Capitol Region Council of Governments

Autumn Storm Table Top Exercise

After Action Report

June 3, 2009

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EXECUTIVE SUMMARY

The Autumn Storm Tabletop Exercise (TTX) gave participating Capitol Region Emergency Planning Committee (CREPC) stakeholders their first opportunity to evaluate current response concepts, plans, and capabilities for response to a large-scale natural disaster. The TTX was designed specifically to test the Region's Emergency Support Function (RESF)-8 capabilities, including command and control coordination, critical decisions, notifications, and integration of state assets necessary to save lives and protect public health and safety. Preparation was in accord with the Regional Emergency Deployment (RED), North Central Coordinated Medical Emergency Direction (C-MED) Mass Casualty Incident (MCI) Communication Procedures, Connecticut's The Forward Movement of Patients (FMOP), Regional Alternate Care Site plans, and elements of Connecticut's Draft Mass Fatality Management Guidelines.

The exercise scenario involved region-wide preparation for a pandemic influenza/ice storm incident on the morning of April 28, 2009. According to the scenario, in early February 2009, the World Health Organization (WHO) Collaborating Center for Surveillance Epidemiology and Control of Influenza at the U.S. Centers for Disease Control and Prevention (CDC) determined a Type A H3N2 virus was causing an outbreak of unusually severe respiratory illness in southern China. The virus eventually impacted several major cities in the western United States, although H3N2 influenza had not yet been identified in the Hartford area. Thus, due to the looming pandemic influenza, the Connecticut Department of Public Health (CDPH) requested RESF-8 develop a strategy to address the potential pandemic influenza situation. Central Connecticut State University (Police Department) activated the Regional Integrated Coordination System (RICS) to initiate notification and potential RED Plan implementation. Based on the information received, RESF-8 stakeholders determined it prudent to assemble RESF 2, 5, 8, and 15 representatives in a common meeting space to conduct operations.

The primary purpose of the Autumn Storm TTX was to examine the existing plans capacity for notification, communications, command and control, authority, resource coordination, information management, and response protocols. The exercise was sponsored by the Capitol Region Council of Governments (CRCOG). The multimedia exercise was organized into the following exercise modules, which were designed to examine specific concepts needed to prepare for a pandemic influenza/ice storm incident:

- Module 1: Regional Command Center
- Module 2: RESF-8 specific roles, responsibilities, and resources.

The TTX incorporated presentation topics into a facilitated discussion, based on the exercise scenario of a looming pandemic influenza incident within Region 3, followed by a severe weather event involving an ice storm. Participants were divided into 13 multi-discipline discussion groups involving state, local, university, and private sector public health and emergency management resources. In addition, several of the discussion groups also had communications, law enforcement, public works, and fire-based resources.

The following capabilities, selected from the Target Capabilities List (TCL), provided the foundation for development of the exercise design objectives and scenario:

- Communications
- Emergency operations center (EOC) management
- Emergency triage and pre-hospital treatment
- Medical supplies management and distribution
- Medical surge.

Based on the Exercise Planning Team's deliberations, the following objectives were developed for the TTX to support CRCOG's Homeland Security Strategy and Multi-Year Training and Exercise Plan:

1. **Emergency Dispatch**. C-MED and local jurisdiction stakeholders will respond according to the roles and responsibilities identified in the Region 3 MCI Plan.

2. **Patient Movement.** C-MED and local jurisdiction stakeholders will manage the forward movement of patients according to the MCI and FMOP plans.

3. **Resource Coordination.**

   3a. RESF-8 will coordinate the ability to establish alternate care facilities.

   3b. Regional Coordination Center (RCC) and participating stakeholders will coordinate resource allocation across the Region, according to the RED Plan and existing Memorandums of Understanding.

   3c. RESF-8 will activate and manage medical assistance team resources.

4. **Communications.** RCC and participating stakeholders, including Hospital Command Centers, will track information flow to develop a common operating picture to monitor local and regional surge resource availability. C-MED and participating hospitals will conduct situationally appropriate internal and external communications.

5. **Authority.** RCC and participating stakeholders will define the authority to implement local, regional (RED, Region 3 MCI, and FMOP), and state plans.

6. **Direction and Control.** The RCC will maintain direction and control in conjunction with the State Emergency Operations Center (SEOC).

7. **Public Information.** The RESF-15 Public Information Officer (PIO), in conjunction with other PIOs, will establish a Joint Information Center (JIC)/Joint Information System (JIS) for risk communication to provide timely and accurate information to the public.

8. **Law Enforcement.** Three local jurisdiction law enforcement agencies will support security operations during multi-operation period events.

The purpose of this report is to analyze exercise results, emphasize strengths to be maintained and built upon, identify potential areas for further improvement, and support development of corrective actions. Ultimately, exercise findings provide a foundation for the CRCOG to establish and implement a viable continuity program that addresses all phases of risk management.

Major Strengths

Overall, major strengths identified during this exercise are as follows:

- Close collaboration among CREPC jurisdictions and associated stakeholders resulted in testing of Regional Plans.
- Areas for improvement were recognized and discussed by exercise participants in a cooperative environment that yielded numerous solutions to regional challenges.

- CREPC possesses personnel and leadership staff members with the knowledge, skills, and abilities required to design and implement an effective regional planning program.

Primary Areas for Improvement

Overall, primary planning areas for consideration and recommendations are as follows:

- Refine the ability to implement regional operation protocols for command and control, resource management, planning, and public information
- The logistical, legal, and operational needs to establish alternate care facilities and support forward movement of patients.

The TTX demonstrated that CREPC, and Region 3 as a whole, are taking proactive measures to enhance preparedness and response capabilities by challenging existing policies, procedures, and resources in a positive and constructive manner. Areas of improvement will continue to include plan refinement and regional operational maturity. This report details these and other planning variables that must be addressed as the CREPC moves toward a viable regional response capacity. The Region is encouraged to implement all phases of the program management cycle: establishing plans and procedures; testing, training, and exercising; incorporating evaluations and lessons learned; and developing corrective action.

CHAPTER 1: EXERCISE OVERVIEW

Exercise Name

Autumn Storm Tabletop Exercise

Type of Exercise

Table Top Exercise

Exercise Date

April 28, 2009

Duration

4 hours

Location

Hartford, Connecticut

Sponsor

Capitol Region Council of Governments

Funding Source:

United States Department of Homeland Security, Office of Grants & Training – FY07

Program

Homeland Security Exercise and Evaluation Program

Mission

__Prevention _X_Response __Recovery

Capabilities

- Communications
- Emergency operations center (EOC) management
- Emergency triage and pre-hospital treatment
- Medical supplies management and distribution
- Medical surge.

Scenario Type

Pandemic influenza coupled with a natural disaster (ice storm)

Classification:

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Note: Acronyms are included in Appendix C.

Participating Organizations

Federal Agencies

- United States Army

State Agencies

- Connecticut Department of Corrections
- Connecticut Department of Health
- Connecticut Department of Emergency Management and Homeland Security
- Connecticut Department of Labor
- Connecticut Department of Transportation
- Connecticut Transportation Authority
- Connecticut Judicial

Local Agencies

- City of Andover
- City of Avon
- City of Bristol
- City of Burlington
- City of Canton
- City of East Hartford
- City of Ellington
- City of Enfield
- City of Farmington
- City of Glastonbury
- City of Granby
- City of Hartford
- City of Manchester
- City of Marlborough
- City of New Britain
- City of Newington
- City of Rocky Hill
- City of South Windsor
- City of Somers

- City of Suffield
- City of Tolland
- City of Vernon
- City of West Hartford
- City of Wethersfield
- City of Windsor
- City of Windsor Locks

Hospitals

- Bristol Hospital
- Connecticut Children's Medical Center
- Hartford Hospital
- Hospital for Special Care
- St. Francis Medical Center
- The Hospital of Connecticut

Colleges and Universities

- Goodwin College
- Saint Joseph College
- Trinity University
- Wesleyan University

Local Agencies

- American Red Cross
- Bradley International Airport
- Capitol Region Council of Governments
- North Central Centralized Medical Emergency Dispatch

Contract Support

- Tetra Tech EM, Inc.

Number of Participants

- Players: 145
- Facilitators: 6
- Evaluators: 5
- Scribes: 0 – Registered as participants
- Observers: 0 – Registered as participants

CHAPTER 2: EXERCISE DESIGN SUMMARY

Exercise Purpose and Design

The Capitol Region Council of Governments (CRCOG) recognizes the threat posed to the public by terrorist organizations and natural disasters and thus continues to build upon the regional partnerships that have historically provided the response and recovery capabilities locally. This TTX exercise provides all Capitol Region Emergency Planning Committee (CREPC) stakeholders the first opportunity to test the Region's Emergency Support Function (RESF)-8 capabilities (communications, forward movement of patients, and accountability) and linked capabilities, which will stress all community resources and local emergency operations plans. Subsequent functional and full-scale exercises are planned for July and September 2009, respectively, and will complete the Autumn Storm series of exercises.

The purpose of the Tabletop Exercise (TTX) was to provide CREPC stakeholders an opportunity to evaluate current response concepts, plans, and capabilities for response to a large-scale natural disaster. The TTX provided the first opportunity to test the RESF-8 capabilities (communications, forward movement of patients, and accountability) and linked capabilities. The CREPC and its emergency management partners assessed functions related to RESF-8—including command and control coordination, critical decisions, notifications, and integration of state and federal assets necessary to save lives and protect public health and safety.

The Exercise Planning Team designed the TTX to provide information needed for CREPC stakeholders to conduct disaster roles and responsibilities in accordance with the Regional Emergency Deployment (RED), North Central Centralized Medical Emergency Dispatch (C-MED) Mass Casualty Incident (MCI) Communication Procedures, Connecticut's The Forward Movement of Patients (FMOP), Regional Alternate Care Site plans, and elements of Connecticut's Mass Fatality Management Plan. Consequently, the TTX involved several activities that allowed participants to identify resources and support infrastructure needed to manage a public health emergency. Discussion areas were designed to address relevant emergency management and public health concepts and best practices. The TTX format provided baseline information for the CREPC to fully implement a regional response protocol program to minimize gaps in mission capabilities during a region-wide disaster.

Broad exercise participation provided a realistic representation of CREPC representatives who staff RESFs, command positions, and operate public health-related facilities during an actual emergency. For the discussion-based exercise, participants were divided into mixed-discipline groups containing personnel from local and state jurisdictions, area hospitals and universities, non-governmental entities, and regional authorities (CRCOG, C-MED, and Bradley Airport). The disciplines represented include emergency management, hospitals, public health, emergency medical services, communications, law enforcement, fire, public works, and universities.

Exercise Objectives, Capabilities, and Activities

Capabilities-based planning allowed the Exercise Planning Team to develop exercise objectives and monitor exercise outcomes through a framework of specific tasks and activities derived from the Target Capabilities List (TCL). The exercise objectives are listed with the corresponding capabilities and tasks that were discussed during the TTX. These objectives include:

1. **Emergency Dispatch**. C-MED and local jurisdiction stakeholders will respond according to the roles and responsibilities identified in the Region 3 MCI Plan.

   – ***Communications.*** Activity 1: Alert and Dispatch; Activity 2: Provide Emergency Operations Center (EOC) Communications Support.

- ***Medical Surge.*** Activity 1: Pre-Event Mitigation and Preparedness.
- ***Triage and Pre-hospital Treatment.*** Activity 5: Transport.

2. **Patient Movement.** C-MED and local jurisdiction stakeholders will manage forward movement of patients according to the MCI and FMOP plans.

   - ***Communications.*** Activity 1: Alert and Dispatch
   - ***Medical Surge.*** Activity 1: Pre-Event Mitigation and Preparedness; Activity 2: Incident Management; Activity 3: Increase Bed Surge Capacity; Activity 4: Medical Surge Staffing Procedure; Activity 6: Receive, Evaluate, and Treat Surge Casualties; Activity 7: Provide Surge Capacity for Behavioral Health Issues.
   - ***Triage and Pre-hospital Treatment.*** Activity 1: Direct Triage and Pre-Hospital Treatment Tactical Operations; Activity 2: Activate Triage and Pre-Hospital Treatment; Activity 3: Triage; Activity 4: Provide Treatment; Activity 5: Transport.

3. **Resource Coordination.**

   3a. RESF-8 will coordinate the ability to establish alternate care facilities.

   - ***Medical Surge.*** Activity 3: Increase Bed Surge Capacity; Activity 4: Medical Surge Staffing Procedure.

   3b. Regional Coordination Center (RCC) and participating stakeholders will coordinate resource allocation across the Region, according to the RED Plan and existing Memorandums of Understanding.

   - ***Communications.*** Activity 2: Provide EOC Communications Support.
   - ***Medical Supplies Management and Distribution.*** Activity 1: Direct Medical Supplies Management and Distribution Tactical Response.
   - ***EOC Management.*** Activity 5: Prioritize and Provide Resources.

   3c. RESF-8 will activate and manage medical assistance team resources.

   - ***Medical Surge.*** Activity 4: Medical Surge Staffing Procedure.
   - ***Triage and Pre-hospital Treatment.*** Activity 2: Activate Triage and Pre-Hospital Treatment; Activity 3: Triage; Activity 4: Provide Treatment.

4. **Communications.** RCC and participating stakeholders, including Hospital Command Centers, will track information flow to develop a common operating picture to monitor local and regional surge resource availability. C-MED and participating hospitals will conduct situationally appropriate internal and external communications.

   - ***EOC Management.*** Activity 3: Gather and Provide Information; Activity 4: Identify and Address Issues; Activity 5: Prioritize and Provide Resources; Activity 6: Provide EOC/RCC Connectivity; Activity 7: Support and Coordinate Response.
   - ***Medical Surge.*** Activity 2: Incident Management.

- ***Triage and Pre-hospital Treatment.*** Activity 1: Direct Triage and Pre-Hospital Treatment Tactical Operations.

5. **Authority.** RCC and participating stakeholders will define the authority to implement local, regional (RED, Region 3 MCI, and FMOP), and state plans.

   - ***Communications.*** Activity 1: Alert and Dispatch.
   - ***EOC Management.*** Activity 1: Activate EOC/RCC; Activity 2: Direct EOC/RCC Tactical Operations; Activity 5: Prioritize and Provide Resources.
   - ***Medical Surge.*** Activity 1: Pre-Event Mitigation and Preparedness.

6. **Direction and Control.** The RCC will maintain direction and control in conjunction with the State Emergency Operations Center (SEOC).

   - ***EOC Management.*** Activity 2: Direct EOC/RCC Tactical Operations.

7. **Public Information.** The RESF-15 Public Information Officer (PIO), in conjunction with other PIOs, will establish a Joint Information Center (JIC)/Joint Information System (JIS) for risk communication to provide timely and accurate information to the public.

   - ***EOC Management.*** Activity 3: Gather and Provide Information.

8. **Law Enforcement.** Three local jurisdiction law enforcement agencies will support security operations during multi-operation period events.

   - ***Medical Surge.*** Activity 1: Pre-Event Mitigation and Preparedness.

Scenario Summary

The exercise scenario involved region-wide preparation for a pandemic influenza/ice storm incident on the morning of April 28, 2009. According to the scenario, in early February 2009, the World Health Organization (WHO) Collaborating Center for Surveillance Epidemiology and Control of Influenza at the U.S. Centers for Disease Control and Prevention (CDC) determined a Type A H3N2 virus was causing an outbreak of unusually severe respiratory illness in southern China. The virus eventually impacted several major cities in the western United States, although H3N2 influenza had not yet been identified in the Hartford area. Thus, due to the looming pandemic influenza, the Connecticut Department of Health (CDPH) requested RESF-8 develop a strategy to address the potential pandemic influenza situation. Central Connecticut State University Police Department activated the Regional Integrated Coordination System (RICS) to initiate notification and potential RED Plan implementation. Based on the information received, RESF-8 stakeholders determine it prudent to assemble RESF 2, 5, 8, and 15 representatives in a common meeting space to initiate planning regarding use of regional resources including the RICS and C-MED. Regional public health and hospital resource strategies were also being developed.

Exercise Design and Conduct

The primary purpose of the Autumn Storm TTX was to identify the challenges RESF-8 would face in preparation for a public health-related disaster. Discussion groups addressed the general processes for establishing the RCC, appropriate RESFs based on situation, operational authority, and operational procedures. Based on scenario information provided, participants addressed a list of questions regarding key issues surrounding RESF-8 operations. The questions addressed general challenges to implementing

the region resource management and operational plans: identifying regional response partners, managing resources regionally, and disseminating information. These questions did not constitute a definitive list of concerns, but were intended to address procedural and logistical issues related to regional operations.

CHAPTER 3: ANALYSIS OF CAPABILITIES

Capabilities provide a means to perform one or more critical tasks under specified conditions and to specific performance standards. This section of the report reviews the capabilities, activities, and tasks discussed during the Autumn Storm TTX. Discussion topics are organized by capability, associated activities, and tasks. Each key observation is identified as a strength or area for improvement that should be further addressed during development of the Region's capability. Each discussion summary is referenced to an activity within the capability's Exercise Evaluation Guide (EEG), an exercise objective, and a related regional plan, when applicable. The analysis section captures participants' discussions while completing activities presented to each group during TTX play. Recommendations for improvement are listed within each capability and summarized in Appendix A. Recommendations are considered planning considerations that should be addressed as the CREPC develops regional operations.

A capability may be delivered using various combinations of elements that achieve the desired outcome of properly planned, organized, equipped, trained, and exercised personnel. Therefore, all recommendations are linked to the capability elements in need of improvement: Planning; Organization and Leadership; Personnel; Equipment and Systems; Training; and Exercises, Evaluations, and Corrective Actions.

Capability 1: Communications

Capability Summary: Communications is the fundamental capability within disciplines and jurisdictions that practitioners need to perform the most routine and basic elements of their job functions. Agencies must be operable, meaning they possess sufficient wireless communications capabilities to meet their daily internal and emergency communication requirements before they focus on interoperability.

Activity 1.1 Alert and Dispatch

Discussion 1.1.1: Area for Improvement. Full use of National Incident Management System (NIMS) organizational protocols and flow of communications.

References:

- Exercise Objective 1
- *Communications EEG*, Task 1.1: Implement response communications interoperability protocols according to RED Plan and MCI Plan.
- RED Plan (edition 3.1, August 2007), page 9, RESF-5 authority.
- MCI Plan (MCI C-MED 2007-2008), page 8, MCI Channel Assignment.

Analysis: TTX participants agreed the RED Plan would become activated during an MCI with subsequent notification to the appropriate stakeholders via the RICS located at Central Connecticut University Campus Police Department. The decision to activate the response by stakeholders is made by the RESF-5 (Emergency Management Agency) duty officer. Because the TTX focused primarily on the medical care facilities, neither of the following occurred: (1) a clear flow of the activation process for other Regional Incident Dispatch (RID)Teams, (2) a defined protocol that would be used by the operations level responders for other RESFs that would participate in this type of incident. No discussion ensued regarding the mechanism for interoperable communications.

In addition, 14 radio frequencies are available according to the MCI Plan. Of those, up to three might be used for Command and Control, Transportation, and a Discretionary channel. Pre-established Command and Control channels can be designated for the 13 Connecticut C-MED Regions. Additional frequency designations can be assigned, thus avoiding need to determine which frequencies are already used by other regions.

Recommendations:

1. Establish checklist for activation of the RID Team to ensure the communication link is established from the lowest through the highest levels of necessary communication.
2. Define the radio communication plan to identify the frequencies that will operate most efficiently in a specific geographic region without causing radio frequency interference or bleed-over.

Discussion 1.1.2: **Area for Improvement.** No testing and maintenance schedule articulated.

References:

- Exercise Objective 1
- *Communications EEG*, Task 1.1.5: Ensure that all critical communication networks are functioning.
- RED Plan (edition 3.1, August 2007)
- MCI Plan (MCI C-MED 2007-2008)

Analysis: A number of stakeholders referenced the various communications networks that would be used and/or integrated. At no point did TTX participants fully articulate the implementation of the networks, their interoperability mechanism, or the readiness of equipment which would be used. Because of the diversity of stakeholders and their equipment, systems likely may not function within the desired scope during an actual emergency.

During the TTX dialog, uses of various communication means were referenced for circumstance of a primary communications failure; however, a uniformly designated CREPC secondary means of communication was not apparent. The fault seemed to lie with statutory authority failure to impose such a standard.

Recommendations:

3. Implement a scheduled maintenance and operation/functional check of the equipment which must be used during the crisis event.
4. Establish a mandatory restriction to ensure newly acquired or modified communication systems would remain useful within the described purpose of the above references.

Discussion 1.1.3: **Area for Improvement.** Systems standards, integration, and interoperability.

References:

- Exercise Objective 1

- *Communications EEG*, Task 2.2.1: In response to notification of an incident, provide and receive interoperable voice, data, and video communications.
- *Communications EEG*, Task 1.1.5: Ensure that all critical communication networks are functioning.

Analysis: There was discussion on use of the various communication tools but no description of how to integrate the various communications tools to ensure interoperability among the particularly identified public health discipline and other disciplines (i.e., law enforcement, fire, local government) that would act in a critical support role during this type of event. In addition, no discussion occurred on use of a systems integrator to permit communicated information transfer from one type of communication device to another. Responders to a MCI likely would arrive from other state agencies, other out-of-state local agencies, and various federal agencies. The 14 frequencies articulated in the MCI C-MED Plan may not be compatible with the communication equipment of those responders. Interdependent communications systems are critical to effective application of resources for mitigating a crisis and ultimately returning to normalcy. Response and recovery time periods of numerous harmful natural and man-made disasters have been extended because of stakeholder use of inadequate communication tools.

Recommendations:

5. Establish a Communications Group within the CREPC to monitor the progress of technology to be used during regional response.
6. Develop a schedule to test agency-specific equipment, interoperability within the discipline, and interoperability within the designated regions where the equipment will be used.
7. Acquire, maintain, and strategically deploy systems integrators to maximize effectiveness of deployed communication devices.
8. Where impractical to deploy systems integrators, incorporate the device within the RID Team and RICS.

Discussion 1.1.4: **Strength.** Outlining reporting protocols through appropriate levels in the incident command structure.

References:

- Exercise Objectives 4 and 6
- *Communications EEG*, Task 2.2.3: Communicate incident response information per agency protocols.

Analysis: Each agency represented appeared to be knowledgeable and comfortable with the protocols it has in place. Agencies were fully aware of the requirements of treatment, transportation, and referral regarding duty of care and obligations during a pandemic situation. Beyond their own agencies, individual agencies recognized as "necessary" (1) requirements of the extent of information, (2) frequency of reporting, and (3) documentation of information sent/received.

During the early stages of the incident response and for each designated operational period, establish a schedule for reporting. Supervisors would be responsible to ensure the (articulated) necessary information is obtained from the subordinates and provided in the format designated by the appropriate commander within the NIMS structure.

Recommendations:

9. Identify the most efficient regional information tool to transmit the desired information.

Discussion 1.1.5: Area for Improvement. Establishing a regional communication protocol plan

References:

- Exercise Objectives 4 and 6
- *Communications EEG*, Task 2.2.10: Establish and ensure connectivity to RCC, RIC, local EOC, and Incident Command Post (ICP).
- RED Plan (edition 3.1, August 2007)
- MCI C-MED (2007-2008)

Analysis: Discussion about establishing communications occurred without specification of demonstrated requirement or articulated understanding of how to ensure interoperability among the various communications venues. No formal protocols were articulated in either operational reference. The plans articulate no default systems or protocols for event of failure.

Recommendations:

10. Add an appendix to the RED Plan that articulates integration of communication tools to ensure connectivity as required.
11. Add an appendix to the RED Plan that articulates default mechanisms to ensure connectivity in the event of a primary and a secondary system failure.

Discussion 1.1.6: Area for Improvement. Communications connectivity.

References:

- Exercise Objectives 4 and 6
- *Communications EEG*, Task 2.2.11: Coordinate and provide telecommunications and information technology support to federal, state, regional, tribal, and local officials, and non-governmental entities.

Analysis: The communications discussions focused primarily on the area of medical facilities and public information dissemination requirements. Reliance on telephone/cell-phone systems was evident, as well as emphasis on facility to facility communication. Little discussion occurred on the operations level of communications accountability or the necessity to maintain the degree of care required for an escalating pandemic event and loss of treatment space. The focus of communication was understandably within the CREPC.

Recommendations:

12. Add an appendix to the RED Plan which indicates the communication mechanisms available for connectivity with the other stakeholders/responders (outside of CREPC).

13. Ensure an appropriate systems integrator is capable of transferring communication of information throughout all levels of stakeholders/responders.
14. Conduct functional testing of utilized communication systems, including traditional emergency response/management disciplines and voluntary organizations such as Amateur Radio Emergency Service/Radio Amateur Civil Emergency Service (ARES/RACES).

Activity 1.2 Provide Emergency Operations Center Support

Observation 1.2.1: Area for Improvement. Use of C-MED and the RCC to disseminate situational awareness.

References:

- Exercise Objective 4
- *EOC Management EEG*, Task 2.3: Communicate incident response information per agency protocols.

Analysis: When asked how RESF-2 would interact with C-MED, the group agreed CDPH representatives should take the lead and provide a common voice regarding situational awareness and incident updates. The group partially discussed communications requirements among the different operating agencies and noted that deployment of the mobile communications vehicle to supplement C-MED was an option. Of particular importance, but only partially discussed, was the need to identify and use RESF communication liaisons to pass along pertinent information before the information becomes tainted via communication "grapevine."

Recommendations:

15. State agencies including the Connecticut Department of Emergency Management and Homeland Security (DEMHS) and CDPH should examine and designate communications protocols for transfer of information to the regions.
16. For sub-state incidents not requiring the State's resources, CREPC should specify common locations for information gathering and dissemination. WebEOC is expected to fulfill this function.

Capability 2: Emergency Operations Center Management

Capability Summary: EOC management is the capability to provide multiagency coordination for incident management by activating and operating an EOC for a preplanned or no-notice incident. 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 federal, state, regional, and local EOCs; coordination of public information and warning; and maintenance of information and communication necessary for coordinating response and recovery activities.

Activity 2.1. Activate EOC/RCC

Observation 2.1.1: Strength. Upon notification for emergency resources, the process for alerting the duty officer via the RICS, along with recognition of a declared "regional emergency," was fully explained by the participating RESF-5 officer.

References:

- Exercise Objective 1
- *EOC Management EEG*, Task 1.1: Activate, alert, and request response from RCC, local EOC, and SEOC personnel.
- *EOC Management EEG*, Task 1.3: Activate EOC/RCC.
- *EOC Management EEG*, Task 2.2: Ensure that all RESFs are staffed.

Analysis: It is important that Duty Officers know activation procedures and required personnel for specific incident types. Exercise participants were proactive regarding their response to establish a RCC. When questioned about what RESFs should be activated and how they would be notified, the RESF-5 Duty Officer indicated that initially, chairpersons for RESF s 2, 5, 6, 8, 13, 15, and 16 would be alerted. In addition, the group debated the different incident status levels and agreed that a Level 3 – standard regional incident (SRI) would be declared. However when it became apparent that state resources would be required, the incident was raised to a Level 4 – disruptive regional incident (DRI). Also discussed were the different means to broadcast messages over Intercity Radio, along with WebEOC sharing situation reports, press releases, and 211 info lines. The only shortcoming was failure to designate the single RCC.

Recommendations:

17. The CREPC should continue its educational activities related to the Region's plans.
18. Develop a minimum qualifications and mandatory training program for future duty officers (focusing on Incident Command System [ICS]/Incident Management Team (IMT) training and prior experience) to ensure standardization.
19. Develop a decision and/or activation matrix to assist duty officers in the initial phase of a response.
20. Implement a mentorship program to assist in transfer of knowledge as duty officers rotate out of the position.

Observation 2.1.2: Area of Improvement. CRCOG, CREPC, and local jurisdictions are unclear of their authority to initiate and maintain command and control at a regional level.

References:

- Exercise Objective 5

Analysis: Confusion exists regarding (1) which state, regional, or local agency has statutory authority to issue certain declarations such as determining levels, activating state assets, etc.; and (2) powers of local Health Directors in an emergency. At the exercise, these issues received some discussion without any clear resolution or conclusion. To eliminate this confusion, a planning document should be developed at the state or regional level that assigns to specific positions powers of coordination, activation, and response during a crisis. The document should specify circumstances for implementation and who has the power to implement the various authorities. The document should also include a ratification clause whereby a local governing board shall ratify the declaration of emergency power within a specified period (i.e., no later than 72 hours). This caveat would allow the individuals with assigned emergency powers to implement disaster procedures immediately, while the elected officials could validate or negate the declaration.

Recommendations:

21. Draft a scope of authority document, delineating specific powers of coordination, activation, and response to specific positions during a crisis.
22. Request DEMHS draft legislation or a legal opinion regarding various regional authorities.

Activity 2.2. Direct EOC/RCC tactical operations

Observation 2.2.1: Area of Improvement. Although the issue was discussed, a viable plan for implementation of NIMS and ICS protocols was not achieved.

References:

- Exercise Objective 6
- *EOC Management EEG*, Task 2.1: Establish organization/operation of EOC/RCC.
- *Medical Surge EEG*, Task 2.3: Disseminate key components of an Incident Action Plan (IAP).
- Homeland Security Presidential Directive 5 (HSPD-5)
- National Response Framework

Analysis: EOCs in the region are designed around three basic formats: (1) emergency support functions (ESF) (ESF 1, 2, 3, etc.); (2) ICS (Incident Command, Operations, Planning, etc.); or (3) department heads structure (Fire, Police, Public Works, etc.). There can be a disconnect among the three EOC formats. This is true especially for communicating between EOCs and RCCs. Although tabletop participants acknowledged incident management via NIMS/ICS would occur, participants should prepare to identify/implement the ICS branches, divisions, and groups—namely triage, treatment, and transport of Unit Leaders. Additionally, the groups need to address the current IAP and prepare for establishment of an IAP for the upcoming operational period. The RESFs and RCC appeared focused on operations and logistics, with limited attention to the Planning and Finance Sections. Roles and responsibilities of

Emergency Medical Services (EMS) responders, along with safety and hazard awareness practice, must be established. These concerns would be addressed in an IAP.

Recommendations:

23. The Region should consider recommending a standard EOC format, with information and examples about disconnects among the three EOC operating types, in order to standardize the Region's implementation of regional procedures and policies.
24. The CREPC should examine its current operational procedures and ensure its activities consider the "Planning P." Additionally, CREPC representatives should establish a standard IAP template and instruct their stakeholders how to develop the IAP. The IAP should include ICS Forms 201 (Briefing), 202 (Response Objectives), 203 (Organizational Assignment List), 205 (Incident Communications Plan), 215 (Operational Planning Worksheet), and 215 A (IAP Safety Analysis).
25. Once a system is established, expand a training program for all CREPC jurisdictions, including introductory and intermediate classes in the NIMS and ICS.
26. CREPC should expand the information contained in the RED Plan to include position-specific job aids using an existing Incident Management Handbook as a reference guide for the minimum required ICS requirements.

Activity 2.3 Gather and Provide Information

Observation 2.3.1: Area for Improvement. During this TTX, no discussion occurred regarding the type of documentation to be used during an actual event.

References:

- Exercise Objectives 1, 4, and 6
- *EOC Management EEG*, Task 3.3: Coordinate emergency management efforts among local and State EOCs and RCC.
- *EOC Management EEG*, Task 6.12: Maintain a common operating picture (COP) for real-time sharing of information with all the participating entities at all levels to ensure all responder agencies are working from the same information.
- *Communications EEG*, Task 2.2.6: Report and document the incident by completing and submitting required forms, reports, documentation, and follow-up notations.
- RED Plan (edition 3.1, August 2007)
- MCI C-MED (2007-2008)

Analysis: The group discussed communication of essential information via WebEOC. However, WebEOC is currently in the pre-implementation phases, and it is unclear how the system will be used at the state, regional, and jurisdictional levels. Without the system, ineffective information flow between the RCCs and EOCs could inhibit the Common Operating Picture (COP) and hamper decision-making processes, therefore delaying asset deployment. Moreover, a method has not been designated for transferring documented information or associated timelines provided for documentation or debriefing.

In the event of an actual emergency, WebEOC should serve as the platform to document the incident and develop a COP. Being web accessible, the system serves as a viable methodology to actively disseminate

updates to field units. Agencies can pass along situational updates without need for lengthy conversation that often results in "lost in translations" experiences. WebEOC will work if individuals using the system are properly trained and regularly use the system to maintain proficiency. It is critical that information and situational statistics are posted quickly to WebEOC from local and regional users. A secondary method of information/data sharing is also important to develop in case WebEOC is not performing as intended during an emergency. This secondary procedure would serve as a backup and would permit EOCs that do not have WebEOC capability to receive the data inflow.

Recommendations:

27. As WebEOC becomes operational, a regional standard operating guide should be developed to consistently use the emergency management software application.
28. CRCOG should strongly encourage all RESFs and local jurisdiction representatives to receive WebEOC training, become well versed using WebEOC, and practice using WebEOC often.
29. Encourage all RESFs and local jurisdiction representatives to become familiar with Situation Status forms, how to submit completed forms, and how to use other ICS forms.
30. Establish an alternate reporting protocol to ensure timely delivery of information during and after the event if WebEOC is unavailable.
31. Designate an appropriate repository for a complete, historical document of the event to obtain lessons learned, justify acquisition of additional resources/funding, and aid in possible future litigation.

Observation 2.3.2: Area for Improvement. Accurate information must be gathered and disseminated across the Region and to the general public. The Region does not have a defined concept of operations for RESF-15, Public Information; this could lead to communications issues.

References:

- Exercise Objectives 1 and 7
- *EOC Management EEG*, Task 3.2: Ensure appropriate notifications are made.

Analysis: Based on the exercise scenario, it will be extremely difficult for the Region to gather and disseminate emergency information internally or externally without first establishing a JIS where information can be received, organized, and briefed to personnel. Region 3 needs to be more organized in its approach to coordinate and integrate resources and operations of external affairs organizations in order to provide accurate, consistent, and timely information through a JIC/JIS. The Red Plan designates RESF-15, Public Information, as the lead entity for CREPC; however, the exercise discussion indicated that the Region would rely on the State to generate the content and the local jurisdiction to disseminate the message. Thus, the Region would not be directly involved with shaping the message or developing a unified communications strategy.

Recommendation:

32. Develop and adopt a RESF-15 concept of operations.
33. Identify a multipurpose facility to serve as a JIC to coordinate internal information programs.

Capability 3: Emergency Triage and Pre-hospital Treatment

Capability Summary: Emergency Triage and Pre-Hospital Treatment is the capability to appropriately dispatch EMS resources; to provide feasible, suitable, and medically acceptable pre-hospital triage and treatment of patients; to provide transport as well as medical care en-route to an appropriate receiving facility; and to track patients to a treatment facility.

Activity 3.1 Direct Triage and Pre-hospital Treatment Tactical Operations

Discussion 3.1.1: **Area for Improvement.** RESF-8 had limited information to manage the tactical response operations.

References:

- Exercise Objectives 2 and 5
- *Triage and Pre-hospital Treatment EEG*, Task 1.5: Initiate recall and/or mutual aid to staff spare ambulances and provide immediate surge capability.

Analysis: The groups agreed that an emergency declaration by the Governor's office would make available additional resources to staff spare ambulances, including Medical Reserve Corps (MRC) and Urban Search and Rescue (USAR) team members. RESF-7 would be critical in the logistical support for equipment, and RESF-8 would be the lead for the personnel support including the MRC. While RESF-7 does not maintain an inventory of resources, it would coordinate distribution of requested supplies/equipment among competing agencies. The mechanics of executing a recall procedure along with identifying spare transport units was not fully discussed. While the TTX tends to stress decision making at a strategic level, certain tactical decisions should be addressed.

Recommendations:

34. Recall procedures, personnel identification, and equipment management via WebEOC should be performed at a functional exercise to evaluate the FMOP and RED Plan components.

Activity 3.2 Increase Bed Surge Capacity

Discussion 3.2.1: **Area for Improvement.** During a disaster, the region encountered many difficulties regarding establishment of Alternate Care Facilities (ACF) to accommodate overcrowding at hospital emergency rooms.

References:

- Exercise Objective 3a
- *Emergency Triage and Pre-Hospital Treatment EEG*, Task 3.3: Increase Bed Surge Capacity
- *Emergency Triage and Pre-Hospital Treatment EEG*, Task 3.4: Medical Surge Staffing
- *Medical Surge EEG*, Task 3.4: Provide Medical Surge Capacity in Alternate Care Facilities.

Analysis: During the TTX, it became apparent that hospitals were reluctant to establish ACFs because these are most needed when the hospital system is already stressed. Participating hospitals indicated that

an ACF is a last resort due to shortages in resources, appropriate staffing (e.g., clinical security, administrative, etc.), and supply plans. The Region is also hampered because ACFs must be linked to a hospital to maintain the required license to operate. In addition, the complexities of patient transport, staffing, and supplies will be just a few of the many issues ACF will confront upon activation. While there is no statutory authority for RESF-8 to act or compel action to prevent the "wrong" people from seeking treatment at the hospital and overwhelming the hospital system, strong regional coordination and planning will delay system maximum surge capacity.

While a Declaration of Emergency by the Governor is often utilized for liability purposes, the declaration frees statutory funding constraints and helps mobilize ACFs. Close communications between local and state governments during an emergency can lead to early intervention by the Governor's office via declarations.

Recommendations:

35. RESF-8 needs to become more proactive in requesting that hospitals establish ACFs.
36. CDPH should examine its ACF facilities and provide additional guidance to hospitals and emergency management regarding appropriate circumstances for requesting and establishing ACFs.
37. Develop a procedure for close coordination with the Governor's Office, ensuring proactive emergency declarations.

Activity 3.5 Transport

Discussion 3.5.1: Area for Improvement. A potential legal conflict looms if EMS units are tasked to deliver patients to alternate care facilities.

References:

- Exercise Objective 2
- *Triage and Pre-Hospital Treatment EEG*, Task 5.3: Coordinate and transport patients to the appropriate treatment facility.
- *Medical Surge EEG*, Task 3.3: Forward transport less acutely ill patients.

Analysis: During a medical surge incident, the situation may dictate that less acutely ill or injured patients are transported to facilities other than hospital emergency departments, based on level of care required. While it was acknowledged that EMS representatives would follow common sense and deliver patients to alternate care facilities if instructed by C-MED to do so, EMS providers following C-MED instructions violate current Connecticut Statutes requiring delivery only to hospital emergency rooms. The situation forces EMS personnel to choose between operational necessity and legal restrictions.

Recommendations:

38. CDPH should examine current regulations to consider the delivery of patients to ACFs when established.
39. Coordinate with all Connecticut regions to lobby for necessary legislative changes in response to emergency situations.

Discussion 3.5.2: Area for Improvement. Determining alternate means for EMS transport when ambulances are unavailable.

References:

- Exercise Objective 2
- *Triage and Pre-Hospital Treatment EEG*, Task 5.1: Identify transport vehicles, victims, and priority of transport.

Analysis: During the TTX, participants acknowledged that with staff shortages and increased patient loads, other transportation modes may be required, including mass transit resources. C-MED representatives acknowledged they would notify DEMHS when alternate transportation options are needed for FMOP. While EMS ambulance would always be the preferred means of patient transport, the group agreed that the situation would dictate the mode of transport. Discussion led to consensus that if EMS ambulance transport were to become a rare commodity, fire apparatus, police cars, city-owned buses, and private cars would serve the purpose, among other alternatives. Although EMS recognized the ethical question regarding who should be transported and where, medical attention should not be delayed due to indecision. Thus, clear policies are needed.

Recommendations:

40. Local jurisdictions should participate in full-scale exercises that evaluate a region's ability to operate with a decreased staff and increased patient volumes.
41. RESF-8 and EMS representatives should explore other modes of transport and generate a priority list of acceptable alternate means of patient transport.

Capability 4: Medical Supplies Management and Distribution

Capability Summary: Medical Supplies Management and Distribution is the capability to obtain and maintain medical supplies and pharmaceuticals prior to an incident, and to transport, distribute, and track these materials during an incident.

Activity 4.1 Direct Medical Supplies Management and Distribution Tactical Response

Discussion 4.1.1: **Area for Improvement.** The memorandum of agreement (MOU) with local medical supply vendors will not be able to adequately supply all area hospitals, as most hospital facilities have contracts with the same vendor.

References:

- Exercise Objective 3.b
- *Medical Supplies Management and Distribution EEG*, Task 1.4: Coordinate acquisition of private source medical supplies.

Analysis: Multiple area hospitals indicated Cardinal Health was the primary supply vendor. During a regional resource-intense health and medical event with an extended duration, common medical supplies including gloves, tents, and so on will be hard to procure due to resource competition. Additionally, the supplies maintained by each hospital are limited and often not sufficient to outfit an ACF.

Recommendations:

42. RESF-8 and its stakeholders should identify potential gaps in personnel, supplies, and equipment.
43. The Region should document the vendors and MOUs local hospitals use to identify potential resource conflicts.
44. The Region should consider establishment of a point of distribution to accommodate ACF-required resources.
45. The Region should consider purchasing a supply trailer and stocking it with durable medical supplies to accommodate both MCIs and ACFs.

Discussion 4.1.2: **Area for Improvement.** Resource coordination is currently limited to individual hospitals.

References:

- Exercise Objective 3.b
- *Medical Supplies Management and Distribution EEG*, Task 1.5: Monitor supply usage and stockpile levels of health facilities, mass prophylaxis sites, and other critical care venues.

Analysis: RESF-7, in conjunction with the other RESFs, should initiate regional tracking of mission-critical resource supplies. Without proper resource tracking procedures, the Region cannot identify or predict critical resource shortages in adequate time to initiate mitigation and resource acquisition alternatives.

Recommendations:

46. The Region should develop a resource reporting system to store, share, and manage information about its emergency assets, including facilities, vehicles, equipment, and supplies. Once this system is developed, RESF-7 should manage the system with identified stakeholders.

Discussion 4.1.3: Area for Improvement. During a pending ice storm incident, critical resources should be stockpiled due to the weather's impact on the transportation systems.

References:

- Exercise Objective 3.b
- *Medical Supplies Management and Distribution EEG*, Task 1.3: Maintain communications with transportation vendors during distribution of medical supplies.

Analysis: Regional hospitals manage their inventories well; however, access to additional resources during an ice storm event may pose a challenge. Hospitals use just-in-time delivery models to reduce overhead spending. Ice storms could impact both communications and transportation resources necessary to maintain the supply chain.

Recommendations:

47. The Region should test the 96-hour contingency plans hospitals have in place to demonstrate their ability to curtail use of critical resources during periods of limited supply.

Discussion 4.1.4: Area for Improvement. During a pending pandemic influenza incident, the Region should develop a strategy to provide critical resources based on the Region's isolation model.

References:

- Exercise Objective 3.b
- *Medical Supplies Management and Distribution EEG*, Task 1.1: Activate, alert, and request response for EOC personnel. Direct Medical Supplies Management and Distribution Tactical Response.

Analysis: If the Region determines that a shelter-in-place strategy is appropriate, RESFs 7 and 8 must have a resourcing strategy to support the isolation model. Specifically, the Region will be tasked to obtain and distribute commercially available medical supplies to special needs and medically dependent individuals, as the normal delivery systems are expected to be non-operational. Thus, the responsibility will fall on the Region.

Recommendations:

48. The Region should test the 96-hour contingency plans hospitals have in place to demonstrate their ability to curtail use of critical resources during periods of limited supply.

Capability 5: Medical Surge

Capability Summary: Medical Surge is the capability to rapidly expand the capacity of the existing healthcare system (long-term care facilities, community health agencies, acute care facilities, alternate care facilities, and public health departments) in order to provide triage and subsequent medical care. This includes providing definitive care to individuals at the appropriate clinical level of care, within sufficient time to achieve recovery and minimize medical complications. The capability applies to an event resulting in a number or type of patients that overwhelm the day-to-day, acute-care medical capacity. Medical Surge is defined as the rapid expansion of the capacity of the existing healthcare system in response to an event that results in increased need of personnel (clinical and non-clinical), support functions (laboratories and radiological), physical space (beds, alternate care facilities) and logistical support (clinical and non-clinical equipment and supplies).

Activity 5.1 Pre-Event Mitigation and Preparedness

Observation 5.1.1: Area for Improvement. Despite plans and preparations, deficiencies were evident in the implementation of the RED, FMOP, and MCI plans.

References:

- Exercise Objective 1
- *Medical Surge EEG*, Task 1.2: Define incident management structure and methodology.

Analysis: The Autumn Storm TTX was the first of its kind the Region and highlighted some of the great strides the Region has made in its RESFs-5 and -8 planning, as well as some areas that still need work. For example, discrepancies appeared between regional plans and actual implementation at the jurisdictional level. Although this exercise was more of a proof-of-concept exercise than a real test of capabilities, it is imperative to have a plan to comprehensively address all RESFs, and their operations.

Recommendations:

49. Revise the RED, FMOP, and MCI plans with lessons learned, and continue to drill and exercise on the regional plans.
50. Provide advanced training and occasional refresher training on the RED, FMOP, and MCI plans for all key participants; copies of the current plan should be readily available to the staff and at key locations.

Discussion 5.1.2: Strength. C-MED and its ancillary response partners were prepared to initiate the MCI plan.

References:

- Exercise Objectives 1 and 2
- *Medical Surge EEG*, Task 1.2: Define incident management structure and methodology.

Analysis: TTX participants were able to discuss the procedures outlined in the MCI and RED plans to acquire and manage RESF-8 critical resources, including EMS and hospital-based resources. Participants

were comfortable with the current plans' operational guidance and were prepared to activate resources when so requested by the RESF-5 duty officer or local hospitals.

Recommendations:

51. No recommendations identified

Activity 5.3 Medical Surge Staffing Procedures

Discussion 5.3.1: **Strength.** Hospital representatives maintained adequate staffing surge procedures.

References:

- Exercise Objectives 3c
- *Medical Surge EEG*, Task 3.4: Recall clinical personnel in support of surge capacity requirements.

Analysis: TTX participants discussed how they would obtain the necessary medical staff to accommodate both hospital and ACFs. Medical surge staffing resources would be achieved through recalling individuals, tasking student nurses, and relying on the disaster medical assistance team. Participants were comfortable with the current plan's operational guidance and were prepared to activate resources when requested by the RESF-5 duty officer or local hospitals.

Recommendations:

52. No recommendations identified

Activity 5.6 Receive, Evaluate, and Treat Surge Casualties

Discussion 5.6.1: **Area for Improvement.** Hospital representatives lacked guidance regarding alternate standards of care procedures during catastrophic disasters.

References:

- Exercise Objectives 3c
- *Medical Surge EEG*, Task 6.5: Activate Procedures for Alternate Nursing and Medical Care Standards requirements.

Analysis: Connecticut does not currently have pre-defined alternate nursing and medical care standards. Previous catastrophic natural and man-made disasters have indicated need for secondary options when medical resources are exhausted. Health and medical providers require clear guidance on what is acceptable and on triggers that should initiate alternate standards of care.

Recommendations:

53. CDPH should define acceptable alternate standards of care during catastrophic disasters, legal ramifications of this implementation, types of incidents appropriate for alternate standards of care, and who has authority to declare alternate standards of care appropriate.
54. CDPH should disseminate information on use of alternate standards of care during catastrophic disasters.

CHAPTER 4: CONCLUSION

The Autumn Storm TTX gave participating agencies an opportunity to learn about, discuss, and examine planning requirements needed to implement RESF-8 capabilities, including command and control coordination, critical decisions, notifications, and integration of state assets necessary to save lives and protect public health and safety.

The TTX represents the CREPC's initial steps in developing a viable and fully integrated regional response system. In recent years, the Region has developed and adopted RED, MCI, FMOP, Regional Alternate Care Site plans, and elements of Connecticut's Draft Mass Fatality Management Guidelines. For the first time, CREPC RESFs-2 (Communications), -5 (Emergency Management), -7 (Resource Management), -8 (Public Health), and -15 (Public Information) and their state, local, private, and non-governmental emergency management/public health partners came together to evaluate the plans and procedures needed to respond to a pandemic influenza and ice storm incidents.

Overall, the exercise designed by the Exercise Planning Team was well received, and the stated exercise objectives were accomplished. Regarding exercise objectives, more work must be done to address complex challenges involving regional operations. Additionally, CREPC stakeholders must further their operational authority, and resource and information coordination across jurisdictions. Finally, RESF-8 centric activities associated with logistical, legal, and operational needs for establishing alternate care facilities and supporting FMOP should be explored. Implementation of recommendations in the Improvement Plan (IP) will ensure continued momentum toward viable regional preparedness and response.

APPENDIX A: IMPROVEMENT PLAN (IP)

Draft Improvement Plan (IP) items have been developed specifically for the Autumn Storm TTX conducted on April 28, 2009. These recommendations draw on the After Action Report (AAR). Corresponding corrective actions will be developed by the Exercise Planning Team during the After Action Conference on June 3, 2009.

Capability	Discussion	Recommendation	Corrective Action Description	Capability Element	Responsible Party/Agency	Completion Date
1. Emergency Operations Center (EOC) Management	**Discussion 1.1.1:** XXX	1. XXX	1. XXX			
			2. XXX			
		2. XXX	1. XXX			
			2. XXX			
	Discussion 1.1.2: XXX	3. XXX	1. XXX			
2. Emergency Public Information and Warning	**Discussion 2.1.1:** XXX.	1. XXX	1. XXX			
		2. XXX	1. XXX			
	Discussion 2.2.1: XXX	3. XXX	1. XXX			
		4. XXX	1. XXX			
3. Communications	**Discussion 3.1.1:** XXX	1. XXX	1. XXX.			
			2. XXX			

APPENDIX B: PARTICIPANT FEEDBACK SUMMARY

After the exercise, the Autumn Storm TTX participants were given the opportunity to complete a participant feedback survey. The feedback (related to participants' agency preparedness efforts) has been incorporated into the AAR as part of the evaluation analysis. Comments related to exercise planning provide valuable insight and guidance for future exercises. A compilation of common responses from the exercise participant feedback survey follows, in addition to specific rankings for quantitative questions.

Exercise Design and Conduct Comments

Strengths

- Good questions and discussion came out of the exercise.
- The exercise had a good mix of participants.
- Overall, very good exercise and excellent conference.

Areas for Improvement

- Need to establish who has authority. The line of authority between local, regional, and state agencies is not clear.
- There was not a role for local agencies to discuss local and then regional action.
- It was difficult to hear, even with the microphone – a printout of the scenario and questions would have helped.
- TTX that follow a timeline – who does what, when, how – are easier to follow.

Recommendations

- Further exercises should include/involve political persons and policy makers.
- Reduce sizes of groups or use subgroups.
- Provide a list of acronym definitions.

Exercise Design and Conduct Ratings

Participants were asked to rate, on a scale of 1 to 5, their overall assessment of the exercise relative to the statements below, with 1 indicating strong disagreement with the statement and 5 indicating strong agreement.

Assessment Factors:

a. The exercise was well-structured and organized.

b. The exercise scenario was plausible and realistic.

c. The multimedia presentation helped the participants understand and become engaged in the scenario.

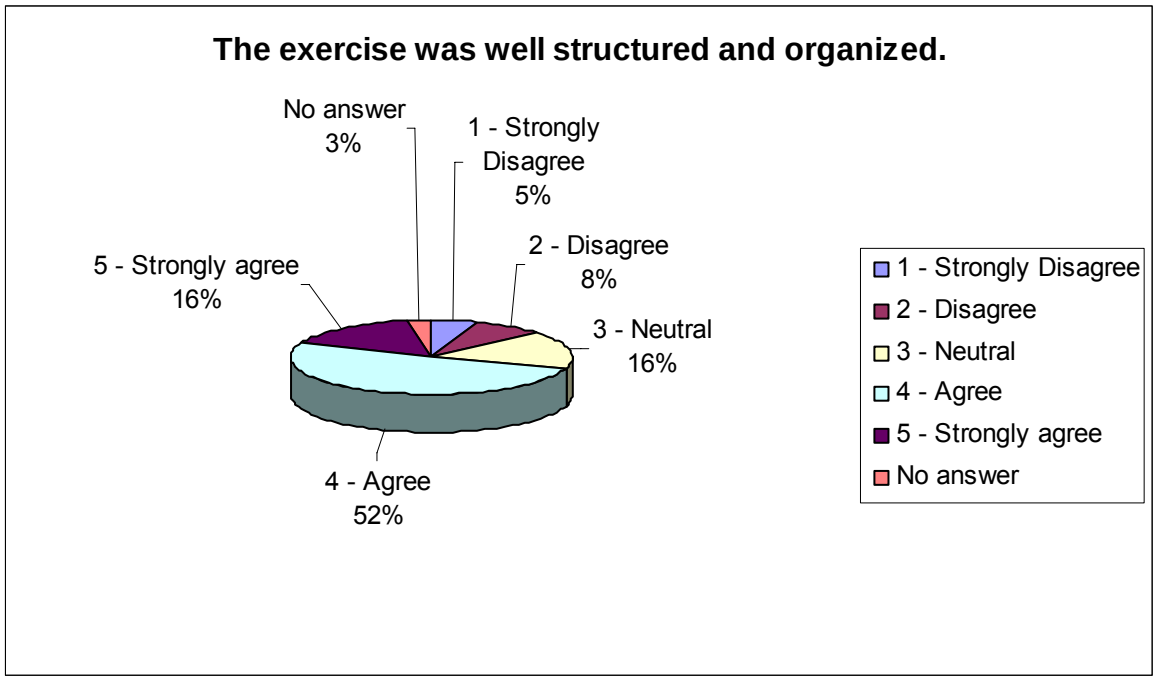
d. The facilitator(s) was knowledgeable about the material, kept the exercise on target, and was sensitive to group dynamics.

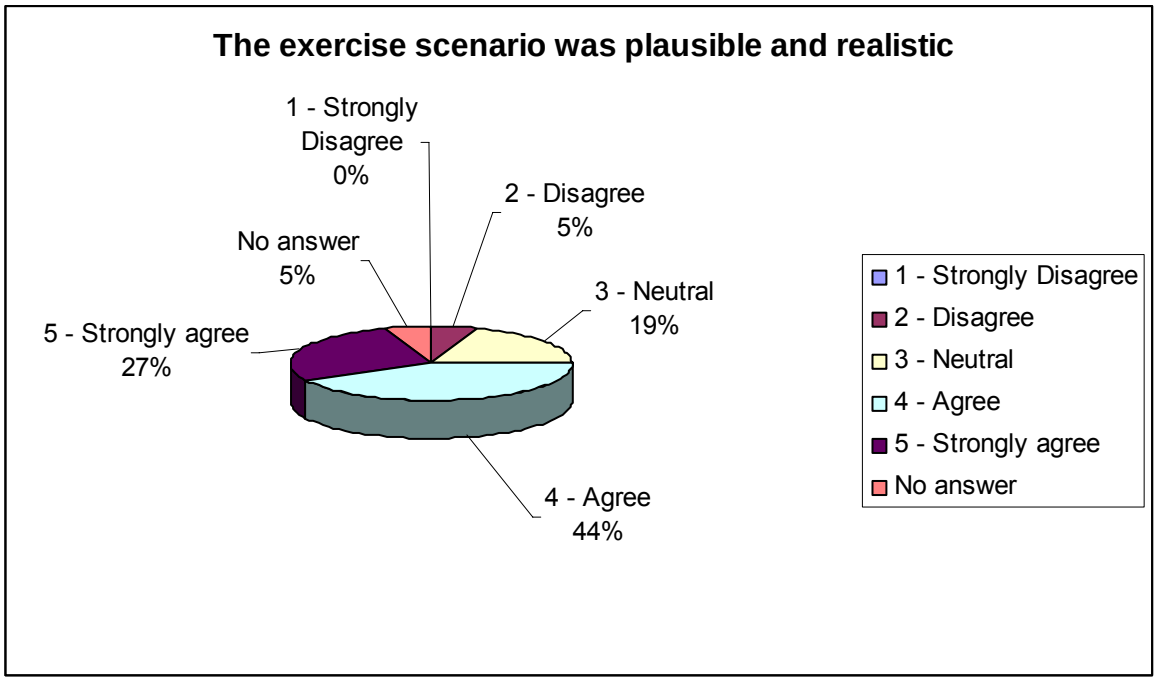
e. The Situation Manual (SitMan) used during the exercise was a valuable tool throughout the exercise.

f. Participation in the exercise was appropriate for someone in my position.

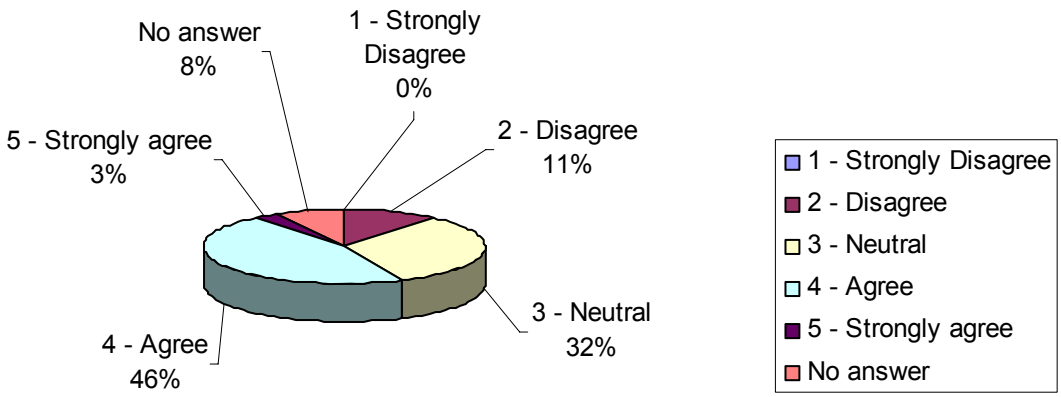
g. The participants included the right people in terms of level and mix of disciplines.

Participant Satisfaction Ratings

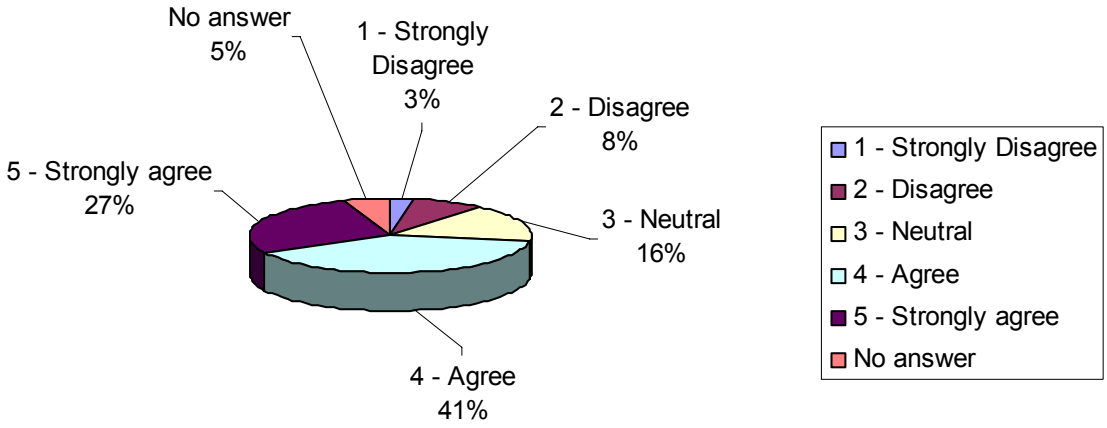




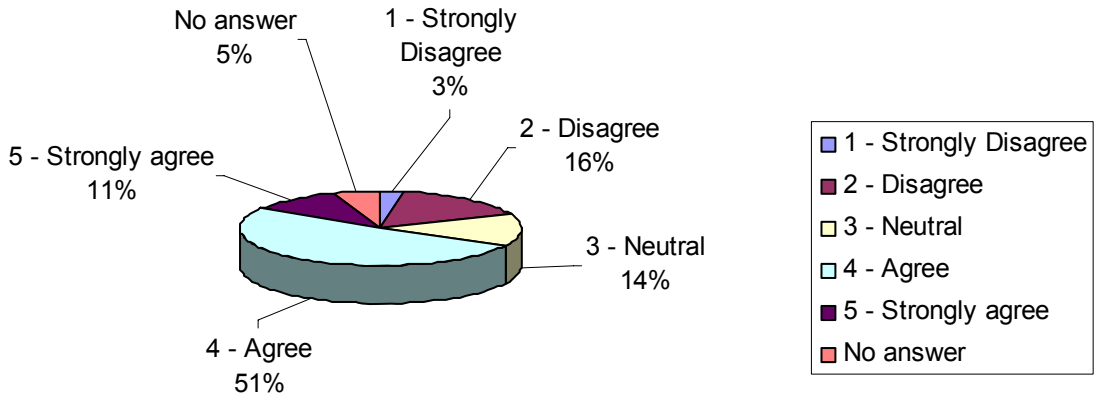
The multimedia presentation helped the participants understand and become engaged in the scenario



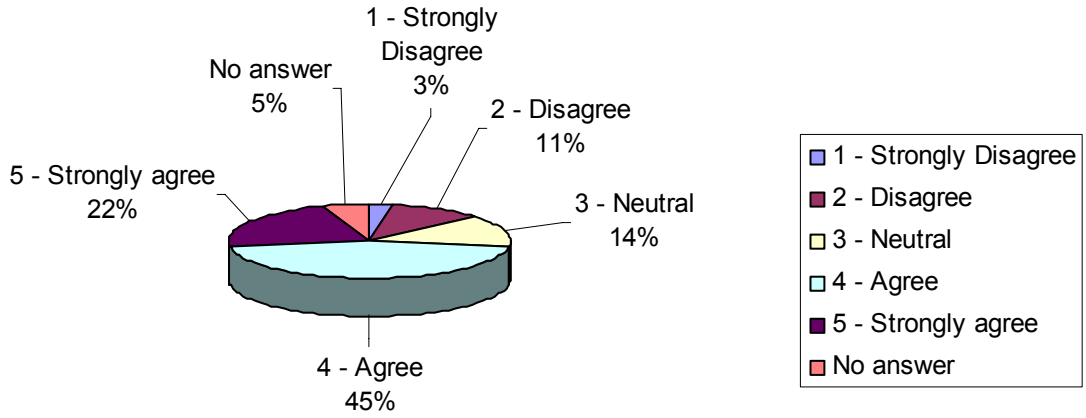
The facilitator(s) was knowledgeable about the material, kept the exercise on target, and was sensitive to group dynamics.

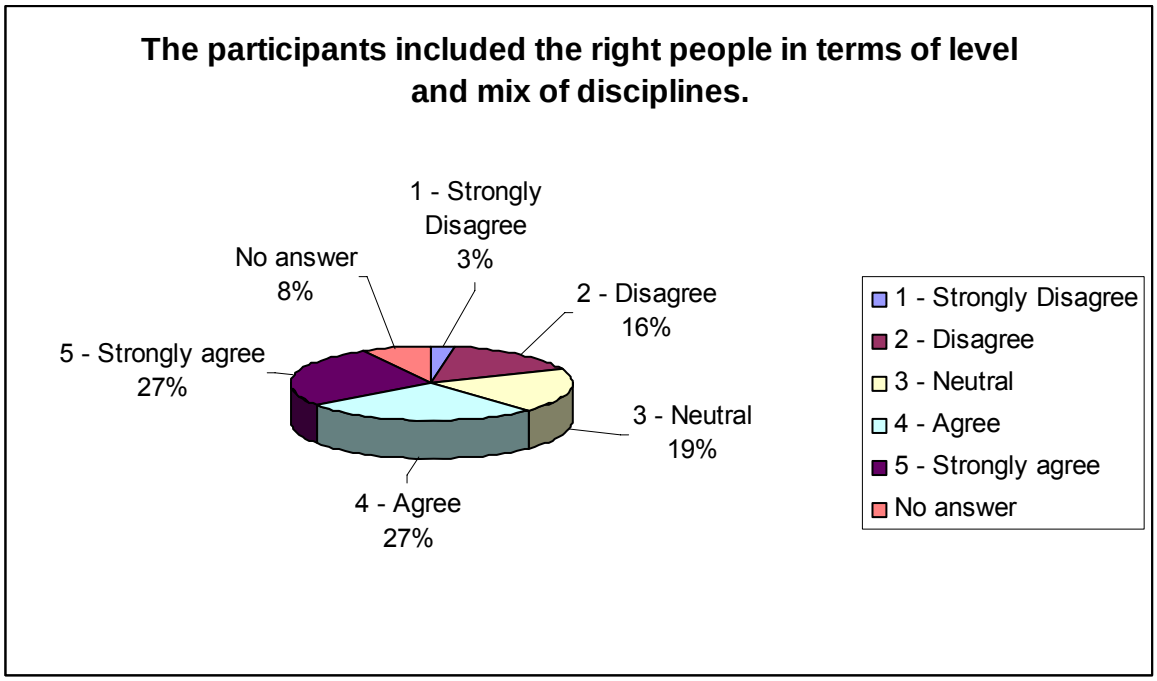


The Situation Manual used during the exercise was a valuable tool throughout the exercise.



Participation in the exercise was appropriate for someone in my position.




The participants included the right people in terms of level and mix of disciplines.
1 - Strongly Disagree 3%
2 - Disagree 16%
3 - Neutral 19%
4 - Agree 27%
5 - Strongly agree 27%
No answer 8%
1 - Strongly Disagree
2 - Disagree
3 - Neutral
4 - Agree
5 - Strongly agree
No answer

APPENDIX C: ACRONYMS

Acronym	Definition
AAR	After Action Report
ACF	Alternate Care Facility
ARES	Amateur Radio Emergency Service
CDC	Centers for Disease Control and Prevention
CDPH	Connecticut Department of Public Health
C-MED	Coordinated Medical Emergency Direction
COP	Common Operating Picture
CRCOG	Capitol Region Council of Governments
CREPC	Capitol Region Emergency Planning Committee
DEMHS	Department of Emergency Management and Homeland Security
DPS	Department of Public Safety
DRI	Disruptive Regional Incident
EEG	Exercise Evaluation Guide
EMD	Emergency Management Director
EMS	Emergency Medical Services
EOC	Emergency Operations Center
ESF	Emergency Support Function
FD	Fire Department
FMOP	Forward Movement of Patients
FOIA	Freedom of Information Act
FOUO	For Official Use Only
HD	Health Department
HHS	Health and Human Services
HSPD	Homeland Security Presidential Directive
HSEEP	Homeland Security Exercise and Evaluation Program
IAP	Incident Action Plan
ICS	Incident Command System
IMT	Incident Management Team
IP	Improvement Plan
JIC	Joint Information Center
JIS	Joint Information System
MCI	Mass Casualty Incident
MOU	Memorandum of Agreement
MRC	Medical Reserve Corps
NA	Not available
NIMS	National Incident Management System
PD	Police Department
PIO	Public Information Officer
RACES	Radio Amateur Civil Emergency Service
RCC	Regional Coordination Center
RED	Regional Emergency Deployment

Acronym	Definition
RESF	Regional Emergency Support Function
RICS	Regional Integrated Coordination System
RID	Regional Incident Dispatch
SEOC	State Emergency Operations Center
SRI	Standard Regional Incident
TCL	Target Capabilities List
TTX	Tabletop exercise
USAR	Urban Search and Rescue
WHO	World Health Organization