

**Florida Department of Health  
CDC Pandemic Influenza Exercise After Action Report/Improvement Plan**



**FLORIDA DEPARTMENT OF HEALTH INFLUENZA PANDEMIC EXERCISE**

**March 1 - 3, 2011**

**AFTER ACTION REPORT/IMPROVEMENT PLAN**

**May 2011**

**Florida Department of Health  
CDC Pandemic Influenza Exercise After Action Report/Improvement Plan**

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

Adopted on 10/3/11 by:



Rhonda White, M.B.A.

Chief

Bureau of Preparedness and Response

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**ADMINISTRATIVE HANDLING INSTRUCTIONS**

1. The title of this document is the Florida Department of Health Influenza Pandemic Exercise After Action Report.
2. This is a public document – no special handling instructions are required.
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**EXECUTIVE SUMMARY**

The Florida Department of Health participated in a Centers for Disease Control and Prevention (CDC) discussion based influenza pandemic exercise, conducted March 1-3, 2011.

The exercise planning team was composed of three individuals, representing the Division of Disease Control and the Bureau of Preparedness and Response. The exercise planning team discussed the capabilities to be tested. After some discussion and consultation, the decision was made to test DOH's capabilities, specifically related to

1. Manage Emergency Public Information and Warnings
2. Epidemiological Surveillance and Investigation
3. Emergency Operations Center (EOC) Management

The CDC had four exercise objectives that were included as part of the exercise design. They were:

- Objective 1: Change and test aspects of the response plans in need of improvement, as identified in the recent H1N1 response;
- Objective 2: Imprint successful aspects of the H1N1 response that worked well;
- Objective 3: Train people that were not involved in or those that had changed roles since the previous response; and,
- Objective 4: Sustain a sense of urgency to be prepared.

Based on the exercise planning team's deliberations, the following objectives were developed for the influenza pandemic exercise:

- Objective 1: Discuss the strengths and opportunities in our response procedures, as identified in the recent H1N1 response
- Objective 2: Provide CDC feedback regarding their influenza response activities

The purpose of this report is to analyze exercise results, identify strengths to be maintained and built upon, identify potential areas for further improvement, and support development of corrective actions.

**Major Strengths**

The major strengths identified during this exercise are as follows:

- The Division of Disease Control, Bureau of Epidemiology was able to quickly analyze the data presented, identifying trends and providing information for evidence based decision making.
- The team members were of impressive caliber.
- Identification of corrective actions for overall exercise design for future exercises

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**Primary Areas for Improvement**

Throughout the exercise, several opportunities for improvement in DOH's ability to respond to the incident were identified. The primary areas for improvement, including recommendations, are as follows:

- Dissemination and training on approved appendices, annexes and Standard Operating Guidelines (SOGs) prior to the next exercise, incident or event
- Involvement of technical specialists in the development of the Incident Action Plan (IAP) prior to the IAP meeting
- Communication of roles, responsibilities and expectations of participants prior to and during the exercise, incident or event.



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**SECTION 1: EXERCISE OVERVIEW**

**Exercise Details**

**Exercise Name**

Florida Department of Health Influenza Pandemic Exercise

**Type of Exercise**

Tabletop Exercise

**Exercise Start Date**

March 1, 2011

**Exercise End Date**

March 3, 2011

**Duration**

2.5 days

**Location**

Florida State Emergency Operations Center

**Sponsor**

Centers for Disease Control and Prevention

Florida Department of Health

**Program**

Centers for Disease Control and Prevention 2011 grant

**Mission**

Prevent, Protect, and Response

**Capabilities**

Emergency Public Information and Warning

Epidemiological Surveillance and Investigation

Emergency Operations Center (EOC) Management

**Scenario Type**

Naturally occurring biological event.

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**Exercise Planning Team Leadership**

Patrick Gardner

Role: Exercise Design Team, Controller, Facilitator

Organizational Affiliation: Planning Unit, Response Section, Bureau of Preparedness and Response, Division of Emergency Medical Operations, Florida Department of Health

Aaron Otis

Role: Exercise Design Team

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Colin Malone

Role: Exercise Design Team

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**Participating Organizations**

Department of Health and Human Services, Centers for Disease Control and Prevention  
L-3 Stratus (Centers for Disease Control and Prevention contractor assigned to evaluate the exercise)

Florida Department of Health

**Number of Participants**

- Players: 15 (Division of Disease Control, Division of Emergency Medical Operations, Office of Communications)
- Controllers: 1
- Evaluators: 1
- Facilitators: 1
- Observers: 0
- Victim Role Players: 0

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**SECTION 2: EXERCISE DESIGN SUMMARY**

**Exercise Purpose and Design**

The influenza pandemic tabletop exercise was conducted to test:

- Incorporation of Pandemic Influenza Plan changes or sustainment of beneficial preparedness and response activities undertaken in the recent H1N1 pandemic experience and informing the revision of the Department of Health Pandemic Influenza Plan.
- Knowledge of new staff in their response roles.

**Exercise Objectives, Capabilities, and Activities**

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

The following information identifies exercise objectives and the capabilities to be tested/demonstrated during the exercise:

Capability 1

<b>Objective:</b> Demonstrate that the public receives prompt, accurate, and useful information regarding threats to their health, safety and property. The public receives clear, consistent information and periodic updates outlining protective measures that can be taken by individuals and their communities.
<b>Capability Title:</b> Manage Emergency Public Information and Warnings
<b>Capability Description:</b> Develop, coordinate, and disseminate accurate alerts and emergency information to the media and the public prior to an impending emergency. Activate warning systems to notify those most at-risk in the event of an emergency.
<b>Activities</b> <ul style="list-style-type: none"><li>• Activate and implement plans, procedures, and policies for coordinating, managing, and disseminating public information and warnings.</li><li>• Coordinate public health risk communications emergency information.</li><li>• Provide instructions or guidance on procedures for protective actions by individuals and communities.</li></ul>

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Capability 2

<b>Objective:</b> Demonstrate the capability to coordinate and investigate area surveillance data to identify a biological agent and support other agencies in their response efforts to a biological incident.
<b>Capability Title:</b> Epidemiological Surveillance and Investigation
<b>Capability Description:</b> Conduct epidemiological investigations in a short time frame.
<b>Activities</b> <ul style="list-style-type: none"> <li>• Analyze surveillance data</li> <li>• Detect suspected outbreak through pattern recognition</li> <li>• Define case characteristics</li> </ul>

Capability 3

<b>Objective:</b> Demonstrate the ability to implement an Incident Command System, with transition to a Unified Command System to effectively direct, coordinate, and manage a response to a biological incident.
<b>Capability Title:</b> Emergency Operations Center (EOC) Management
<b>Capability Description:</b> Provide multi-agency coordination (MAC) for incident management by activating and operating an EOC for a pre-planned or no-notice event.
<b>Activities:</b> <ul style="list-style-type: none"> <li>• Develop, adapt, or implement plans to support Incident Command, Unified Command, or other agencies as needed.</li> <li>• Brief chief executives and other key officials of the jurisdictions in the jurisdictions' command and control plans for large-scale emergencies.</li> <li>• Collect, analyze, and disseminate information and intelligence</li> </ul>

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**Scenario Summary**

**Exercise Beginning Conditions**

- WHO Public Health Emergency of International Concern has been declared.
- WHO Pandemic Phase 6 declared.
- Secretary, HHS has declared a U.S. Public Health Emergency.
- Sustained human-to-human transmission within the United States has been confirmed.

**The Virus**

- Virus defined as A/Egypt//6/2011 (H5N1).
- CDC in collaboration with US Naval Medical Research Unit No. 3 (Cairo, Egypt) used available sequence data to determine evolutionary relationships for H5N1 virus versus previously circulating viruses.
- Virus remains stable and has demonstrated little antigenic drift.
- The virus has changed its receptor binding affinity from birds to humans.
- The virus retains its distinct pathogenicity markers.
- The entire global population is susceptible to the novel H5N1 virus.

**International Pandemic Characteristics**

- Ro (reproductive ratio) = 1.5 - 1.8
- Case fatality rate (CFR) = 5.5%
- Case hospital rate (CHR) = 19%
- Incubation period = 3 days
- Average hospital time = 6 days
- Average time from infection to death = 5 days
- Age distribution pattern: highest risk in young children, adults 20-40 years of age, and persons >65

<b>US Cases (as of 2/28/11)*</b>	<b>Confirmed Cases</b>	<b>Probable Cases</b>	<b>Total Cases</b>	<b>Deaths</b>
NY City	124	41	165	2
GA	112	38	150	3
FL	112	37	149	3
WA	103	35	138	1
MI	78	21	99	1
Chicago	68	7	75	0
OH	60	5	65	0
CA	51	17	68	0
TX	49	7	56	0
AR	42	9	51	0
NC	17	6	23	0
ND	13	2	15	0
<b>TOTAL</b>	<b>829</b>	<b>225</b>	<b>1,054</b>	<b>10</b>

\* SELECT CITIES ARE INCLUDED IN CASE COUNTS AS THESE CITIES WERE INVOLVED IN THE EXERCISE.

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Florida Department of Health officials report H5N1 outbreaks in four counties including the Miccosukee Tribe/Tamiami Trail Reservation. Florida's first reported confirmed case was reported on February 17, 2011. As of Feb 28, 2011, Orange County reported 40 confirmed cases, 13 probable cases, and two deaths. Miami-Dade County reported 39 confirmed cases, 14 probable cases, and one death. In addition, the Miccosukee Tribe/Tamiami Trail Reservation in Miami-Dade County reported three confirmed cases and one probable case. Hillsborough County reported 30 confirmed and nine probable cases. CDC deployed an Epi-aid team on February 27, 2011 to assist Florida in its surveillance and investigation efforts. Of concern was that many of these cases were occurring in tourist areas and threatening an already economically fragile Florida tourist industry recovering from the Deepwater Horizon oil well spill.

### **Additional Start of Exercise (STARTEX) Conditions (as of February 28, 2011)**

Overall:

- There were lab confirmed cases reported in seven HHS regions; there were deaths reported in three HHS regions.
- The Stafford Act had not been declared.
- The Federal Emergency Management Agency (FEMA) H5N1 Regional Coordination Teams had not been deployed. CDC Epi-aid teams (12 personnel) were deployed to NYC, FL, and GA. Deployment staff coordinated additional deployments.
- Daily situation reporting to HHS had started.

State Coordination:

- The CDC's Public Health Emergency Preparedness grant guidance provided to project areas was under review for possible redirection of funds to response efforts.
- Public Health and Emergency Response funding was expected.
- Daily ASTHO/NACCHO (Association of State and Territorial Health Officials / National Association of County and City Health Officials) calls had started.

Strategic National Stockpile (SNS) project areas had received 25% pro-rata of their SNS antivirals.

### **Exercise Daily Injects**

Day one of the exercise consisted of injects to:

- drive discussion and actions related to determination of the command structure.
- address allocation and apportionment issues.
- discuss medical surge issues.
- begin to implement crisis and emergency risk communications (CERC) to partners and the public based on the Pandemic Influenza Plan.

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Day two of the exercise consisted of injects to:

- drive discussion and actions related to the Incident Action Plan.
- develop briefings for senior leadership.
- plan for the allocation and apportionment use of non pharmaceutical interventions, and other issues (specifically personal protective equipment and ventilators).
- drive structure and content for regularized afternoon briefings.

Day three of the exercise consisted of injects to:

- drive discussion and actions related to determination of the allocation and apportionment use of non pharmaceutical interventions in Florida.
- drive risk communications to the public and special target audiences, messaging to partners and the public.
- drive “hot wash” discussions at the conclusion of the exercise.

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**SECTION 3: ANALYSIS OF CAPABILITIES**

This section reviews the performance of the exercised capabilities, activities, and tasks. Observations are organized by capability and associated activities. The capabilities linked to the exercise objectives of the Influenza Pandemic Exercise are listed below, followed by corresponding activities. Each activity is followed by related observations, which include references, analysis, and recommendations.

The influenza pandemic tabletop exercise was conducted to test:

- Incorporation of Pandemic Influenza Plan changes or sustainment of beneficial preparedness and response activities undertaken in the recent H1N1 pandemic experience and informing the revision of the Department of Health Pandemic Influenza Plan.
- Knowledge of new staff in their response roles.

### **Capability 1: Manage Emergency Public Information and Warnings**

**Capability Summary:** Develop, coordinate, and disseminate accurate alerts and emergency information to the media and the public prior to an impending emergency and activate warning systems to notify those most at-risk in the event of an emergency. By refining its ability to disseminate accurate, consistent, timely, and easy-to understand information about emergency response and recovery processes, a jurisdiction can contribute to the well-being of the community during and after an emergency.

**Activity 1.1:** Activate plans, procedures, and policies for coordinating, managing, and disseminating public information and warnings.

**References:** Crisis and Emergency Risk Communication Annex to the DOH Emergency Operations Plan, procedures developed as part of the Information Management Branch section of the command structure from previous events.

**Observation 1.1:** Injects generated superficial discussion related to the process of developing, approving and disseminating H5N1 information to both internal and external audiences. Neither injects nor discussion, addressed full capability and target audiences.

**Analysis:** No discussion in reference to people with communications disabilities and their ability to access incident information (such as availability and use of a TDD number)

**Recommendations:** Include more specific, functional objectives in future exercises, related to identification of target audiences (including vulnerable populations) and methods utilized to reach these populations. In future exercises, test existing processes for developing, approving and disseminating messages to target audiences within FDOH (internal) and external partners.

**Activity 1.2:** Coordinate public emergency information.

**References:** Rumor Control Standard operating Guidelines.



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**Observation 1.2:** Injects and discussion were not in-depth regarding rumor control, social media, Joint Information Center activation and operation, communication related to vaccine deployment strategy and confusion resolution with messaging.

**Analysis:** Information was useful to participants in the exercise who do not work in the Office of Communications. The increased use of social media, day to day and during disasters, addressing rumors and perceptions with a coordinated message is critical importance.

**Recommendations:** Monitor/support pilot of draft FDOH social media policy. Monitor/support pilot of CERC Social media/rumor control SOGs. Include operational objectives in future exercises to test a) methods to address rumor control, b) the use of social media as an information dissemination venue, and, c) activation and utilization of a Joint Information Center to coordinate emergency public health messaging.

### Capability 2: Epidemiological Surveillance and Investigation

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

**Activity 2.1:** Analyze surveillance data

**References:** Department Biological Incident Annex

**Observation 2.1:** The Bureau of Epidemiology staff participating in the exercise identified unique, unrealistic patterns in the exercise data. The team determined that all of the cases were from one zip code; this type of distribution would have allowed for the use a ring vaccination model.

**Analysis:** Technical specialists were quickly able to identify patterns and errors in the exercise data for those cases meeting the CDC case definition of influenza infection.

### Capability 3: Emergency Operations Center (EOC) Management

**Capability Summary:** *“Emergency Operations Center (EOC) Management is the capability to provide multi-agency coordination (MAC) for incident management by activating and operating an EOC for a pre-planned or no-notice event. EOC management includes EOC activation, notification, staffing, and deactivation; management, direction, control, and coordination of response and recovery activities; coordination of efforts among neighboring governments at each level and among local, regional, State, and Federal EOCs; coordination public information and warning; and maintenance of the information and communication necessary for coordinating response and recovery activities.”*

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**Activity 3.1:** Develop, adapt, or implement plans to support Incident Command, Unified Command, or other agencies as needed.

**References:** There are no written procedures for EOC or ESF8 regular meetings beyond the future SOG that is the subject of Observation 3.1.1 below.

**Observation 3.1:**

1. Participants discussed key actions that are not documented e.g. briefings type and structure.
2. Exercise participants did not consistently act according to related plans/ documents.
3. Exercise participants deviated from instructions given by the facilitator. Some participants decided to deviate from the exercise. There was no exercise reaction to allocation and apportionment injects because key players were not present.
4. The IAP lacked specificity needed to successfully meet objectives in the operational period.
5. Key personnel were not available to participate in exercise.

**Analysis:**

1. Exercise and actual events should take into consideration and utilize what has already been developed, unless the needed Standard Operating Guide or other document can be developed quickly.
2. While deviations from instructions may have an impact in an exercise and not result in a negative outcome, the deviations in an actual event could have catastrophic consequences.
3. An annex summary was provided at the start of the exercise but was not used by participants. This disregard for plan (“Annex”) contents, prescribed activities, and procedures could result in unintended consequences in an actual event.
4. See analysis item #3 above. IAPs need to be tailored to incidents, incorporating lessons learned and actions and procedures that previously worked that can or should work in the current incident or event. Blind acceptance of previous IAPs is to be avoided.
5. Participants, whether in an exercise or real incident or event, need to have a basic understanding of the planned actions will be of major ESF8 partners. This will enable participants to have more than their own parochial, or silo’d perspectives, and additionally, will allow them to anticipate actions of these partners, for incorporation into their own tactical or operational planned activities.
6. While ESF 8 collectively may be able to conduct an IAP meeting or deliver a briefing, the same cannot be said for all the participants in the exercise. Each person involved in the exercise has different knowledge, skills, abilities and proficiencies. These injects were designed to demonstrate and exercise the technical process involved in the creation of these products and were for the benefit of all involved.
7. Injects were provided to the participants as a group so that all participants could hear the inject at the same time, including the ECO. After the inject was delivered, it is up to the ECO, Command and General staff in the command structure to determine to the response, and delegate responsibilities for the response. The lack of use of EM Constellation was an exercise artificiality. While technical specialists are primarily located in the Planning Section of the response structure, they can be assigned anywhere within the overall structure based on the needs of the incident, or simply brought in as necessary to provide specialized advice on resolution of technical issues.
8. Having the ‘right’ people involved in the response (exercise or real event) is critical for a

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successful response, but not always achieved due to other commitments or absences. This is another reason for positional staffing to be a minimum of “three deep.”

9. When timeliness, meeting and exercise discipline are lacking, there is a good probability that the responses (in exercise as well as real incident) will be degraded.

### Recommendations:

#### Exercise Play

- Complete and disseminate briefing template. Train to new format. Revisit briefing format in future exercises...
- Disseminate and train to plans related to this exercise e.g. ESF8 SOGs, Pan Flu Annex. In future exercises, incorporate injects that direct participants to a) compare exercise actions to related plans/documents, b) clearly note when there is a deviation from a plan and why. Have reps from plan participating entities in the exercises.
- Conduct Incident Action Plan Meeting training with all Command and General Staff, and Unit Leaders. Orient SMEs on IAP meeting protocol and technical advisory group procedures and roles as advisors not decision makers.
- Train exercise participants in exercise protocols, procedures, and conduct.
- In future exercises, exercise the initial IAP objectives development process, including use of technical specialists.
- Ensure that exercise participants are clearly identified utilizing Command and General Staff and technical specialists, and are provided adequate notice and expectations regarding exercise attendance. Follow EOP for three-deep staffing.

#### For future exercises

- For future discussion-based exercises, for which there are existing plans being tested, incorporate direct references to those related plans. Develop an Exercise Facilitator Manual that describes and directs facilitator role in influencing TTX participants’ actions during an exercise.
- For exercises that do not test plans, but rather lay the predicate for plans, there are options to consider:
  - a. Develop “field expedient” plan to meet needs in real time or exercise time frames;
  - b. Identify end state and more toward it;
  - c. Identify critical players and steps or interim milestones;
  - d. Review current plans and other guidance documents that can modified to meet needs.
- Train staff to optimize simulation of “real” decision-making by participants.
- Whenever possible, involve appropriate technical specialists in scenario-development to optimize future exercises.
- Whenever possible, Florida DOH reps should have an active role in exercise design.

**Activity 3.2:** Brief chief executive and other key officials of the jurisdiction in the jurisdiction’s command and control plans for large-scale emergencies.

**References:** There are no written procedures for EOC or ESF8 regular meetings or briefings beyond the future SOG that is Observation 3.1.1 above.

**Observation 3.2:** This inject was presented but not acted upon by the exercise participants. Some participants decided to deviate from the exercise. There was no exercise reaction the

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development of a “command briefing” because there was disagreement among participants as to whether there was a standard briefing format, and if so, whether it should be used in this instance.

**Analysis:** Exercise facilitator was informed by participants that briefings to leadership are made, and are based on the situation, and do not follow a prescribed format

**Recommendations:** See recommendations for 3.1.1. Analyze format as to whether it meets needs. Adopt a standard format, and conduct training.

### SECTION 4: CONCLUSION

Capabilities were demonstrated in the exercise, some to a greater degree than others. This may have been an artifact of exercise design or reflective of the players’ involvement in the exercise. The representatives of the Bureau of Epidemiology immersed themselves. Their responses and analyses were exemplary. Others attended with little interest or preparation or exercise perspective.

The exercise did identify strengths of the individuals and the DOH response system. As indicated above, representatives of the Bureau of Epidemiology responded to the exercise as they would in a real event. Representatives of the Office of Communications actively participated and interfaced with other exercise participants.

Opportunities for improvement were identified related to:

- Dissemination and training on approved appendices, annexes and Standard Operating Guidelines (SOGs) prior to the next exercise, incident or event
- Involvement of technical specialists in the development of the Incident Action Plan (IAP) prior to the IAP meeting
- Communication of roles, responsibilities and expectations of participants prior to and 120
- during the exercise, incident or event.

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**APPENDIX A: IMPROVEMENT PLAN**

This IP has been developed specifically for Florida Department of Health Central Office as a result of Influenza Pandemic Exercise conducted on March 1-3, 2011. These recommendations draw on both the After Action Report and the After Action Conference.

The influenza pandemic tabletop exercise was conducted to test:

- Incorporation of Pandemic Influenza Plan changes or sustainment of beneficial preparedness and response activities undertaken in the recent H1N1 pandemic experience and informing the revision of the Department of Health Pandemic Influenza Plan.
- Knowledge of new staff in their response roles.

**Table A.1: Improvement Plan**

Capability	Observation	Recommendation	Capability Element	Responsible Entity	Current POC	Due Date
<b>1. Manage Emergency Public Information and Warning</b>	<b>1.1:</b> Injects generated superficial discussion related to the process of developing, approving and disseminating H5N1 information to both internal and external audiences. Neither injects nor discussion addressed full capability and target audiences.	1.1.1 Include more specific, functional objectives in future exercises, related to identification of target audiences (including culturally diverse and vulnerable populations) and methods utilized to reach these populations.	Planning	DOH Bureau of Preparedness and Response	Information Management Unit Leader Ann Rowe-McMullen	completed 9/29/2011

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Capability	Observation	Recommendation	Capability Element	Responsible Entity	Current POC	Due Date
		1.1.2 In future exercises, test existing processes for developing, approving and disseminating messages to target audiences within FDOH (internal) and external partners.	Planning	DOH Bureau of Preparedness and Response	Information Management Unit Leader Ann Rowe	4/30/12
	<b>1.2:</b> Injects and discussion were not in-depth regarding rumor control, social media, Joint Information Center activation and operation, communication related to vaccine deployment strategy and confusion resolution with messaging.	1.2.1 Release draft FDOH social media policy.	Planning	DOH Bureau of Preparedness and Response	Information Management Unit Leader Ann Rowe	4/30/12

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Capability	Observation	Recommendation	Capability Element	Responsible Entity	Current POC	Due Date
		1.2.2 Pilot CERC Social media/rumor control SOGs	Planning	DOH Bureau of Preparedness and Response	Information Management Unit Leader Ann Rowe	4/30/12
		1.2.3 Include operational objectives in future exercises to test a) methods to address rumor control, b) the use of social media as an information dissemination venue, c) activation and utilization of a Joint Information Center to coordinate emergency public health messaging.	Planning	DOH Bureau of Preparedness and Response	Information Management Unit Leader Ann Rowe	4/30/12

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Capability	Observation	Recommendation	Capability Element	Responsible Entity	Current POC	Due Date
<b>3: Emergency Operations Center (EOC) Management</b>	3.1 Participants discussed key actions that are not documented e.g. briefings type and structure.	3.1.1 Complete and disseminate briefing template.	Planning	DOH Bureau of Preparedness and Response	Planning Coordinator (after Emergency Coordination Officer approves) Samantha Cooksey	Completed 8/31/11
		3.1.2 Train to new format.				4/30/2012
		3.1.3 Revisit briefing format in future exercises.				4/30/2012
	3.2. Exercise participants did not consistently act according to related plans/ documents.	3.2.1 Disseminate and train to plans related to this exercise e.g. ESF8 SOGs, Pan Flu Annex.	Training	DOH Bureau of Preparedness and Response	Training & Exercise Manager Aaron Otis	6/1/12
		3.2.2 In future exercises, incorporate injects that direct participants to a) compare exercise actions to related plans/documents, b) clearly note when there is a deviation from a plan and why.	Training	DOH Bureau of Preparedness and Response	Training & Exercise Manager Aaron Otis	6/1/12



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Capability	Observation	Recommendation	Capability Element	Responsible Entity	Current POC	Due Date
		3.2.3 Have reps from plan participating entities in the exercises.	Training	DOH Bureau of Preparedness and Response	Training & Exercise Manager Aaron Otis	6/1/12
	3.3. Exercise participants deviated from instructions given by the facilitator. Some participants decided to deviate from the exercise. There was no exercise reaction to allocation and apportionment injects because key players were not present.	3.3.1 Train exercise participants in exercise protocols, procedures, and conduct.	Training	DOH Bureau of Preparedness and Response	Training & Exercise Manager Aaron Otis	6/1/12
	3.5. Key personnel were not available to participate in exercise.	Identify Command and General Staff personnel, and technical specialists, and provide adequate notice and expectations regarding exercise attendance per the ESF8 SOP.	Planning	DOH Bureau of Preparedness and Response	Training & Exercise Manager Aaron Otis	6/1/12

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Capability	Observation	Recommendation	Capability Element	Responsible Entity	Current POC	Due Date
	3.6 There was no agreement among key leaders on format and content of briefing for SSG.	3.6.1 Complete and disseminate briefing template.	Command, Planning	DOH Bureau of Preparedness and Response	ESF8 Systems Unit Samantha Cooksey	Completed 8/31/11
		3.6.2 Train to new format.	Training	DOH Bureau of Preparedness and Response	ESF8 Systems Unit Samantha Cooksey	4/30/2012
		3.6.3 Revisit briefing format in future exercises.	Training	DOH Bureau of Preparedness and Response	ESF8 Systems Unit Samantha Cooksey	4/30/2012

**Florida Department of Health  
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**APPENDIX B: EXERCISE EVENTS SUMMARY TABLE**

Day	Inject Number	From	To	Inject Method	Summary of Inject	Comment
1	1	DOH	CDC	Email 0800	What is the key epi data re US H5N1 pandemic characteristics (R0, CFR, CHR, etc). If already published, request an update.	
	2	Health care facility	DOH	Email 0805	Health care facilities are requesting additional Tamiflu resources. (goal test the ability of logistics to provide this to Epi/planning for impact assessment and allocation)	
	3	DOH	CDC	Email 0800	Florida is requesting an additional 25% of its SNS allocation of antivirals, PPE and ancillary supplies. Additional allocation is needed for the temporary expanded population in Florida – tourists, ‘snowbirds’ about to return to their permanent homes in the north; spring break students (etc)	
	4	ESF 12	ESF 8	Voice 0830	ESF 12 has been contacted by the FL Nuclear Power Plants who are requesting Tamiflu for their workers. They indicated failure to supply Tamiflu could result in the shut down of the plants. This could result in 4.6 million people not having power.	
	5	DOH	CDC	Email 0900 hrs	Florida is requesting the immediate distribution of XXXX doses of H5N1 pre-pandemic vaccine for use by health care workers, first responders and key infrastructure personnel	
	6	DOH	CDC	Email 1000 hrs	Request approval to issue antiviral medicine for prophylactic use to health care workers, first responders and key infrastructure personnel	
	7	DOH	DOH	Voice	CDC has contacted the State Epidemiologist	

**Appendix B:  
Exercise Events Summary Table**

**Florida Department of Health  
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Day	Inject Number	From	To	Inject Method	Summary of Inject	Comment
				1015	requesting resource needs.	
	8	DOH	DOH	Voice 1015	CDC has also contacted the SNS Coordinator requesting resource needs.	
	9	CDC	DOH	Voice 1030	CDC project officer is requesting a copy of our pre-pandemic distribution plan, in the event X amount of doses become available in a week or two.	
	10	CDC	DOH	Voice 1040	CDC has requested the number of available beds	
	11	FHA	DOH	Voice 1045	FHA is reporting that several hospitals have been directly contacted by CDC to report bed availability.	
	12	DOH	CDC	Email 1100	CDC is requesting a copy of our pre-pandemic distribution plan, in the event X amount of doses become available in a week or two.	
	13	ASPR	DOH	Voice 1115	ASPR has requested the number of available beds.	
	14	DHS	DOH	Email 1120	DHS Office of Health Affairs has requested the number of available beds.	
	15	DOH	CDC	Email 1600	FHA is reporting that several hospitals have been directly contacted by CDC to report bed availability.	
	16	DOH	DOH	Voice 0800	Incident Action Plan Meeting	
2	17	DOH	DOH	Voice 0900	Leadership requesting a brief in two hours	
	18	DOH	CDC	Email 1000 hrs	Request CDC plan for purchase, allocation, distribution and the establishment of priority groups for pandemic H5N1 vaccine.	
	19	Open Source	DOH	Email 1015	Hillsborough School District has decided to close schools due to illness. Pinellas county	

**Appendix B:  
Exercise Events Summary Table**

**Florida Department of Health  
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Day	Inject Number	From	To	Inject Method	Summary of Inject	Comment
					has requested that a state wide guidance be issued since they are not closing.	
	20	DOH	CDC	Email 1000 hrs	ILI is increasing beyond the norm in the Orlando area	
	21	DOH	DOH	Email 1300	Healthcare and Pre-hospital workers request masks and fit-testing. Develop a policy which includes an allocation method for the (1.2 million respirators). (Allocation and Responder Safety and Health)	
	22	DOH	DOH	Email 1400	Epi analysis indicates a higher than expected number of patients admitted to hospital Intensive Care Units is being placed on ventilators. Epi suggests that DEMO / ESF-8 determine the status of the ventilator cache, and how soon can it be deployed.	
	23	DOH	DOH	Email 1415	DOH IMT requests the type, kind, quantity and location of local and regional caches that could be used in this response.	
	24	DOH	DOH	Voice 0800	Incident Action Plan Meeting	
	25	DOH	DOH	Voice 0900	Dade County Health Department has been contacted by the Miami Heat about concerns over possible canceling their March 3 game with Orlando.	
3	26	DOH	DOH	Voice 0900	CHDs and the healthcare community are requesting that the reporting criteria, including the case-definition be refined. This is in response to them being over whelmed with reporting. They are also asking if individual case reporting is necessary.	
	27	DOH	DOH	Voice 0915	Hospitals have called indicating that they have not received recent ESF-8 Communications. How is the contact lists	

**Florida Department of Health  
CDC Pandemic Influenza Exercise After Action Report/Improvement Plan**

<b>Day</b>	<b>Inject Number</b>	<b>From</b>	<b>To</b>	<b>Inject Method</b>	<b>Summary of Inject</b>	<b>Comment</b>
					maintained?	
	28	DOH	DOH	Voice 0930	A call about a truck crash on I-75; crash occurred in GA but pay load is reported to contain 10,000 doses of vaccine with a destination of Florida.	
	29	DOH	DOH	Voice 0930	Bus drivers are reporting increase in illness the Orlando area, their union is requesting Tamiflu for all commercial drivers.	
	30	CDC	DOH	Email 0945	CDC is asking why the number of deaths being reported does not match the current ESSENCE data.	

**Florida Department of Health  
CDC Pandemic Influenza Exercise After Action Report/Improvement Plan**

**APPENDIX C: PERFORMANCE RATING**

**Florida Department of Health – Pandemic Influenza  
Functional Exercise Evaluation Form**

**Based on Exercise Design Objectives and Relative to Target Capabilities  
(Source for exercise objectives and performance measures: *Target Capabilities List (TCL) Version 2.0, Department of Homeland Security, 2007.*)**

**Evaluator’s Name:** Patrick Gardner  
**Evaluator’s Organization:** Planning Unit, Bureau of Preparedness and Response,  
 Division of Emergency Medical Operations, Florida Department of Health  
**Evaluator’s Phone:** 850-245-4404  
**Exercise Location:** State of Florida Emergency Operations Center  
**Exercise Jurisdiction:** Florida

Functional Exercise Objectives	Was the objective addressed and met?		
	Yes	No	Not Applicable
<b>(F) Onsite Incident Management:</b> <i>Demonstrate the ability to implement an Incident Command System, with transition to a Unified Command System to effectively direct, coordinate, and manage a response to a biological incident.</i>			
7-CDC has contacted the State Epidemiologist requesting resource needs?  Expected Action: State Epidemiologist will provide request to ESF 8 Command Staff. ESF 8 Staff will respond to CDC with expectations to coordinate resource requests through FL ESF 8 structure including DHHS RECs.	X		
8-CDC has also contacted the SNS Coordinator with a similar request?  Expected Action: SNS Coordinator will provide request to ESF 8 Command Staff. ESF 8 Staff will respond to CDC with expectations to coordinate resource requests and questions through the FL ESF 8 structure.	X		
9 & 12- CDC is requesting a copy of our pre-pandemic distribution plan, in the event X amount of doses become available in a week or two.  Expected Action: ESF 8 TAG will be convened to validate the state’s distribution plan. The distribution plan will be submitted		X	

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CDC Pandemic Influenza Exercise After Action Report/Improvement Plan**

Functional Exercise Objectives	Was the objective addressed and met?		
	Yes	No	Not Applicable
directly to the CDC Project Officer, or other designee assigned by CDC.			
21-Healthcare and Pre-hospital workers request masks and fit-testing. Develop a policy which includes an allocation method for the X amount of resources.  Expected Action: TAG will convene to develop allocation method. Advanced Planning and Planning will meet to develop alternative recommendations to include a reduction in resources or a solution in the event the TAG cannot reach an agreement.		X	
25-Dade County Health Department has been contacted by the Miami Heat about concerns over possible canceling their March 3 game with Orlando.  Expected Action: TAG is asked to consider the problem. The information management unit develops press release information concerning mass gatherings. Advanced planning is asked to start planning for similar issues with schools and other mass gatherings, recommendations to include how to keep open, how to keep close, etc...	X		
26-CHDs and the healthcare community are requesting that the reporting criteria, including the case-definition be refined. This is in response to them being over whelmed with reporting.  Expected Action: Technical specialists discuss the current case definition, come to a consensus on any changes if made or make the decision to stop counting individual cases that resolve without complication.	X		
ESF-8 is requesting the IMT Battle Rhythm and to whom will be attending. They are attempting to provide support as requested.  Expected Action: IMT provides meeting schedule to ESF 8.		X	
<b>Comments:</b> Participants activated a command structure. A Unified Command structure was not implemented as only DOH staff was participating in the exercise.			
<b>(2) Emergency Operations Center Management:</b> <i>Demonstrate the capability to effectively manage an incident through the use of multi-agency coordination.</i>			
4- ESF 12 has been contacted by the FL Nuclear Power Plants who are requesting Tamiflu for their workers. They indicated failure to supply Tamiflu could result in the shut down of the plants. This could result in X amount of people not having	X		



**Florida Department of Health**  
**CDC Pandemic Influenza Exercise After Action Report/Improvement Plan**

Functional Exercise Objectives	Was the objective addressed and met?		
	Yes	No	Not Applicable
power.  Expected Action: ESF 8 TAG determines course of action and ESF 8 implements the course. Advanced Planning is asked to consider ramifications of not supplying the Tamiflu.			
10- CDC has requested the number of available beds.  Expected Action: ESF 8 provides CDC with the current information and provides them with the reporting scheduling.	X		
11- FHA is reporting that several hospitals have been directly contacted by CDC to report bed availability.  Expected Action: ESF 8 works with CDC to insure that all official requests for bed availability, resources, etc come from ESF 8.	X		
22-Epi requests that the ESF-8 determine the status of the ventilator cache, and how soon can it be deployed.  ESF 8 Logistics will provide the number of the cache, the status and a timeline for moving the materiel.		X	
23- DOH IMT requests the type, kind, quantity and location of local and regional caches that could be used in this response.  Based on a provided list provided by the TAG and the ESF 8 Planning Section, ESF 8 Logistics will determine the type, kind, quantity and location of all identified resources.		X	
<b>Comments:</b> A Unified Command structure was not implemented as only DOH staff was participating in the exercise. Injects did simulate interactions with entities outside the DOH structure.			
<b>(3) Interoperable Communications:</b> <i>Demonstrate the ability to establish and maintain effective communications among all appropriate response locations, agencies, and emergency response personnel during a response to a biological incident.</i>			
2- Health care facilities are requesting additional Tamiflu resources.  Expected Action: ESF 8 Logistics will receive this inject and provide it directly to ESF 8 for planning considerations. (Critical Resource List)	X		
27-Hospitals have called indicating that they have not received recent ESF-8 Communications. How is the contact lists maintained?	X		

**Florida Department of Health**  
**CDC Pandemic Influenza Exercise After Action Report/Improvement Plan**

Functional Exercise Objectives	Was the objective addressed and met?		
	Yes	No	Not Applicable
Expected Action: ESF 8 will validate their list and respond accordingly to the inject.			
<b>Comments:</b> Communications, specifically messaging and public information injects did lead to some general discussion. Future exercises should test this capability more in depth than what was done for this exercise.			
<b>(4) Emergency Public Information and Warning:</b> <i>Demonstrate that members of the public receive prompt, accurate, and useful information regarding threats to their health, safety, and property. Additionally, the public receives clear, consistent information, and periodic updates outlining protective measures that can be taken by individuals and their communities.</i>			
28-A call about a truck crash on I-75; crash occurred in GA but pay load is reported to contain 10,000 doses of vaccine with a destination of central Florida.  Expected Action: Information Management Unit validates rumor and provides appropriate message. Advanced Planning Unit and the TAG determine the impact potential.		X	
29-Bus drivers are reporting increase in illness the Orlando area, their union is requesting Tamiflu for all commercial drivers. Expected Action: Information Management Unit validates rumor and provides appropriate message. Advanced Planning Unit and the TAG determine the impact potential.		X	
<b>Comments:</b> Communications, specifically messaging and public information injects did lead to some general discussion. Future exercises should test this capability more in depth than what was done for this exercise.			
<b>(5) Epidemiological Surveillance and Investigation:</b> <i>Demonstrate the capability to coordinate and investigate area surveillance data to identify a biological agent and support other agencies in their response efforts to a biological incident.</i>			
19- Hillsborough School District has decided to close schools due to illness. Pinellas county has requested that a state wide guidance be issued since they are not closing.  Expected Action: ESF 8 TAG is asked to develop a policy regarding school closures. ESF 8 coordinates this activity with the Board of Education (Simulated).	X		

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Functional Exercise Objectives	Was the objective addressed and met?		
	Yes	No	Not Applicable
<p>29-CDC is asking why the number of deaths being reported does not match the current essence data.</p> <p>Expected Action: Technical Specialist reviews the information and the TAG determines the appropriate response.</p>	X		
<p><b>Comments:</b> Epidemiology staff quickly identified trends and errors in exercise data. Rapid analysis of available information provided for the capability of evidence based decision – making.</p>			
<p><b>(6) Isolation and Quarantine:</b> <i>Demonstrate the ability to identify and implement appropriate protective actions based upon projected risks posed to the public by a biological incident.</i></p>			
<p>FL Fusion Center receives information that the five sailors have from a recent docked vessel are presenting with ILI.</p> <p>Expected Action: FL Fusion Center Health ILO provides unclassified information to ESF 8. ESF 8 requests an epidemiological investigation.</p>			X
<p>A Jacksonville based cruise ship is reporting that have several 100 crew and guests reporting ILI.</p>			X
<p><b>Comments:</b> This objective was not tested during the exercise.</p>			
<p><b>Responder Safety and Health:</b>  <i>Demonstrate the ability to protect the safety and health of responders during an incident by ensuring the delivery of necessary training and equipment.</i></p>			
<p><b>Not being directly evaluated but the exercise may require some action from this objective.</b></p>			X
<p><b>Comments:</b> This objective was not tested during the exercise.</p>			
<p><b>Mass Prophylaxis:</b>  <i>Demonstrate that the appropriate drug prophylaxis and vaccination strategies are implemented in a timely manner upon the onset of an event to prevent the development of disease in exposed individuals.</i></p>			X
<p><b>Not being directly evaluated but the exercise may require some action from this objective.</b></p>			

Homeland Security Exercise and Evaluation Program (HSEEP)  
 After Action Report/Improvement Plan  
 (AAR/IP) Influenza pandemic Exercise

**APPENDIX D: ACRONYMS**

Acronym	Meaning
AAR / IP	After Action Report / Improvement Plan
AR	Arkansas
ASTHO	Association of State and Territorial Health Officials
CA	California
CDC	Centers for Disease Control and Prevention
ECO	Emergency Coordinating Officer
EOC	Emergency Operations Center
ESF 8	Emergency Support Function 8: Health and Medical
FEMA	Federal Emergency Management Agency
GA	Georgia
HSEEP	Homeland Security Exercise and Evaluation Program
IAP	Incident Action Plan
MAC	Multi Agency Coordination
MI	Michigan
NACCHO	National Association of County and City Health Officials
NC	North Carolina
ND	North Dakota
NYC	New York City
OH	Ohio
SNS	Strategic National Stockpile
SOG	Standard Operating Guideline
TCL	Target Capabilities List
TX	Texas
VAERS	Vaccine Adverse Event Reporting System
WA	Washington
WHO	World Health Organization