

Locomotion Commotion: 2024 Florida Healthcare Coalition Chemical Exercise

Southwest Florida Healthcare Coalition

After-Action Report/Improvement Plan

Date of Report: April 26, 2024

The After-Action Report/Improvement Plan (AAR/IP) aligns exercise objectives with preparedness doctrine and related frameworks and guidance. Exercise information required for preparedness reporting and trend analysis is included; users are encouraged to add additional sections as needed to support their own organizational needs.

EXERCISE OVERVIEW

| | |
|-------------------------------|--|
| Exercise Name | Locomotion Commotion: 2024 Florida Healthcare Coalition Chemical Exercise |
| Exercise Date and Time | Wednesday, March 6, 2024 1:00 PM – 5:00 PM ET |
| Scope | This exercise was a discussion-based exercise planned for up to four hours. Exercise play was limited to virtual participation at each facility or organization. |
| Focus Area(s) | Preparedness and Response |
| Capabilities | <p>FEMA Core Capabilities</p> <ul style="list-style-type: none"> • Operational Coordination • Operational Communication • Planning • Public Information and Warning • Environmental Response/Health and Safety • Public Health, Healthcare, and Emergency Medical Services <p>HPP Core Capabilities</p> <ul style="list-style-type: none"> • Capability 2: Health Care and Medical Response Coordination • Capability 4: Medical Surge <p>PHEP Core Capabilities</p> <ul style="list-style-type: none"> • Capability 1: Community Preparedness • Capability 3: Emergency Operations Coordination • Capability 4: Emergency Public Information and Warning • Capability 6: Information Sharing • Capability 10: Medical Surge • Capability 11: Nonpharmaceutical Interventions • Capability 14: Responder Health and Safety |
| Objectives | <ul style="list-style-type: none"> • Objective One: Validate the assumptions and identify changes or additions that need to be made in each Healthcare Coalition’s Chemical Surge Annex. • Objective Two: Review existing chemical emergency care assets and identify gaps that may occur during the response to a chemical incident. • Objective Three: Discuss and identify each agency’s role in response to a chemical incident. |

| | |
|---|--|
| Threat or Hazard | Train Derailment and Chemical Spill |
| Scenario | A freight train transporting hazardous materials derailed in your region. The train cars carrying the hazardous materials sustained significant damage, resulting in the release of a large quantity of the toxic gas. |
| Sponsor | <ul style="list-style-type: none"> • Big Bend Health Care Coalition • Central Florida Disaster Medical Coalition • Emerald Coast Health Care Coalition • Keys Health Ready Coalition • Northeast Florida Regional Council / Region 3 Alliance • Southwest Florida Healthcare Coalition • Tampa Bay Health & Medical Preparedness Coalition |
| Participating Jurisdictions/ Organizations | Multiple Healthcare organizations within the state of Florida. For a full list of participating organizations, please reference Appendix C. |
| Point of Contact | <p>Elaina Huffman, MPS, CHEC All Clear Emergency Management Group Planning Specialist ElainaH@AllClearEMG.com 303-913-0614</p> <p>Rachel Cruz All Clear Emergency Management Group Planning Specialist RachelC@AllClearEMG.com 303-359-5930</p> <p>Ginny Schwartzer, MEP All Clear Emergency Management Group Chief Executive Officer GinnyS@AllClearEMG.com 919-323-9995</p> |

ANALYSIS OF CAPABILITIES

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

| Objective | Capability | Performed without Challenges (P) | Performed with Some Challenges (S) | Performed with Major Challenges (M) | Unable to be Performed (U) |
|---|--|----------------------------------|------------------------------------|-------------------------------------|----------------------------|
| <p>Objective One: Validate the assumptions and identify changes or additions that need to be made in each Healthcare Coalition’s Chemical Surge Annex.</p> | <p>FEMA: Operational Coordination; Planning; Environmental Response/ Health and Safety</p> <p>HPP: Health Care and Medical Response Coordination; Medical Surge</p> <p>PHEP: Community Preparedness; Medical Surge; Responder Health and Safety</p> | | X | | |
| <p>Objective 2: Review existing chemical emergency care assets and identify gaps that may occur during the response to a chemical incident.</p> | <p>FEMA: Operational Coordination; Operational Communications</p> <p>HPP: Health Care and Medical Response Coordination</p> <p>PHEP: Emergency Operations Coordination; Information Sharing; Medical Surge</p> | | X | | |

| Objective | Capability | Performed without Challenges (P) | Performed with Some Challenges (S) | Performed with Major Challenges (M) | Unable to be Performed (U) |
|--|--|----------------------------------|------------------------------------|-------------------------------------|----------------------------|
| <p>Objective Three: Discuss and identify each agency’s role in response to a chemical incident.</p> | <p>FEMA: Operational Coordination; Public Health, Healthcare, and Emergency Medical Services; Operational Communications; Public Information and Warning</p> <p>HPP: Health Care and Medical Response Coordination; Medical Surge</p> <p>PHEP: Emergency Operations Coordination; Emergency Public Warning and Information; Nonpharmaceutical Interventions</p> | | X | | |

Table 1. Summary of Core Capability Performance

Ratings Definitions:

Performed without Challenges (P): The targets and critical discussions associated with the capability were completed in a manner that achieved the objective(s) and would not negatively impact the performance of other activities. Performance of this activity would not contribute to additional health and/or safety risks for the public or for emergency workers, and it was discussed as being conducted in accordance with applicable plans, policies, procedures, regulations, and laws.

Performed with Some Challenges (S): The targets and critical discussions associated with the capability were completed in a manner that achieved the objective(s) and would not negatively impact the performance of other activities. Performance of this activity would not contribute to additional health and/or safety risks for the public or for emergency workers, and it was discussed as being conducted in accordance with applicable plans, policies, procedures, regulations, and laws. However, opportunities to enhance effectiveness and/or efficiency were identified.

Performed with Major Challenges (M): The targets and critical discussions associated with the capability were completed in a manner that achieved the objective(s), but some or all of the

following were observed: completion of discussed activities would have a negative impact on the performance of other activities; would contribute to additional health and/or safety risks for the public or for emergency workers; and/or was not identified as being conducted in accordance with applicable plans, policies, procedures, regulations, and laws.

Unable to be Performed (U): The targets and critical discussions associated with the capability were not performed in a manner that achieved the objective(s).

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

EXERCISE SUMMARY

The Locomotion Commotion exercise was a tabletop exercise conducted by seven healthcare coalitions in Florida. Its aim was to assess the effectiveness of each coalition's Chemical Surge Annex in response to a train derailment scenario. Each coalition received a simulated train derailment scenario specific to their region, complete with detailed maps outlining potential hazards from anhydrous ammonia plumes. Additionally, each coalition was assigned a dedicated Zoom breakout group to facilitate discussions tailored to their specific response capabilities.

The objective of this After-Action Report and Improvement Plan is to evaluate the outcomes of the exercise for the Southwest Florida Healthcare Coalition. It aims to identify strengths and best practices that should be sustained and enhanced, pinpoint areas with potential for further improvement, and provide guidance for implementing corrective measures. Furthermore, this report includes significant highlights from all participating healthcare coalitions, which are outlined below.

Highlighted Strengths

- Each participating coalition functioned effectively as a centralized hub for incident information, facilitating a comprehensive operational understanding.
- Coalition stakeholders effectively validated the coalition's role as outlined in each coalition's Chemical Surge Annex, ensuring accuracy and readiness for response to chemical incidents.
- Healthcare coalitions equipped with pre-scripted messages are more adept at swiftly disseminating or requesting information.
- Local Emergency Planning Committees (LEPC) are valuable partners able to support the region in helping determine which chemicals and quantities can be found within the geographic area.

Highlighted Areas of Improvement

- Participants were unaware of the resources that could be requested should the incident exceed local capabilities.
- Despite the importance of family reception centers in providing essential services and support to affected individuals during emergencies, there is a notable lack of familiarity

among coalition stakeholders regarding the activation and maintenance of these facilities.

- A significant number of participating organizations were unaware of CHEMPACKS and their associated capabilities.

Objective 1: Validate the assumptions and identify changes or additions that need to be made in each Healthcare Coalition's Chemical Surge Annex.

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

Strengths

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

Strength 1.1: The coalition's Chemical Surge Annex included an extensive list of chemical Subject Matter Experts (SMEs) which were validated during the exercise.

Strength 1.2: Considerations for information dissemination to area residents were evident in the clearly planned approach, as demonstrated by Public Health's pre-scripted messaging prepared for release. Pre-scripted messaging is a best practice that can be incorporated into any organization's planning processes.

Strength 1.3: The healthcare coalition maintains the ability to send out mass notifications to members via ReadyOp. Within this system, members can be segmented for information sharing clarity.

Strength 1.4: Based on the results of previous exercises and requests from coalition stakeholders, the healthcare coalition is in the process of building out an inventory list of coalition owned assets that are available to members. This list of resources will also be accompanied by instructions on the process for requesting those items.

Areas for Improvement

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

Area for Improvement 1.1: Understanding of the Healthcare Coalition's Role in Information Sharing

Analysis: During the exercise, it became evident that stakeholders outside of the core membership (Public Health, Emergency Management, Emergency Medical Services, and Hospitals) comprehended the foundational role of the coalition in incident information sharing. Ensuring that everyone is included on mass notification lists, reviewing the role and expectations of the coalition, and clarifying communication procedures will enhance regional understanding and collaboration.

Area for Improvement 1.2: Lack of Information Regarding Federal Assistance for a Chemical Incident

Analysis: Participants were unaware of the resources that could be requested should the incident exceed local capabilities. This lack of awareness can lead to delays in response,

inefficient resource allocation, and potentially inadequate handling of the incident, ultimately hindering the overall effectiveness of response efforts. Therefore, it is recommended that the coalition seek guidance in building out the framework of the Chemical Surge Annex as it relates to federal assistance.

Area for Improvement 1.3: Maintenance and Updates to the Coalition's Contact Database

Analysis: While the coalition maintains the ability to quickly message coalition stakeholders through their mass notification system, it is imperative that the coalition develop a process for ensuring contact information is up to date in their database. The process can include target messages, prompting engagement and encouraging contacts to verify information.

Area for Improvement 1.4: Development of Templated Messages for the Coalition to Utilize During Disasters

Analysis: To expedite notifications, the coalition identified the need to develop pre-scripted message templates that can be utilized by staff during a disaster.

Objective 2: Review existing chemical emergency care assets and identify gaps that may occur during the response to a chemical incident.

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

Strengths

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

Strength 2.1: Throughout the discussions of the day, there was a notable demonstration of strong decontamination capability. Participants effectively communicated and showcased their expertise in decontamination procedures, highlighting their preparedness and proficiency in managing hazardous materials incidents. Emphasizing this capability in the chemical surge annex can further solidify preparedness efforts and ensure that resources are appropriately allocated to support decontamination operations during chemical incidents.

Strength 2.2: During the exercise, hospitals discussed their capability to receive and effectively manage a diverse range of respiratory needs. This was evident in their ability to promptly assess patients presenting with respiratory symptoms, diagnose various respiratory conditions, and provide appropriate treatment interventions.

Strength 2.3: It was evident that communications and information sharing processes had been clearly integrated across disciplines to include dispatch centers, Public Information Officers, and emergency management agencies.

Strength 2.4: Agencies reported being aware of the resource request process should they need additional decontamination equipment and personal protective equipment. It is recommended that the coalition add a resource request flow chart to their Chemical Surge Annex to solidify this process.

Areas for Improvement

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

Area for Improvement 2.1: Resource Availability for Smaller Hospitals or Healthcare Facilities

Analysis: While many representatives participating in the exercise hailed from larger hospital systems, it's important to note that numerous smaller hospitals and urgent cares may not possess equivalent levels of resources to support a chemical response. These smaller facilities might face challenges in terms of staffing, equipment availability, and infrastructure compared to their larger counterparts. As a result, they may require additional support and resources to effectively manage and respond to emergencies. It is recommended that the healthcare coalition complete a regional resource assessment to identify gaps in capabilities and resources.

Area for Improvement 2.2: Lack of Baseline Awareness of CHEMPACK Capabilities

Analysis: A significant number of participating organizations were unaware of CHEMPACKS and their associated capabilities. CHEMPACKS are stockpiles of medications and medical supplies that play a vital role in mitigating the effects of chemical incidents, offering rapid access to critical resources. It is recommended that the coalition provide additional training and education on the capabilities of CHEMPACKS, what all is included in them, and the process for requesting the resource.

Area for Improvement 2.3: Lack of Familiarity with Family Reception Centers and Reunification Centers Among Stakeholders

Analysis: Despite the importance of family reception centers and reunification centers in providing essential services and support to affected individuals during emergencies, there is a notable lack of familiarity among coalition stakeholders regarding these. The absence of adequate understanding and preparedness in this area poses significant challenges in supporting affected populations. It is recommended that the healthcare coalition facilitate discussions and educational sessions related to these topics.

Area for Improvement 2.4: Personal Protective Equipment Training for Hospitals and First Receivers

Analysis: During the exercise, it was noted that additional training is needed for first responders to identify the appropriate type and level of Personal Protective Equipment needed to respond to a chemical incident as well as training on utilization of the equipment. It is recommended that the healthcare coalition look to coordinate training for coalition stakeholders.

Objective 3: Discuss and identify each agency's role in response to a chemical incident.

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

Strengths

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

Strength 3.1: Coalition stakeholders demonstrated a high level of competence and familiarity with the roles, responsibilities, and expectations outlined in the Annex.

Strength 3.2: The region as a whole has highly competent coalition stakeholders and facilities who are well experienced in patient surge operations. These stakeholders are consistently evaluating and updating their surge plans based on exercises and real-world incidents.

Areas for Improvement

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

Area for Improvement 3.1: Updates Needed to the Coalitions Notification List

Analysis: It appears that there were some issues with the mass notification systems during the exercise. Not all participating members received the notifications as expected. It's crucial for these systems to function properly, especially during emergency situations. One potential solution could be to update the contact list with new contacts to ensure that everyone who needs to be notified is included. This can then be tested periodically to ensure that this list has the most current information for points of contact.

Appendix A: IMPROVEMENT PLAN

This Improvement Plan is developed specifically for the Southwest Florida Healthcare Coalitions as a result of the Locomotion Commotion exercise conducted on March 6, 2024.

| Capability | Issue/Area for Improvement | Corrective Action | Capability Element | Primary Responsible Organization | Organization POC | Start Date | Completion Date |
|--|---|---|--------------------|--|--|------------|-----------------|
| Objective One: Validate the assumptions and identify changes or additions that need to be made in each Healthcare Coalition’s Chemical Surge Annex. | Area for Improvement 1.1: Understanding of the Healthcare Coalition’s Role in Information Sharing | Ensuring that everyone is included on mass notification lists, reviewing the role and expectations of the Coalition, and clarifying communication procedures will enhance regional understanding and collaboration. | Planning | Southwest Florida Healthcare Coalition | Brian Massey brianmassey@hpcswf.com | 05/01/2024 | [MM/DD/YYYY] |
| | Area for Improvement 1.2: Lack of Information Regarding Federal Assistance for a Chemical Incident | It is recommended that the coalition seek guidance in building out the framework of the Chemical Surge Annex as it relates to federal assistance. | Planning | Southwest Florida Healthcare Coalition | Brian Massey brianmassey@hpcswf.com | 05/15/2024 | [MM/DD/YYYY] |
| | Area for Improvement 1.3: Maintenance and Updates to the Coalition’s | Develop a process for ensuring contact information is up to date in their database. | Planning | Southwest Florida Healthcare Coalition | Brian Massey brianmassey@hpcswf.com | 07/01/2024 | [MM/DD/YYYY] |

| Capability | Issue/Area for Improvement | Corrective Action | Capability Element | Primary Responsible Organization | Organization POC | Start Date | Completion Date |
|--|---|---|--------------------|--|--|------------|-----------------|
| | Contact Database | | | | | | |
| | Area for Improvement 1.4: Development of Templated Messages for the Coalition to Utilize During Disasters | Develop pre-scripted message templates that can be utilized by staff during a disaster. | Planning | Southwest Florida Healthcare Coalition | Brian Massey brianmassey@hpcswf.com | 07/01/2024 | [MM/DD/YYYY] |
| Objective 2: Review existing chemical emergency care assets and identify gaps that may occur during the response to a chemical incident. | Area for Improvement 2.1: Resource Availability for Smaller Hospitals or Healthcare Facilities | It is recommended that the healthcare coalition complete a regional resource assessment to identify gaps in capabilities and resources. | Planning | Southwest Florida Healthcare Coalition | Brian Massey brianmassey@hpcswf.com | 06/01/2024 | [MM/DD/YYYY] |
| | Area for Improvement 2.2: Lack of Baseline Awareness of CHEMPACK Capabilities | It is recommended that the coalition provide additional training and education on the capabilities of CHEMPACKS, what all is included in them, and the process for requesting the resource. | Training | Southwest Florida Healthcare Coalition | Brian Massey brianmassey@hpcswf.com | 05/15/2024 | [MM/DD/YYYY] |
| | Area for Improvement 2.3: Lack of | It is recommended that the healthcare coalition facilitate | Training | Southwest Florida | Brian Massey brianmassey@hpcswf.com | 05/15/2024 | [MM/DD/YYYY] |

| Capability | Issue/Area for Improvement | Corrective Action | Capability Element | Primary Responsible Organization | Organization POC | Start Date | Completion Date |
|--|---|---|--------------------|--|--|------------|-------------------------------|
| | Familiarity with Family Reception Center Activation and Maintenance | discussions and educational sessions related to these topics. | | Healthcare Coalition | | | |
| | Area for Improvement 2.4: Personal Protective Equipment Training for Hospitals and First Receivers | It is recommended that the healthcare coalition look to coordinate training for coalition stakeholders. | Training | Southwest Florida Healthcare Coalition | Brian Massey brianmassey@hpcswf.com | 07/01/2024 | [MM/DD/YYYY] |
| Objective Three: Discuss and identify each agency's role in response to a chemical incident. | Area for Improvement 3.1: Updates Needed to the Coalitions Notification List | Update the coalition contact list with new contacts to ensure that everyone who needs to be notified is included in the system. | Planning | Southwest Florida Healthcare Coalition | Brian Massey brianmassey@hpcswf.com | 05/01/2024 | On going |
| | | Test the contact list periodically to ensure that this list has the most current information for points of contact. | Exercise | Southwest Florida Healthcare Coalition | Brian Massey brianmassey@hpcswf.com | 05/01/2024 | 05/03/2024 and every 6 months |

APPENDIX B: ORGANIZATION SPECIFIC IMPROVEMENT PLAN

This Improvement Plan is included for organizations with action items or corrective actions as a result of the Locomotion Commotion exercise conducted on March 6, 2024. Participating organizations can use the instructions below to complete the Improvement Plan.

Improvement Plan Completion Instructions:

- **Exercise Objectives:** This is a list of all the objectives from the exercise. This column has been prepopulated.
- **Issue \ Area for Improvement:** In this column, describe the issue or area for improvement that was identified for your agency or organization.
- **Corrective Action(s)** - For each area for improvement, the actions needed to address the area for improvement should be listed in this column.
- **Capability Element** – For each corrective action, a capability element should be identified. Capability elements can be one of the following categories: Planning, Organization, Equipment, Training, or Exercise.
- **Assigned To** – List who is tasked with overseeing the corrective actions through to completion.
- **Start Date** - List the date that work on each corrective action will begin.
- **Completion Date** - List the date on which you plan to have the corrective actions completed.

| Capability | Issue/Area for Improvement | Corrective Action | Capability Element | Assigned To | Start Date | Completion Date |
|---|----------------------------|---------------------|--|-----------------------------|--------------|-----------------|
| Objective One: Validate the assumptions and identify changes or additions that need to be made in each Healthcare Coalition’s Chemical Surge Annex. | [Area for Improvement] | [Corrective Action] | [Planning, Organization, Equipment, Training, or Exercise] | [Name, Contact Information] | [MM/DD/YYYY] | [MM/DD/YYYY] |
| | [Area for Improvement] | [Corrective Action] | [Planning, Organization, Equipment, Training, or Exercise] | [Name, Contact Information] | [MM/DD/YYYY] | [MM/DD/YYYY] |
| | [Area for Improvement] | [Corrective Action] | [Planning, Organization, Equipment, Training, or Exercise] | [Name, Contact Information] | [MM/DD/YYYY] | [MM/DD/YYYY] |
| Objective 2: Review existing chemical emergency care assets and identify gaps that may occur during the response to a chemical incident. | [Area for Improvement] | [Corrective Action] | [Planning, Organization, Equipment, Training, or Exercise] | [Name, Contact Information] | [MM/DD/YYYY] | [MM/DD/YYYY] |
| | [Area for Improvement] | [Corrective Action] | [Planning, Organization, Equipment, Training, or Exercise] | [Name, Contact Information] | [MM/DD/YYYY] | [MM/DD/YYYY] |
| | [Area for Improvement] | [Corrective Action] | [Planning, Organization, Equipment, Training, or Exercise] | [Name, Contact Information] | [MM/DD/YYYY] | [MM/DD/YYYY] |
| Objective Three: Discuss and identify each agency’s role in response to a chemical incident. | [Area for Improvement] | [Corrective Action] | [Planning, Organization, Equipment, Training, or Exercise] | [Name, Contact Information] | [MM/DD/YYYY] | [MM/DD/YYYY] |
| | [Area for Improvement] | [Corrective Action] | [Planning, Organization, Equipment, Training, or Exercise] | [Name, Contact Information] | [MM/DD/YYYY] | [MM/DD/YYYY] |
| | [Area for Improvement] | [Corrective Action] | [Planning, Organization, Equipment, Training, or Exercise] | [Name, Contact Information] | [MM/DD/YYYY] | [MM/DD/YYYY] |

APPENDIX C: EXERCISE PARTICIPANTS

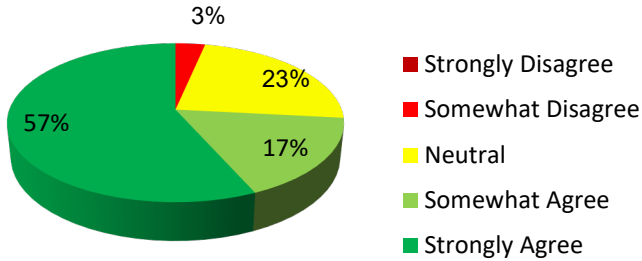
| Organization Name | Organization Type |
|--|----------------------------|
| AdventHealth Sebring | Hospitals |
| Amedisys Home Health | Other |
| Apollo Renal Center | Long Term Care |
| ARC Dialysis, LLC | Other |
| Avow | Other |
| Bascom Palmer Eye Institute Naples | Emergency Management |
| Cape Coral Hospital | Hospitals |
| City of Fort Myers Fire Department | Fire |
| Collier County Emergency Medical Services | Emergency Medical Services |
| Cybersecurity and Infrastructure Security Agency | Other |
| Department of Veterans Affairs | Emergency Management |
| DeSoto Memorial Hospital | Hospitals |
| Florida Department of Health | Public Health |
| Florida Department of Health - Charlotte | Public Health |
| Florida Department of Health - Collier | Public Health |
| Florida Department of Health - Collier | Public Health |
| Florida Department of Health - Glades | Public Health |
| Florida Department of Health - Hendry | Public Health |
| Florida Department of Health - Highlands | Public Health |
| Florida Department of Health - Lee County | Public Health |
| Florida Department of Health - Okeechobee | Public Health |

| Organization Name | Organization Type |
|--|----------------------------|
| Florida Department of Health - Region 6 | Public Health |
| Florida Department of Health - Sarasota | Public Health |
| Florida Department of Health DeSoto | Public Health |
| Florida Division of Emergency Management | Emergency Management |
| Fort Myers Fire Department | Fire |
| Fort Myers Police | Law Enforcement |
| Golisano Children's Hospital | Hospitals |
| Gulf Coast Endoscopy - South | Other |
| Gulf Coast Endoscopy Center | Other |
| Gulf Coast Medical Center Skilled Nursing Unit | Skilled Nursing |
| HCA FL Healthcare at Home | Other |
| Health Planning Council of Southwest Florida | Healthcare Coalition |
| HealthPark Medical Center | Emergency Medical Services |
| Hendry County Emergency Management | Emergency Management |
| Hernando County Health Department | Public Health |
| Kendall Endoscopy Center | Other |
| Kidney Care of Bonita Springs | Other |
| LaBelle Health and Rehabilitation Center | Skilled Nursing |
| Lee County Emergency Management | Emergency Management |
| Lee Health | Hospitals |
| Lee Health | Emergency Medical Services |

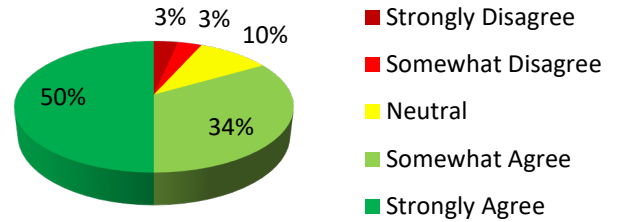
| Organization Name | Organization Type |
|---|----------------------|
| Lee Health | Emergency Management |
| Lee Health | Skilled Nursing |
| Lee Health | Long Term Care |
| Lee Health HealthPark | Hospitals |
| Lee Memorial Lee Health | Hospitals |
| Mederi Caretenders/ LHC Group | Other |
| Millennium Home Care, LLC | Other |
| NCH Bonita Ambulatory Surgery Center LLC. | Other |
| NCH Healthcare System | Hospitals |
| NCH HOSPITAL SYSTEMS | Hospitals |
| Park Center for Procedures | Other |
| Peace River Surgery Center, LLC | Other |
| Premier Surgery Center | Other |
| San Carlos Park Fire Protection & Rescue Service District | Fire |
| Sarasota Memorial Hospital Healthcare System | Hospitals |
| ShroePoint Health Punta Gorda | Hospitals |
| Solaris Healthcare Charlotte Harbor | Long Term Care |
| Southwest Florida Healthcare Coalition | Healthcare Coalition |
| Sunset Lake Health Rehab | Long Term Care |
| The Center for Specialized Surgery | Other |
| Trilogy Home Health Care | Other |
| UHealth and Miller School of Medicine | Other |
| University of Miami Health System | Emergency Management |

APPENDIX D: PARTICIPANT FEEDBACK

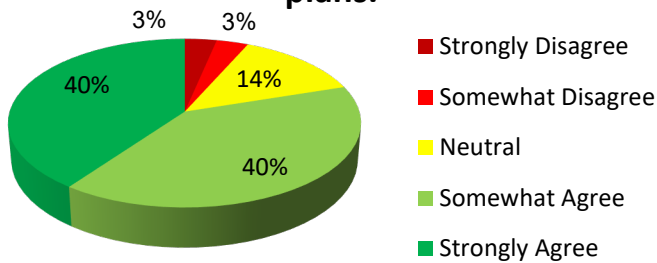
The exercise objectives were applicable to my needs.



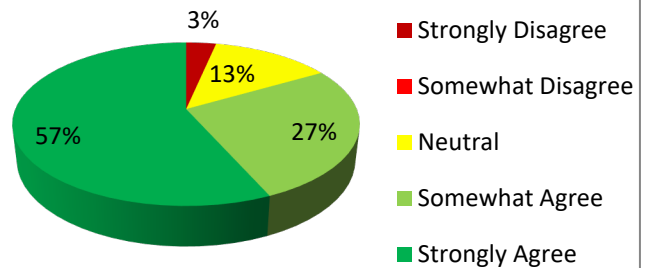
Participation was appropriate for someone with my level of experience/training.



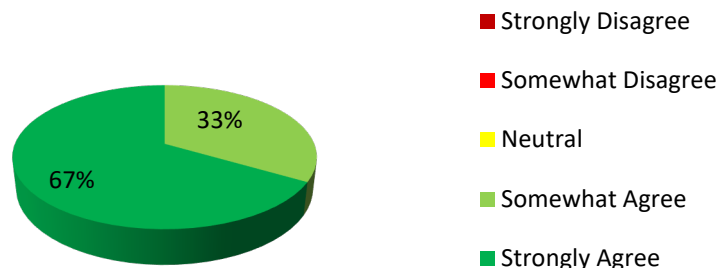
The exercise increased my understanding about and familiarity with the current organizational plans.



The materials and information provided were sufficient to meet the objectives of the exercise.



Registration and the Web Portal was simple to navigate.



The feedback presented is an unaltered representation of the data collected from participant feedback forms.

| Describe any strengths you identified for your organization. |
|---|
| Coordination across agencies to describe capabilities are always helpful. Response for incidents like this are always local first and the operational control remains local. It should be highlighted that agencies should not self-deploy to help, but should be requested. |
| Coordination between local partners. |
| multiple communication paths for emergency alerts and plans |
| Communication skills from corporate and with in organization. |
| Being prepared for a Mass Casualty event. |
| Good plan in place |
| Have collaboration with community resources |
| Strong communication within the organization, and with our community partners |
| As a small facility and operating on strictly elective cases, in a major emergency we are a great resource for supplies and space. |
| Strong community partners and relationships and communicate well with those. Engagement with the HCCs help identify training such as this as well as provide available resources and facilitate collaboration. |
| Emergency Management has a lot of reourcefulness and it neighboring agencies should be able to learn to access that |
| Strengths include our communication to field team members Ability and experience in patient surges |
| EOP in place; Internal emergency Communications |
| Strengths include Amedisys Corporate communication and support during emergency planning, event and post emergency follow up. Planning and training are ongoing throughout the year, and collaboration between care centers and the corporate team is excellent. Clinicians in the field are the crucial link to ensuring the safety of our patients. Patient emergency assessment and planning is ongoing. Review of needed community resources, emergency supplies, and evacuation plans is the focus. Amedisys care centers nationwide are a resource for post emergency recovery via phone contact with patients and caregivers as well as for shipping supplies. |
| Great amount of resources throughout the county. System command set up |
| Proper chain of command during and flow of information during an emergent event. |
| Staff Training and Awareness (Shelter in Place) Strong partnerships with response agencies (EM, EMS) Communication processes in place (Everbridge, Teams chat) |
| Working as a team, and use good communication skills. |

| Describe any strengths you identified for your organization. |
|---|
| We promote to all members the need top have plans in place and to exercise those plans on at least an annual basis to id the gaps. We provide access to these TTXs to initiate dialogue within their organizations so they can be better prepared or ask questions of other organizations We would or could be the one to provide information since we are not boots on the ground or an active participant in the event. |
| Required annual disaster drills. Participation in actual disaster events. |
| We have very intelligent people like Tim Dougherty that help us to succeed in times like these |
| We will soon conduct drills which is long overdue. |
| Large system with many resources allowing us to be nimble in responses. Good communication pathways. |
| Collier County collaborates with Emergency Management to set up a reunification center. |
| The county wide communications work well even between different agencies. |

| Describe outstanding questions or gaps in information that remain following the exercise. |
|---|
| Notification system for homeless. |
| Notifications on any hazards. |
| The ability of our urgent care centers to be able to deal with a community wide event. |
| Not all facilities have the same decon capabilities |
| How we are notified of mass incident |
| Being in Collier county, they are some challenges as to identifying what shelters would be available for affected individuals. |
| felt the exercise was geared more towards hospitals and ems than home health. |
| We are still trying to figure out who will contact us regarding an emergency. We are an extension of a bigger healthcare system however, we need to work to establish better lines of communication. Often times people do not know we exist, and just assume the building we are in is an ER only. |
| Structured and consistent decontamination teams being in place with adequate training. |
| Needs for unhoused and Standalone ER/Urgent care to be placed to be considered during these emergencies |

| Describe outstanding questions or gaps in information that remain following the exercise. |
|---|
| <p>Gaps include the overall emergency community lacking communication to the public health/community health setting.</p> <p>Lack of information would keep the public health sector from leveraging our tools of telehealth and mobile clinicians to effectively treat patients experiencing symptoms close to the locale. Many respiratory patients have the tools they might require to limit respiratory exposure and effects. Keeping those patients in the right treatment setting and out of ERs would aid in the response.</p> |
| <p>Communication with county on notification and how our organization can assist since we are a hospice.</p> |
| <p>Although our agency has a policy for chemical emergencies, this exercise made it clear to me that at a local level there are many possible gaps in the preparation and response to this type of emergency ie; adequate availability of treatment facilities in the event that a large number of the population is exposed, ample antidote resources, types of PPE necessary for specific chemicals, and long term effects of exposure.</p> |
| <p>Decon exercises need to be held. Understanding more of the community resource or family reunification center and who is responsible for that.</p> <p>Education on the pediatric differences when it comes to decon and chemical impacts on special populations.</p> |
| <p>More information on shelter in place protocols. Resources on where to acquire more durable PPE for chemical events.</p> |
| <p>Staff Training (Some staff need to have better understanding of Incident Command)</p> <p>Family Reunification processes need to be strengthened.</p> <p>Need communication strategies if certain hard to reach areas need to evacuate.</p> |
| <p>Being able to be notified in a timely manner.</p> <p>Communication is always to biggest gap in any event. Being able to provide timely information to the entire region.</p> <p>keeping our mass notification system updated so the information goes out to the right people at the right time.</p> |
| <p>Or Decon area and equipment are lacking and need to be addressed prior to something catastrophic</p> |
| <p>Discussion around urgent care arrivals and how to manage that in a chemical situation.</p> |
| <p>I need to verify who will notify DOH-Collier in the event of a disaster similar to this scenario.</p> |
| <p>Communications with the HCC may not be as timely as it could be.</p> |

| Describe any specific resources or tools would help in addressing the outstanding gaps? |
|--|
| Community Reception Centers need to be readdressed and updated. |
| A notification list with names and telephone numbers. |
| Chempak plans |
| More hands on training with local teams |
| I will follow up with our EM |
| Perhaps a link from either bar, local department of health or county website, assisting us with that information |
| If there are any type of email or call chains that are available to subscribe to in order to get information for a local disaster. |
| Time and money...Working on the importance of self-contained teams to get the buy-in from upper leadership to support the decon initiative in the way it needs/should be managed. |
| Chemm Pack |
| In the home health community we depend on the generalized county alerts to disseminate information to our team. We really need a mechanism to communicate that information to the entire healthcare community for optimal results. Home care and hospice both continue to voice this issue with little movement over the past years to develop a solution. So for instance in this exercise we would be taking action most probably in the dark on the chemical type. Thus making us a less helpful partner when we could be effectively using telehealth to assist patients ,quiet anxiety and aid our community especially in the affected location. Keeping unnecessary patients from overburdening the hospitals makes this sector of healthcare a valuable group. |
| Notification via county DOH, EMS or Coalition. |
| Specific training continued training on this type of event to community partners. Mock drills. |
| Shelter in place outlines. Resources to provide education for SNF,ALF, ILF residents on an action plan |
| Some type of notification system for rural areas. |
| Keep providing valuable resources on our website and make them easy to find. keep promoting the training and escalate the TTXs into functional exercises |
| Hospital leadership and information specialist |
| Connecting Lee Control with the HCC directly. |
| Community Reception Centers need to be readdressed and updated. |
| A notification list with names and telephone numbers. |
| Chempak plans |

| Please identify any trainings or risks/hazards for future exercises that you would like the coalition to host in the future. |
|--|
| ChemPack training |
| NHICS VIRTUAL |
| Active shooter |
| Active shooter |
| Any trainings on emergency response |
| ICS training |
| Cyber event, loss of cellular, computers, etc. |
| Hazmat Awareness and HAZmat Responder for hospitals and responders |
| Flooding Exercise |
| Nuclear threat and exposure |
| More frequent moc MCI drills that involves ER staff. |

| If you have any other comments related to the exercise, please include them below. |
|--|
| Thank you for coordinating the exercise and all the people that made this happen. |
| A large amount of time was spent on identifying medical needs and resources in the event of an emergency. Each time we approached information within my area of expertise, the spiritual/emotional/moral realm, the facilitator chose to bypass it and move forward to other elements. |
| This was a great exercise. |
| Great training class, fun to work with the entire state of Florida. |
| Great exercise, thank you for hosting! |
| I feel that participation dropped off really fast. I think keeping these exercises to a smaller group would be better or breaking up the group and allowing coalitions to combine or mix for the exercise |
| I found this exercise to be very well run. I liked the method of having breakout rooms with our coalition. I would encourage the facilitators to develop more questions in exercises to be inclusive of the community health entities like hospice and homecare for problem solving. Consider the pandemic where hospital at home was implemented and home care/hospice agencies kept many patients from the hospital settings. I am sure there are other entities like dialysis centers, physician groups that would also appreciate the inclusion. |

If you have any other comments related to the exercise, please include them below.

Thank you for a great exercise!

Great discussions. Many know the right processes but there were still some areas identified by the group that needs improvement.