LRS mgr. Tornado warning-touchdown has been documented in downtown Hendersonville		
13:09	Mission Hospitals now have full: ICU, Peds ICU, CVICU(Cardiovascular ICU) with flu patients. They have cohorted 42 patients in their negative pressure wing. They will be out of Tamiflu in 24 hours and request more.		
13:10	Do not have enough pallets to put the different request on.		Calls LRS mgr to request more pallets from logistics LRS mgr contacts SNS manager, who contacts OPS Chief who contact Logistics Chief
13:11	Family Members calling LRS staff because of disturbing news stories	LRS staff	Staff to determine how to/what to communicate to family members
13:12	Family Members calling LRS staff needing presence at home illness, etc.		Staff determines ways to respond to family needs
13:16	Request meals for distribution center		Make arrangements for meals for LRS staff, including all involved AVL & security staff
13:18	The CDC calls the LRS manager: I m the leader of the Region 4 Pan Flu Response Team from CDC. Someone gave me your number- We have been deployed to coordinate with you in investigation of your pan flu outbreak. Where should we show go? I have 10 staff- Where will we stay?		
13:19	EMS contacts LRS Mgr directly and asks which EMS staff will be prophylaxed, where, & when	LRS Mgr	Describe process for EMS ppx
13:21	IC contacts LRS to check on status of operation and asks if a distribution site can be added (e.g., non- MH LTCF with known cases)	LRS Mgr	Assess process and determine if any inventory available for redirection
13:30	All the supplies currently in the LRS have been distributed. You are getting ready to demob and send workers home when you recognize 2 workers are displaying symptoms of pandemic influenza. What do you do?	LRS mgr/safety mgr	
13:39	How long are you going to keep your LRS open? Who will decide? Will you keep it fully staffed the whole time?		
13:40	Volunteers calling in directly to LRS	LRS Mgr	Develop plan for coordinating volunteers
13:41	Land Lines down in Buncombe and north Henderson Cos. For 15 min.	LRS staff	Utilize secondary communications sources for 15 minutes.

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13:42	Drive- up patients arrive at LRS	LRS staff	Appropriate triage & diversion of patient and protection of responders
13:43	State PH has assigned you to be the LRS site for Henderson, Madsion, and McDowell as well because they have no resources. What are your contingency plans?		
13:44	What would you need from the other county s LRS?		
13:45	State PH called. They were informed by CDC that there is no more anti-viral supply. There will be no more for 1 week. What contingency plans do you need?		
13:48	You have been ordered to shut down and evacuate Immediately because of a fire in a parked airplane at AVL. What are your evacuation plans( go into detail) Where will you set up your alternative site? Address availability and use of volunteers.		
13:50	Incident staff continue to get ill. You are now down to 50% staff. You have another shipment arriving in 8 hrs. What will you do? What are your screening and triage procedures for LRS staff?		
13:52	State PH has informed your IC that there now is enough Tamiflu for prophylaxis of 50% of your staff. How will you decide you gets it?	LRS mgr.	
13:55	Your Pick team is threatening to quit en masse unless they are guaranteed child care for their kids and prophylaxis for their families. (They have heard that there is now enough Tamiflu to prophylax 50% of LRS staff. They want to give their regimen to their families)	LRS mgr.	
14:00	THE governor is visiting and has Senators Burr and Dole with him. He is touring the LRS. How will you deal with his party? They ask the LRS manager for a bottle of pills for each member of their contingent of 20. What do you do?	LRS mgr.	
14:01	Cars are starting to line up outside the fence with members of the public( who somehow found our where the medicine is) demanding Tamiflu. Security is greatly outnumbered. Cars are blocking LRS ingress and egress.	Security manager	
14:02	PPE logistics issues		Determine extent of PPE supplies and trained workers. Determine how to find more if necessary
14:10	Logistics calls LRS Mgr has 30 MRC volunteers on tap	LRS Mgr	Determine need for volunteers; implement plan for coordinating volunteers if appropriate

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14:11	Who will provide JITT for new volunteers?	All position mgrs.	
14:15	HD imposes quarantine on all LRS staff because of exposure	LRS mgr.	Implement plan to observe quarantine
14:16	LRS staffer goes home with radio; not scheduled to return for two days.	Commo mgr.	Radio retrieved
14:17	Inventory Control Mgr. goes to check stock the antiviral stock and finds is missing one box of Tamiflu. Several pickers have been become sick and had to leave the premises.	Inventory Control Mgr	Recheck stock count against materiel orders to make sure there is an actual discrepancy. Coordinates with Quality Control mgr. Then Reports to LRS mgr that a box of Tamiflu is unaccounted for. Contact security and have them track down pickers that left the LRS due to illness.
14:18	When reconciling the shipping order to what has actually been received notices that the two boxes of meds are past their expiration date.	Inventory Control Mgr	Contacts LRS mgr, and removes them from inventory until issue resolved
14:20	<b>ENDEX</b>		

**Chapter 4: Analysis of Mission Outcomes**

Note: The Analysis of Mission Outcomes section provides an analysis of how well the participating agencies/jurisdictions addressed the mission outcomes. Mission outcomes are those broad outcomes or functions that are developed. The mission outcomes include: prevention/deterrence, emergency assessment, emergency management, hazard mitigation, public protection, victim care, investigation/ apprehension, recovery/remediation. The event/exercise goals and objectives will define the mission outcomes that are addressed by the event/exercise and that should be analyzed in this section of the AAR.

This section analyzes how well the participating jurisdictions as a whole achieved the expected mission outcomes in their response to the simulated terrorist event. The focus of this analysis is on outcomes rather than processes. The mission outcomes are actions the public expects from its public officials and agencies when faced with a terrorist threat or attack. Results for each mission outcome should be summarized by outcome area. A detailed analysis of the activities and processes that contributed to results related to the mission outcomes will be in the following chapter.

The Mission functions of the LRS exercise include general SNS, receiving, reappportionment, shipment, security, and communication. These exercise goals are assessed using the established objectives listed previously.

**General:**

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O5: JITT was conducted per LRS discipline by SNS trained staff using Job Action Sheets, Buncombe County executive summary and job review.

O12: Credentialing of all participants, players, and observers took place on site however lines and bottlenecks occurred. Additional staff will be required during credentialing in the future.

O14: The Buncombe County Chain of Custody form was distributed to all participants the morning of the exercise and LRS managers were trained during JITT on the documents. Evaluators identified that these forms were used properly throughout the exercise.

O15: A limited ICS structure was used during the exercise since higher level ICS staff would have little to do in the LRS portion of the event. These ICS positions were duplicated to include all participants. ICS forms were handed out to participants the morning of the exercise and were used as needed.

### **Receiving:**

O1: Buncombe County LRS essential personnel were reached within 22 minutes after the activation of the LRS call down drill.

O4: PHP&R had the names of the County pharmacist and the LRS manager with the delivery driver who could sign for the SNS assets.

O17: The antiviral push pack was offloaded from the delivery truck using the AVL warehouse equipment provided through the memorandum of understanding with Asheville Regional Airport.

### **Reapportionment:**

O6: The SNS assets were offloaded and stored before being picked according to the SNS treatment center reapportionment plan. Boxes were stacked with label in and the medication within the boxes was not identifiable. Shrink wrapping of boxes was also an issue since the Public Health personnel were not familiar with these simple warehouse functions. The shrink wrapped boxes were not secured to the pallets.

O7: The SNS plan contained a formula based on percentages for the reapportionment of antivirals to treatment centers. The LRS team had difficulties collecting total assets received and reapportioning to the treatment centers based on the formula.

O9: The LRS staff received, reapportioned and shipped materials to Mission hospital within 35 minutes.

O16: The LRS manager did not test the calculation of med quantity but once the meds were picked the Q/A manager did check the quantity and the Inventory Control manager assured that each shipment was properly picked.

### **Shipment:**

O8: The LRS Manager and the Inventory Control Manager developed pick lists according to the treatment center transportation plan within the SNS plan. Issues arose in determining quantity as stated previously.

### **Security:**

O2: The LRS manager, Security manager, Safety manager, and Transportation

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manager developed the site and transportation security plan. The site security plan was a stand out section of the LRS exercise.

O3: Participants, Observers, and Players were credentialed and received badges before they were permitted into the gated warehouse area of the LRS.

### **Communication:**

O10: The Buncombe County Health Director, Medical Director, and Disease Control Supervisor held a mock press conference and answered media questions as a panel.

O11: The Buncombe County CPIT includes members from treatment centers such as Mission Hospital system. Communication between agencies was conducted through these liaisons to ICS members.

O13: A large JIC was established with public information officers from multiple agencies throughout Western North Carolina. All members of this JIC produced joint Buncombe County messages and press releases.

O18: All JIC members participated in a joint JITT prior to beginning the exercise. The JITT included JIC positions, WebEOC use, and the Buncombe County Crisis Information plan.

O19: All JIC members were assigned positions with detailed Job Action Sheets and were cross trained on all JIC positions.

O20: JITT included WebEOC system log in, navigation and operation.

O21: Media Players interacted with the JIC and pressured members for information. JIC members were responsible for rumor control and information accuracy in reasonable time. Someone should have been assigned just to rumor control from the onset. 911 was never provided with information numbers. There was conflicting information regarding who the spokesperson was going to be.

## **Conclusions**

### **Participant Capabilities:**

The participants in this exercise did an incredible job working from an SNS plan that they were not familiar with in an unfamiliar environment, usually in an LRS position that they do not perform in their own county/ district. The JITT was extremely difficult since personnel changed at the last moment and it required training people with no experience in a position on the spot. It is recommended that individuals be cross-trained ahead of time in multiple positions in the likely event that they will be responsible for more than one position. Controllers and evaluators differed in their abilities based on prior experience. All controllers and evaluators had the same training leading up to the exercise but some had had previous experience in these roles.

### **Improvements and Recommendations:**

Improvements are outlined in the Corrective Action Plan (CAP) below for Buncombe County. Each county completed its own CAP to be submitted to PHP&R.

#### **Exercise Design recommendations:**

With this large scale exercise, logistics was the initial issue discovered in the planning process. In a planning process of this magnitude, an ICS should be implemented to simply plan the exercise with a full logistics system responsible

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for food, space, equipment, and supplies. If this is not feasible, it is recommended that an assistant be assigned to the exercise planner and be responsible for acquiring these resources.

During the exercise, the exercise planner should have no part in the exercise but be prepared to manage issues arising during the course of the exercise outside its scope. These include but are not limited to facility, personnel, equipment, supply, and physical direction. This exercise incorporated a control cell which included two master controllers who created and disseminated injects to the controllers responsible for the separate aspects of the exercise. This worked well, though communication was tested when the first two lines of communication were not available. Redundant systems are important to backup essential services.

The second master controller was kept busy with exercise details and unable to participate as a controller for nearly half of the exercise. Exercise problems included the delivery driver going to the wrong place twice, and communication problems between the JIC, LRS, and SimCell LRS with the control cell. A Treatment Center driver refused to be credentialed. These were all real world events that could have been managed by an exercise IC.

#### Future Steps:

Once this document and the CAP documents are circulated among the regional stakeholders, the next step is implementation of improvements as outlined within each jurisdiction's CAP. The Preparedness Coordinator assigned to each Health Department or Health District in Region 6 is responsible for refining plans based on recommendations and lessons learned. The bimonthly regional Preparedness Coordinator meeting is the venue for resolving issues or discussing ideas for future improvements. One hour per session should be set aside in the agenda to discuss county SNS plan improvements based on the CAP and AAR findings.

PHRST 6 and the state Preparedness Coordinators Conference is the proper venue for discussing state PHP&R problems with the TAR, delivery of assets, or funding problems.



**Corrective Action Plan**

<b>Improvements</b>	<b>Actions to be completed</b>	<b>Parties responsible</b>	<b>Completion dates</b>
<b>LRS component</b>			
JITT for all LRS Positions	need accompanying ICS forms and other needed forms in each persons position packet	Chris Emory	12/30/08
	develop JITT ed. Packets/position	Chris Emory	02/28/09
	obtain experienced inventory control mgr. to provide training; drill setting up a inventory control system	PHRST 6 - Reg Pharm	06/04/08
	develop JAS and JITT forms to be used regionally	Chris Emory	12/30/08
	determine positions that could be consolidated, consolidate, and make changes in JAS	Chris Emory	
	conduct a drill setting up a inventory control system	Chris Emory	05/30/09
	identify PCs willing to become Subject Matter Experts (SME) for each LRS position.	Chris Emory	08/07/08
	conduct more in-depth training of LRS management staff	SMEs	04/30/09

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use of ICS forms	make sure appropriate forms in correct packet	PC	12/30/08
	mock up of an IAP that identifies activities down to the level of the LRS	PHRST 6	12/30/08
confusion of use of ICS structure	during the next drill, have a real time ICS structure implemented properly to establish chain of command so as to exercise real communication between LRS mgr. and supervisor.	PHRST 6	12/30/08
	develop an organizational chart that reflects the location of the LRS	PHRST 6	12/30/08
credentialing/check-in	Identify space with a separate entrance and exit or a space with an open bay; multiple tables for check-in	exercise planning committee of next regional exercise	05/30/09
	increase # of staff assigned this role	exercise planning committee of next regional exercise	05/30/09
	develop a check list of things that need to be done at check-in; develop	Chris Emory	12/30/08

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	JASfor this position		
	provide clear directions with signage	exercise planning committee of next regional exercise	05/30/09
accessibility and organization of participant exercise materials	Place all materials each exercise participant receives and needs in one binder/folder	exercise planning committee of next regional exercise	05/30/08
supplies needed for warehouse set up	make list of supplies needed; prepare warehouse boxes/bins in advance; make delivery of supply bins part of a JAS	Chris Emory	12/30/08
identification of backups for all LRS positions and any staff who have leadership roles on day of exercise	assure backups have adequate prior training before event	Chris Emory	04/30/09
<b>JIC component</b>			
advise the public of what actions are being taken to meet the need and what to expect and when	Update Crisis Communication plan	Deborah Gentry	12/30/08
official media message written by the JIC manager and delivered	Include lacking public information in Pandemic Influenza Crisis Communication	Deborah Gentry	12/30/08

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	Plan		
JIC physical layout and design needs to be technologically updated	Use EM facility for JIC functions	Health Director	9/30/08
<b>exercise planning, development and conduct issues</b>			
exercise logistical needs	assign assist. for logistics of the ex, separate from the logistics chief of ICS structure	communicate to PHP&R	n/a
	Ex. IC separate from scenario IC		n/a
coordination between RSS and LRS ex. deliverables	need planning conference between state and locals before the formal ex. planning takes place to determine objectives.	communicate to PHP&R	n/a
	State needs to determine the ex. expectations for the state and locals prior to engaging local health departments.	communicate to PHP&R	n/a