

# Locomotion Commotion: 2024 Florida Healthcare Coalition Chemical Exercise

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Situation Manual

March 6, 2024

This Situation Manual (SitMan) provides exercise participants with all the necessary tools for their roles in the exercise. Some exercise material is intended for the exclusive use of exercise planners, facilitators, and evaluators, but players may view other materials that are necessary to their performance. All exercise participants may view the SitMan.

## EXERCISE OVERVIEW

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

<b>Threat or Hazard</b>	Train Derailment and Chemical Spill
<b>Scenario</b>	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.
<b>Sponsor</b>	<ul style="list-style-type: none"> <li>• Big Bend Health Care Coalition</li> <li>• Central Florida Disaster Medical Coalition</li> <li>• Emerald Coast Health Care Coalition</li> <li>• Keys Health Ready Coalition</li> <li>• Northeast Florida Regional Council</li> <li>• Southwest Florida Healthcare Coalition</li> <li>• Tampa Bay Health &amp; Medical Preparedness Coalition</li> </ul>
<b>Participating Jurisdictions/ Organizations</b>	Multiple Healthcare organizations within the state of Florida. For a full list of participating organizations, please reference <a href="#">Appendix B</a> .
<b>Point of Contact</b>	<p><b>Elaina Huffman, MPS, CHEC</b>                  All Clear Emergency Management Group                  Planning Specialist  <a href="mailto:ElainaH@AllClearEMG.com">ElainaH@AllClearEMG.com</a>                  303-913-0614</p> <p><b>Rachel Cruz</b>                  All Clear Emergency Management Group                  Planning Specialist  <a href="mailto:RachelC@AllClearEMG.com">RachelC@AllClearEMG.com</a>                  303-359-5930</p> <p><b>Ginny Schwartzer, MEP</b>                  All Clear Emergency Management Group                  Chief Executive Officer  <a href="mailto:GinnyS@AllClearEMG.com">GinnyS@AllClearEMG.com</a>                  919-323-9995</p>

## GENERAL INFORMATION

### Exercise Objectives and Capabilities

The following exercise objectives in Table 1 describe the expected outcomes for the exercise. The objectives are linked to capabilities, which are the means to accomplish a mission, function, or objective based on the performance of related tasks, under specified conditions, to target levels of performance. The objectives and aligned capabilities are guided by senior leaders and selected by the Exercise Planning Team.

Exercise Objectives	FEMA Core Capability	HPP Core Capability	PHEP Core Capability
<b>Objective One:</b> Validate the assumptions and identify changes or additions that need to be made in each Healthcare Coalition’s Chemical Surge Annex.	Operational Coordination  Planning  Environmental Response/Health and Safety	Capability 2: Health Care and Medical Response Coordination  Capability 4: Medical Surge	Capability 1: Community Preparedness  Capability 10: Medical Surge  Capability 14: Responder Safety and Health
<b>Objective Two:</b> Review existing chemical emergency care assets and identify gaps that may occur during the response to a chemical incident.	Operational Coordination  Operational Communications	Capability 2: Health Care and Medical Response Coordination	Capability 3: Emergency Operations Coordination  Capability 6: Information Sharing  Capability 10: Medical Surge
<b>Objective Three:</b> Discuss and identify each agency’s role in response to a chemical incident.	Operational Coordination  Public Health, Healthcare, and Emergency Medical Services  Operational Communications  Public Information and Warning	Capability 2: Health Care and Medical Response Coordination  Capability 4: Medical Surge	Capability 3: Emergency Operations Coordination  Capability 4: Emergency Public Information and Warning  Capability 11: Nonpharmaceutical Interventions

**Table 1. Exercise Objectives and Associated Capabilities**

## Participant Roles and Responsibilities

The term *participant* encompasses many groups of people, not just those playing in the exercise. Groups of participants involved in the exercise, and their respective roles and responsibilities, are as follows:

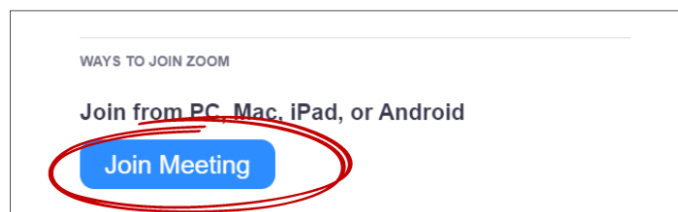
- **Healthcare Participants:** Healthcare participants are personnel who are expected to actively participate in discussing their regular roles and responsibilities during the exercise. For this exercise, Ancillary Care participants will be grouped into two distinct agency types during breakout sessions: Inpatient (Residential) and Outpatient (Non-Residential).
- **Other Participants:** Other participants may include personnel from supporting organizations that play a role in the regional healthcare service delivery. These participants are expected to actively participate and discuss their regular roles and responsibilities during the exercise.
- **Facilitators:** The Main Facilitator plans and manages exercise play, sets up and operates the virtual exercise. The Main Facilitator directs the pace of the exercise, provides key data to participants, and may prompt or initiate certain participant actions to ensure exercise continuity. In addition, they issue exercise material to participants as required and monitor the exercise timeline.

During this exercise there will also be Breakout Group Facilitators. These Breakout Group Facilitators observe participant actions, provide feedback on a designated functional area of the exercise, and may act in the roles of organizations or individuals that are not playing in the exercise, if needed.

- **Note Takers/Evaluators:** Note Takers/Evaluators observe and document performance against established capability targets and critical tasks, in accordance with the Exercise Evaluation Guides (EEGs).
- **Technology Support Staff:** The Technology Support will include an individual who performs administrative and logistical support tasks during the exercise (i.e., registration, monitoring Zoom breakout groups, operating polls, etc.).

## Virtual Exercise Participation

After registering for the exercise, participants should have received a confirmation email, information on how to access their exercise materials through the Web Portal, and an individualized login link to the exercise from Zoom. **If you plan to participate as a group, we highly recommend participating from a single physical location, using one Zoom login.**



As a part of your set of exercise documents, you can download and review the Virtual Exercise Participation Guide through your [All Clear Web Portal](#). This document informs

participants of their 'to-do' items for before, during, and after the exercise and it functions as a 'Quick Start' guide for utilizing the Zoom platform for virtual exercises.

## Exercise Structure

This exercise will be a multimedia, facilitated exercise. Players will participate in the following three (3) modules:

- Module 1: Incident Notification and Activation
- Module 2: Chemical Assessment and Patient Care
- Module 3: Shelter-In-Place

Each module begins with a multimedia update that summarizes key events occurring within that time period. After the updates, participants review the situation and engage in functional group discussions based on healthcare coalition affiliation. For this exercise, the functional groups are as follows:

- Big Bend Health Care Coalition
- Central Florida Disaster Medical Coalition
- Emerald Coast Health Care Coalition
- Keys Health Ready Coalition
- Northeast Florida Regional Council
- Southwest Florida Healthcare Coalition
- Tampa Bay Health & Medical Preparedness Coalition

After these functional group discussions, participants will engage in a moderated plenary discussion in which a spokesperson from each group will present a synopsis of the group's actions, based on the scenario.

## Exercise Guidelines, Assumptions, and Artificialities

In any exercise, guidelines, assumptions, and artificialities may be necessary to complete play in the time allotted and/or account for logistical limitations. Exercise participants should accept that guidelines, assumptions, and artificialities are inherent in any exercise and should not allow these considerations to negatively impact their participation.

## Exercise Guidelines and Assumptions

- This exercise will be held in an open, no-fault environment wherein capabilities, plans, systems, and processes will be evaluated. Varying viewpoints, even disagreements, are expected.
- Respond to the scenario using your knowledge of current plans and capabilities (i.e., you may use only existing assets) and insights derived from your training.

- Decisions are not precedent setting and may not reflect your jurisdiction's/ organization's final position on a given issue. This exercise is an opportunity to discuss and present multiple options and possible solutions.
- Issue identification is not as valuable as suggestions and recommended actions that could improve preparedness and response efforts. Problem-solving efforts should be the focus.

## Exercise Artificialities

- To provide a controlled setting for the exercise, we have created a simulated weather environment that will influence the depicted scenario. The weather forecast will be the same for all participants.
- We understand that the depicted scenario, as outlined in the exercise, may not realistically occur simultaneously in all the specified locations involved. While the scenario's simultaneous occurrence in multiple places may not align with real-world probabilities, it allows us to assess our ability to manage multifaceted challenges.
- We acknowledge that certain aspects of the depicted situations may not align with the specific geographic characteristics of your location. The primary objective of this exercise is to comprehensively test our emergency preparedness and response capabilities.
- It is likely that anhydrous ammonia (NH<sub>3</sub>) would not result in a CHEMPACK deployment or decontamination based on the level of severity depicted in the scenario. However, the purpose of this exercise is to discuss and evaluate the Healthcare Coalition's Chemical Surge Annex and therefore, we have chosen to include discussion on CHEMPACK and decontamination capabilities in Module 2.

## Exercise Evaluation

Exercise Evaluation is based on the objectives and aligned capabilities, and capability targets, which are documented in Exercise Evaluation Guides (EEGs). The Note Takers have EEGs for each of their assigned groups. Additionally, players will be asked to **complete a [Participant Feedback Form](#) by March 13, 2024**. These documents, paired with facilitator observations and notes, will be used to evaluate the exercise, and compile the After-Action Report (AAR)/Improvement Plan (IP).

- **Hot Wash / Debrief:** At the conclusion of exercise play, the Main Facilitator will conduct a Hot Wash, which is an immediate exercise debrief to allow participants to discuss strengths and areas for improvement, and for Group Facilitators and Note Takers to seek clarification regarding player discussion and decision-making processes. All participants are encouraged to provide feedback and engage in this discussion.
- **After-Action Report and Improvement Planning:** By April 5, 2024, you will receive a completed After-Action Report/Improvement Plan (AAR/IP). You will need to incorporate your organization's specific information into the organization specific Improvement Plan to make this report complete. If you are having trouble completing the organization-specific portions of the After-Action Report, please reach out to Elaina Huffman at [ElainaH@AllClearEMG.com](mailto:ElainaH@AllClearEMG.com).

Improvement planning is the process by which the observations recorded in the AAR are resolved through development of concrete corrective actions, which are prioritized and tracked as a part of a continuous corrective action program. The IP identifies specific corrective actions, assigns them to responsible parties, and establishes target dates for their completion.



## MODULE 1: INCIDENT NOTIFICATION AND ACTIVATION

### Scenario

**Wednesday, March 6, 2024: 12:30 PM**

At approximately 12:30 PM, a freight train transporting hazardous chemical materials derailed near a populated area in your region. During the crash, multiple train cars violently ruptured and propelled sections of the fractured tanks over 900 feet from the tracks. There are reports of a white, pungent-smelling fog that quickly expanded across the accident site and nearby residences and businesses. Response agencies are mobilizing and working to identify the chemicals being transported by the train.

### Key Issues

- There has been a train derailment in your region.
- The train derailment has caused significant release of an unknown chemical.
- There are reports of a low hanging fog impacting businesses and residences.

### Discussion Questions

Based on the information provided, participate in the discussion concerning the issues raised in Module 1. Identify any critical issues, decisions, requirements, or questions that should be addressed at this time.

The following questions are provided as suggested subjects that you may wish to address as the discussion progresses. These questions are not meant to constitute a definitive list of concerns to be addressed, nor is there a requirement to address every question.

1. Describe how your organization would be notified of the incident and any immediate actions your organization would take upon being notified of the chemical release.
  - a. Healthcare Coalition
  - b. Hospitals
  - c. Local Emergency Management
  - d. Public Health
  - e. DHHS-PHEP
  - f. HazMat
  - g. EMS
  - h. LEPC
2. [All Organizations] Describe any concerns you have regarding initial incident communications or communication systems.

3. [All Organizations] Which plans would your organization activate based on the initial information you have received, if any?
  - a. Who would authorize the plan activation?
  - b. Who do you notify, if anyone, about the activation?
  - c. Describe the systems you would use for notifications and the essential information that you would share at this time.
4. [Healthcare Coalition] Describe any indicators and triggers for activation of your chemical annex.
  - a. Are these indicators or triggers for activation detailed out in your chemical surge annex?
  - b. Identify the appropriate classification level (activation level) according to your chemical surge annex and describe the actions that need to occur based on the plan.
5. [Healthcare Coalition] Are there any additional actions that would need to occur during this time (alerting and notifications, information gathering, initial coordination, etc.)?
  - a. Are these items indicated in your chemical surge annex?
6. [All Organizations] What primary safety concerns do you have in the early stages of the incident?
  - b. Describe the steps you would take to mitigate those safety concerns.
  - c. Are the steps outlined in your agency plans?
  - d. Who would you notify of potential safety concerns?
7. [All Organizations] When considering a surge in patients with a chemical exposure component what additional information (essential elements of information) would you need regarding the incident and potential chemical exposure?
8. [All Organizations] What additional supplies and resources might you need to support the specialty response?
  - a. Who would you contact to source additional supplies or resources? *Consider Local, Regional, State, and Federal Resources.*

9. [All Organizations] Who oversees communicating with the public about the incident?
  - a. Describe the involvement of and coordination with other partners (i.e., EMS, fire service, healthcare organizations, public health, etc.) for public messaging.
10. [First Responder Organizations] How would you determine the appropriate level of PPE needed for responders?
11. [First Responder Organizations] What specific types of PPE would be required for personnel responding to a hazardous materials incident involving a white, pungent-smelling fog?
12. [First Responder Organizations] Are there sufficient quantities of appropriate PPE available for all responding personnel?
  - a. If there were insufficient quantities, how would you prioritize the distribution of PPE among different response teams and agencies?
  - b. Discuss the process for requesting additional PPE resources if needed.

## MODULE 2: CHEMICAL ASSESSMENT AND PATIENT CARE

### Scenario

Wednesday, March 6, 2024: 12:40 PM

Emergency personnel have identified that the train was carrying 33,500 gallons of liquid anhydrous ammonia in a 65-foot tank. The HazMat team is coordinating with Emergency Managers to assess the direction and potential impact of the anhydrous ammonia. Currently, the high humidity and mild wind is causing the released ammonia to drift around the crash site rather than dissipate into the atmosphere. There has been an influx of 911 calls with reports of irritation of the nose and mouth, coughing, and skin blistering.

## Anhydrous Ammonia

**HEALTH HAZARD**

4 Deadly  
3 Extreme Danger  
2 Hazardous  
1 Slightly Hazardous  
0 Normal Material

**FIRE HAZARD Flash Points:**

4 Below 73°F  
3 Below 100°F  
2 Below 200°F  
1 Above 200°F  
0 will not Burn

**SPECIFIC HAZARD**

OX Oxidizes      ACID Acid  
ALK Alkaline    COR Corrosive  
W Use No Water    ☣ Radioactive  
SA Simple Asphyxiate

**INSTABILITY**

4 May Detonate  
3 Stock + Heat may Detonate  
2 Violent Chemical Change  
1 Unstable if Heated  
0 Stable

PROTECTIVE EQUIPMENT FOR HANDLING MATERIALS

**Precautionary Measures:**  
Avoid inhalation and exposure to skin. Keep container closed. Use only with adequate ventilation to maintain airborne concentrations below hazardous levels. Wear appropriate gloves, goggles, and personal protective clothing.

**Emergency Overview:**  
Colorless gas/liquid with a strong, suffocating odor. Causes skin, eye and respiratory tract burns. May cause blindness. Exposure to high levels may be fatal. Potential explosion hazard in confined space. Use sufficient ventilation to prevent vapor buildup.

**First Aid Procedures**  
Inhalation: Remove to fresh air. Eyes/Skin: Flush with flooding amounts of water for at least 15 min. Ingestion: Ingestion of gas is unlikely. For aqueous solutions, do not induce vomiting. If conscious, give large amounts of water to drink. If unconscious, do not give anything by mouth.

Credit: MySafetySigns.com: Anhydrous Ammonia Hazardous Material Sign: Health Hazard Fire Hazard Specific Hazard Instability. Protective Equipment for Handling Materials (S-7873)

## Key Issues

- Anhydrous Ammonia has been identified as the chemical on board the train at the time of derailment.
- Patients will begin to arrive at hospitals with symptoms of chemical exposure.

## Discussion Questions

Based on the information provided, participate in the discussion concerning the issues raised in Module 2. Identify any critical issues, decisions, requirements, or questions that should be addressed at this time.

The following questions are provided as suggested subjects that you may wish to address as the discussion progresses. These questions are not meant to constitute a definitive list of concerns to be addressed, nor is there a requirement to address every question.

1. [First Responder Organizations and Emergency Management] Describe your chemical identification process and any other additional notifications that are made following the identification of the chemical.
2. [First Responder Organizations] Describe any other actions you would be taking at this point in the scenario.
3. [Emergency Medical Services and Healthcare Organizations] What is the medical management procedure for anhydrous ammonia exposure?
  - a. What is the treatment for anhydrous ammonia?
  - b. What special considerations are made for pediatric/adolescent or special needs patients?
4. [Emergency Medical Services and Healthcare Organizations] Describe your prioritization method for specialty patient care or transport.
  - a. Which patients would be most suited to transfer to a specialty facility?
5. [Emergency Medical Services and Healthcare Organizations] What relevant baseline or just-in-time training is available for staff during a chemical incident?
6. [All Organizations] Would a scenario as depicted require a CHEMPACK request?
  - a. If not, describe what type of scenario would require a CHEMPACK request.
  - b. Describe the resource request process for a CHEMPACK.
  - c. Describe any limitations of a CHEMPACK.
7. [Hospitals] How would you go about requesting any additional resources needed to manage the surge of chemical patients?

8. [All Organizations] Are there telemedicine or chemical subject matter experts that you would call upon for assistance?
9. [Hospitals] How, if at all, would you manage the worried well arriving at your facility?
10. [All Organizations] How would you manage families arriving (or calling) looking for their loved ones?
11. [Other Organizations] How could your organization assist in the response to this incident?
12. [Healthcare Coalition] At this point in the scenario, what do you see as the HCC role in the response?
13. [Hospitals and Healthcare Organizations] How would you determine the appropriate level of PPE needed for staff?
14. [Hospitals and Healthcare Organizations] What specific types of PPE would be required for staff?
15. [First Responder Organizations] Are there sufficient quantities of appropriate PPE available for staff?
  - a. If there were insufficient quantities, how would you prioritize the distribution of PPE among different staff members?
  - b. Discuss the process for requesting additional PPE resources if needed.
16. [All Organizations] What communication protocols are in place to relay information about PPE requirements and changes in the situation to all responding agencies?

### Decontamination Discussion Questions

*It is likely that anhydrous ammonia (NH<sub>3</sub>) would not require decontamination based on the level of severity depicted in the scenario. However, the purpose of this exercise is to discuss and evaluate the Healthcare Coalition's Chemical Surge Annex and therefore, we have chosen to include discussion on decontamination capabilities in Module 2.*

17. [First Responder Organizations] Describe your on-scene decontamination capabilities.
18. [Emergency Medical Services] Describe any special considerations for transporting contaminated patients.
  - a. Describe your process for decontaminating transportation units.

19. [Hospitals] Describe your onsite decontamination capabilities.

- a. [Hospitals] How many ambulatory victims can you decontaminate at the same time?
- b. How would you manage decontamination procedures for potentially exposed individuals who self-report?

20. [First responders and Healthcare Organizations] Describe how you coordinate training on the provision of wet and dry decontamination and screening to differentiate exposed from unexposed patients.

21. [Other Organizations] Describe your decontamination capabilities or support you could provide during a scenario requiring decontamination.

22. What other resources are available in your region for decontamination?

- a. Does the state have HazMat teams available to your jurisdiction?
  - a. If so, how do you request that resource?
- b. Are Civil Support Teams (CST) an option for decontamination?

## MODULE 3: SHELTERING-IN-PLACE

### Scenario

Wednesday, March 6, 2024: 1:00 PM

You learn that in about 4 minutes, 161,968 pounds of gas and aerosol have been released due to the crash. Your organization now has plume maps based on the weather conditions which are between 80 and 85 degrees, 10 mph winds, and 80 to 85% humidity.

### Key Issues

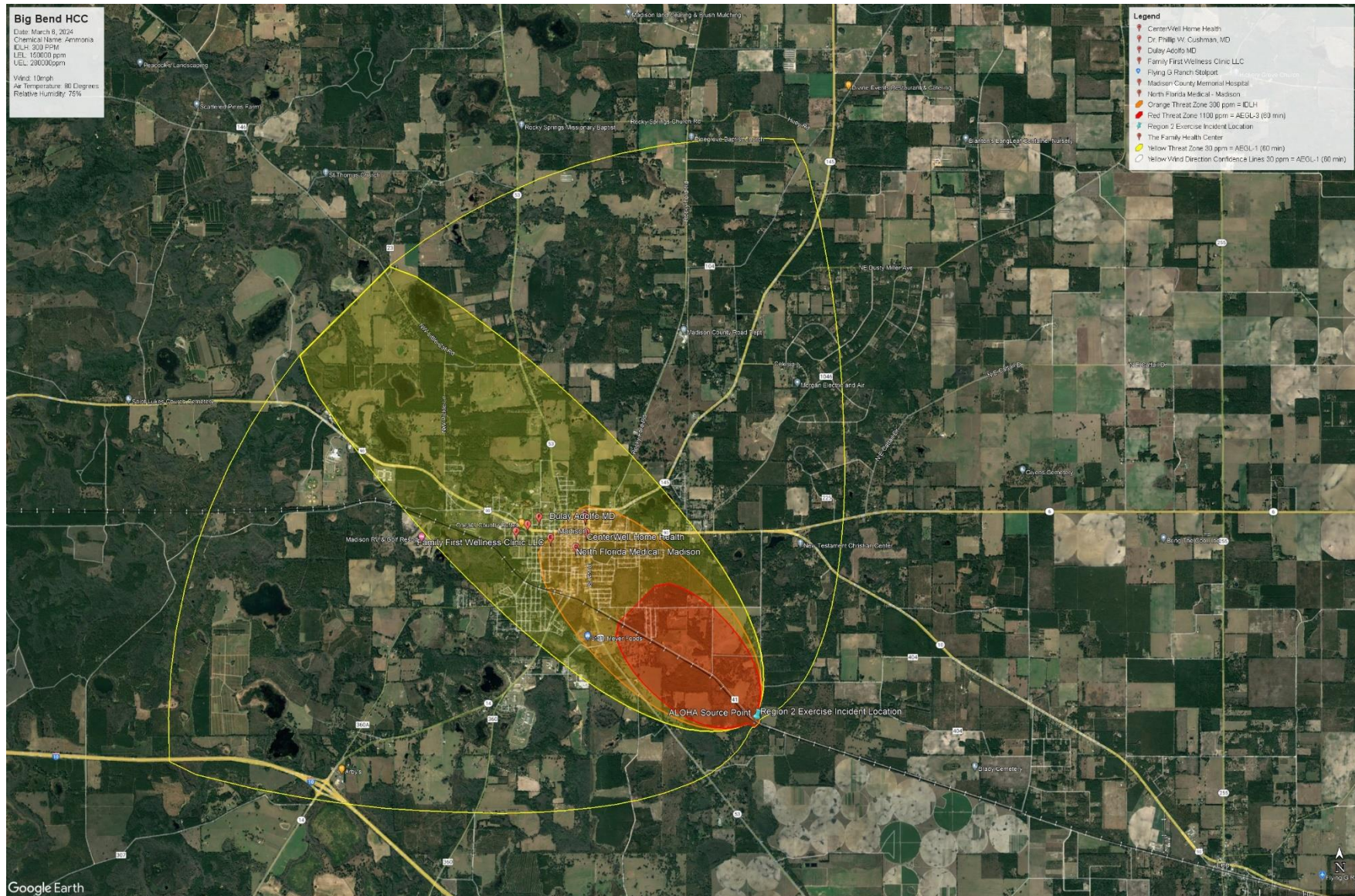
- While initial patients have all been transported to hospitals, walking wounded and the worried well are still a concern.
- The winds in the area of the crash have caused the ammonia cloud to drift towards your facility.
- The movement of the ammonia plume also threatens new residential areas that were not in the initial impacted area.

### Plume Map and Model Keys

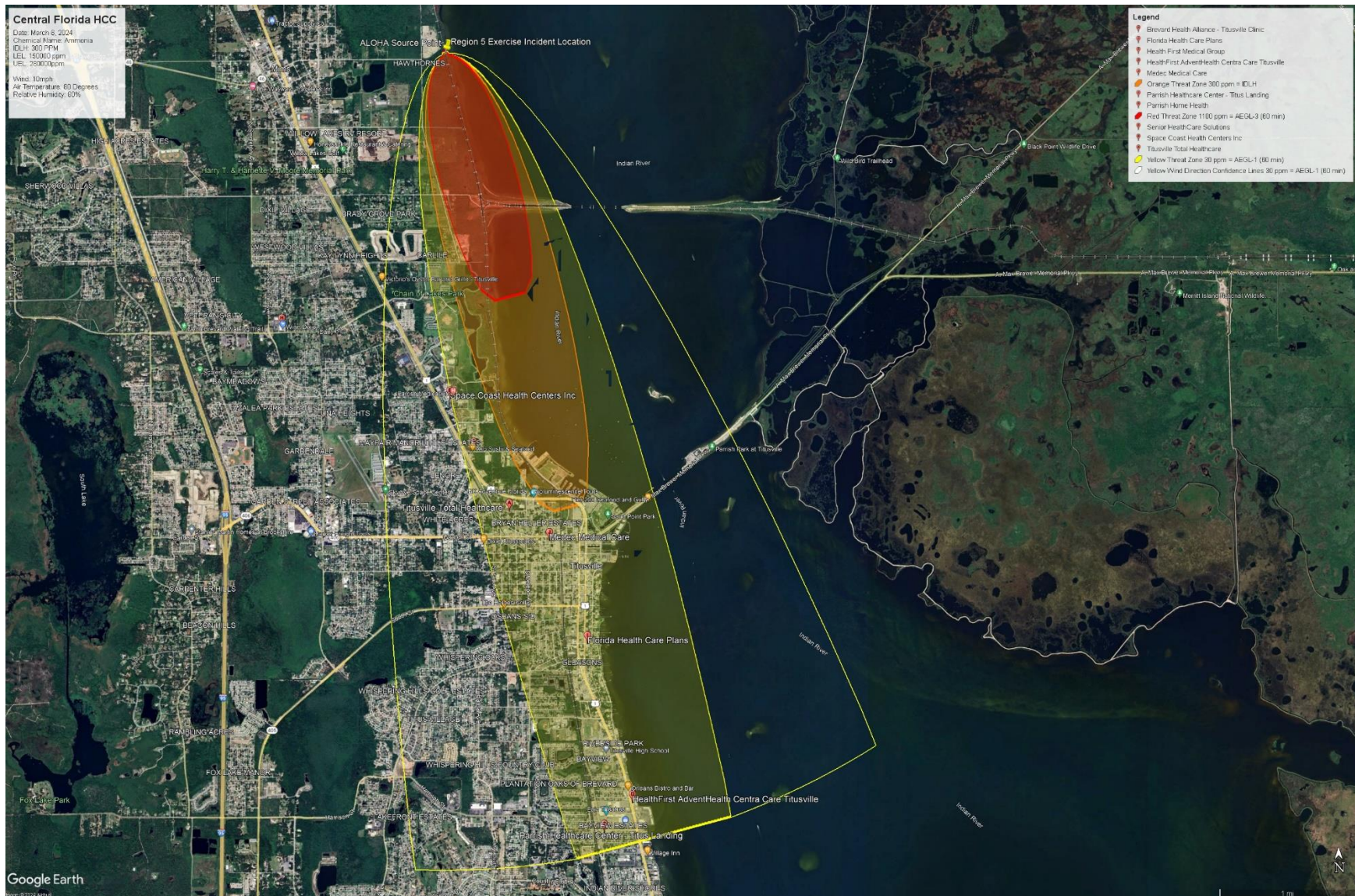
*Images of the plume maps begin on page 16 of this Situation Manual.*

- Red - IDLH: Immediately Dangers to Life or Health
- Orange - LEL: Lower Explosive Limit
- Yellow - UEL: Upper Explosive Limit

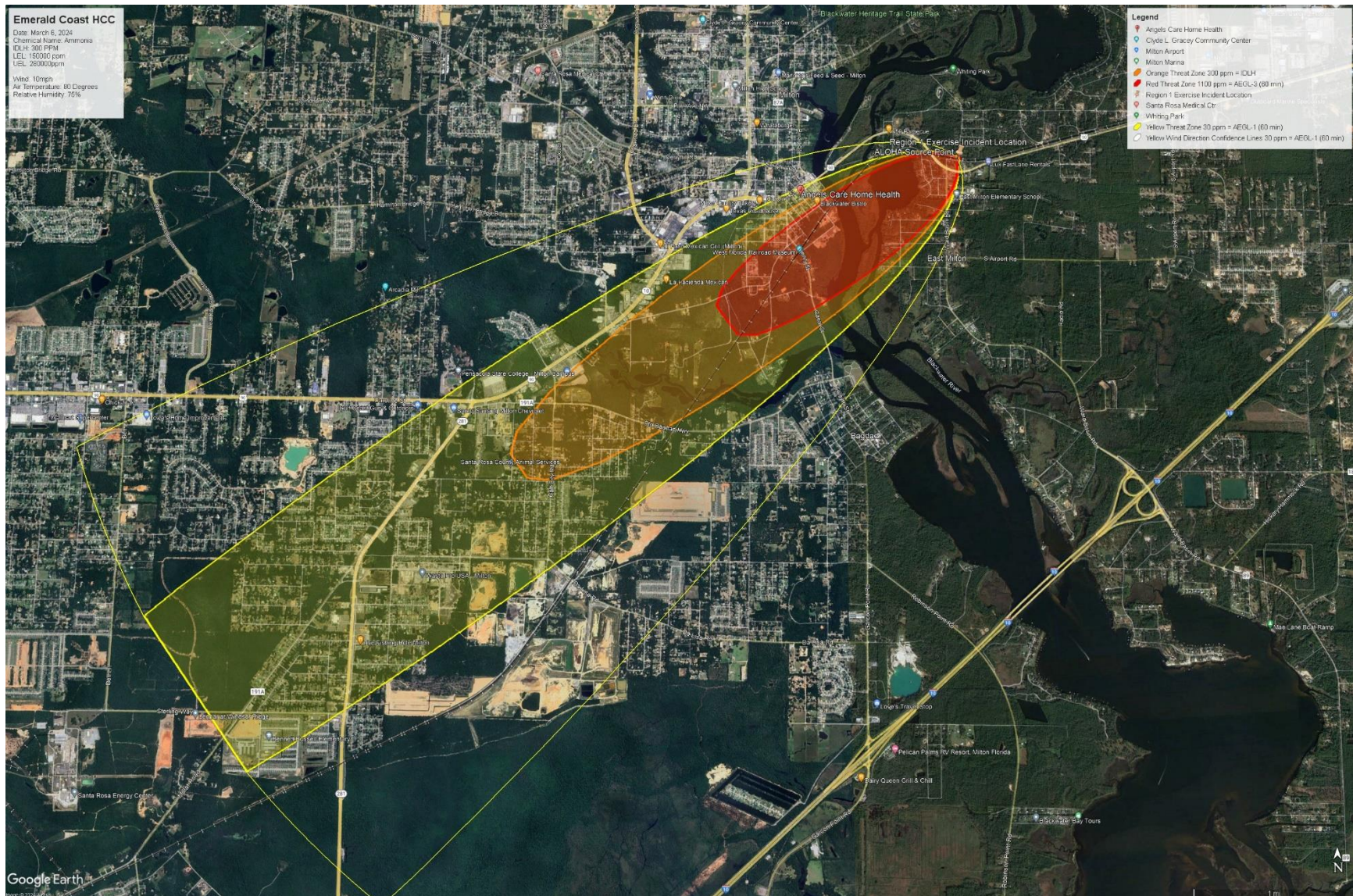




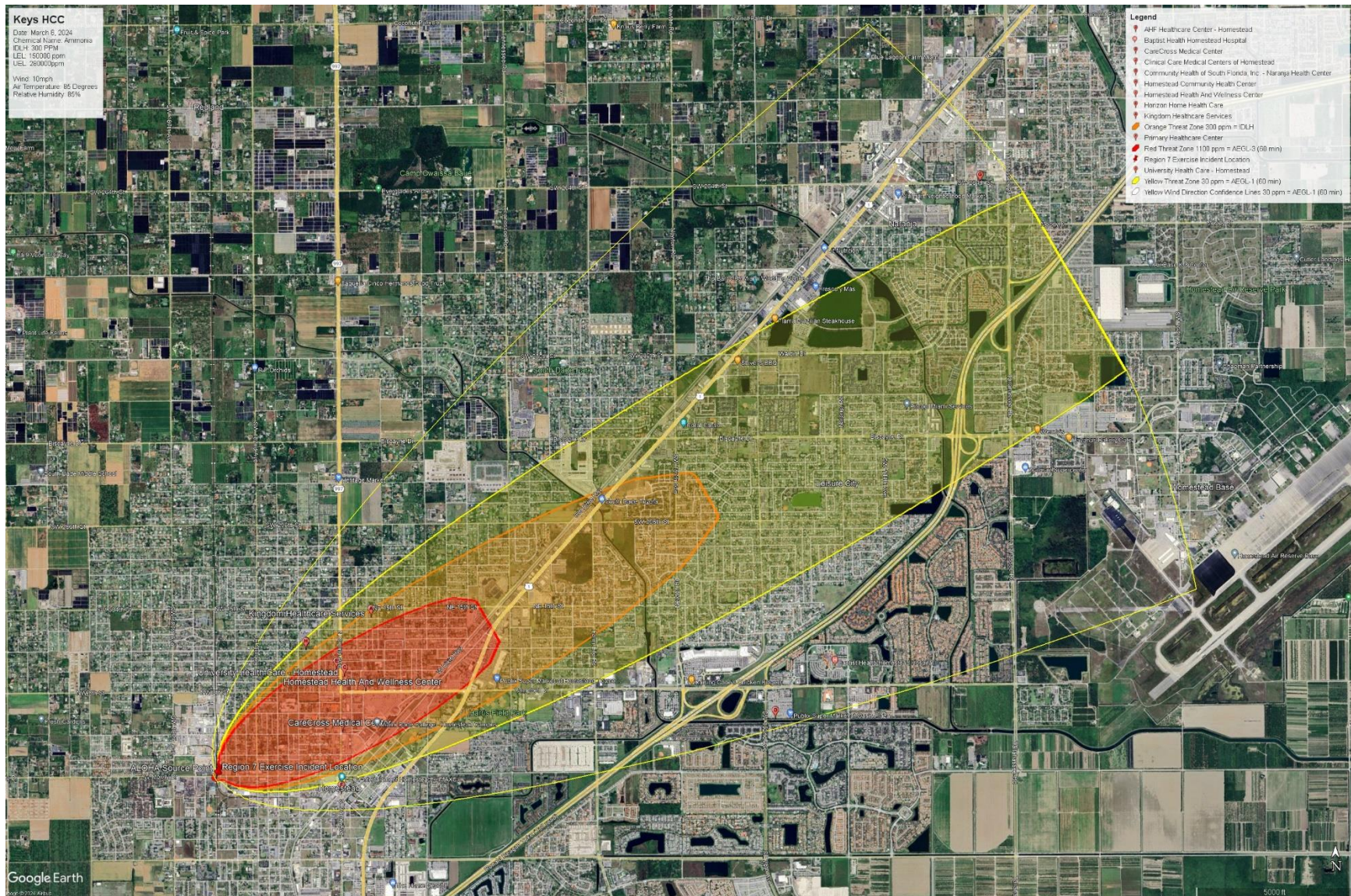




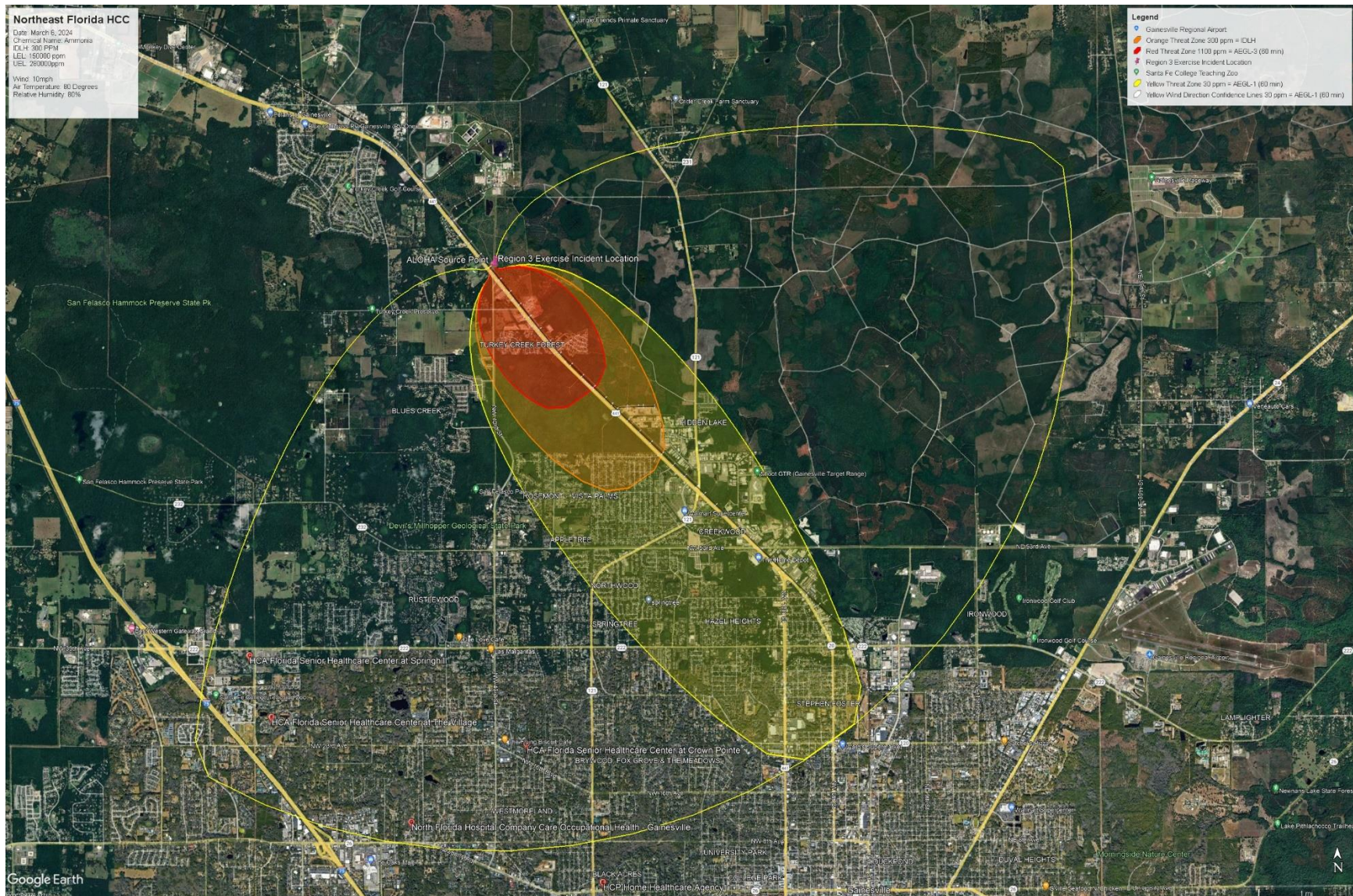




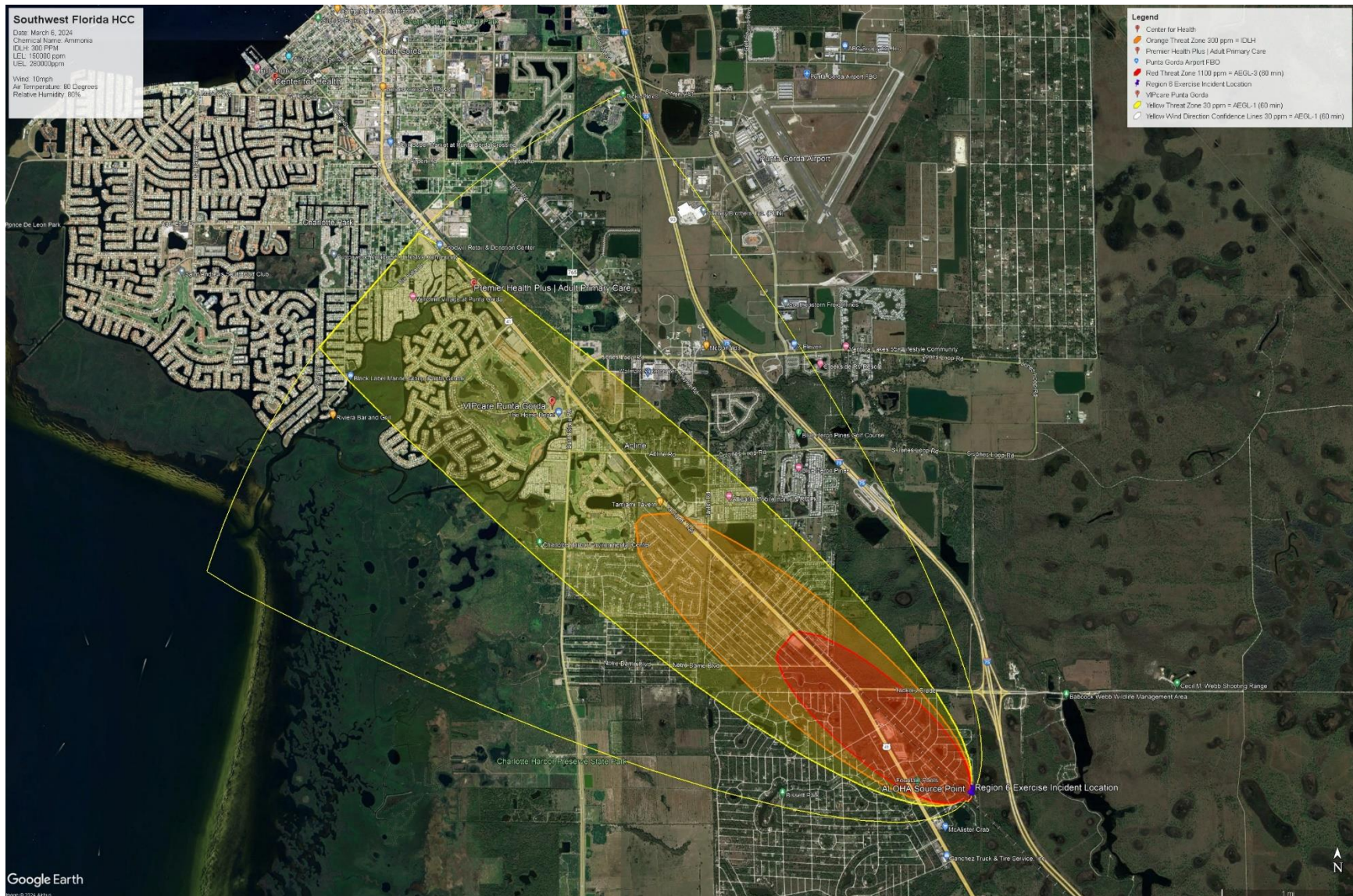




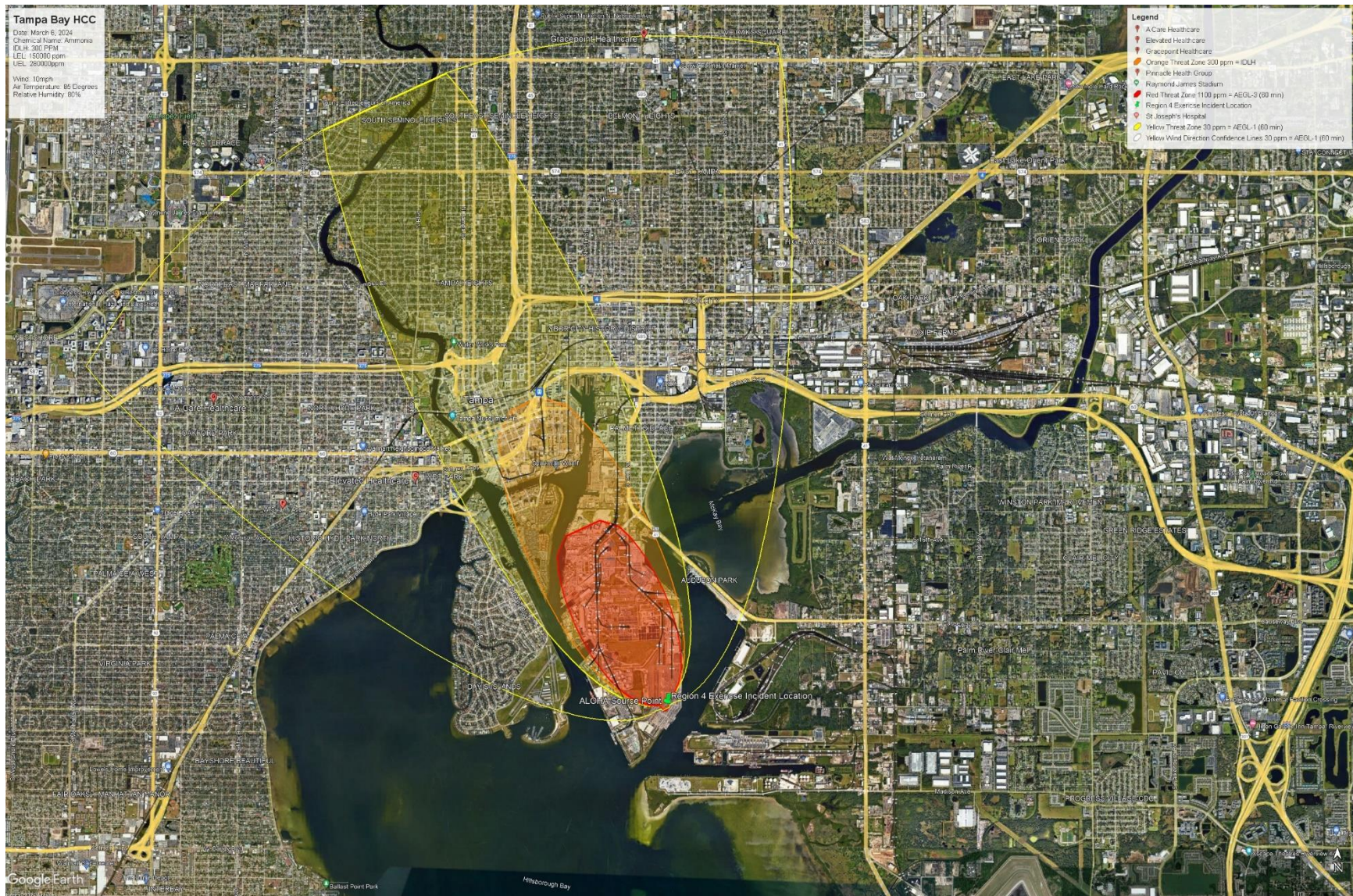














## Questions

Based on the information provided, participate in the discussion concerning the issues raised in Module 3. Identify any critical issues, decisions, requirements, or questions that should be addressed at this time.

The following questions are provided as suggested subjects that you may wish to address as the discussion progresses. These questions are not meant to constitute a definitive list of concerns to be addressed, nor is there a requirement to address every question.

1. [All Organizations] Based on the provided plume map, identify whether your organization would shelter in place or evacuate.
  - a. Who are the key decision-makers within your organization that would be involved in making the decision to shelter-in-place?
  - b. What are the benefits of implementing sheltering-in-place procedures?
  - c. What are the challenges of implementing sheltering-in-place procedures or how could your response efforts change, if at all?
2. [All Organizations] What role, if any, does your organization have in sheltering-in-place procedures for the wider community?
3. [All Organizations] Once a decision has been made to shelter-in-place:
  - a. Who do you need to notify that you will be sheltering-in-place?
  - b. What resources and supplies would you need to have on hand to support individuals during the shelter-in-place period?
4. [Hospitals] How will you address self-reporting patients to your facility during the shelter-in-place period?
5. [All Organizations] How will you address the concerns, questions, and potential panic of people in your facility and/or the wider community?
6. [All Organizations] Does your community have a plan for a community reception center with public health partners?
  - a. Would a scenario as described result in activation of a community reception center? If not, describe the criteria for activating a reception center.
  - b. [Healthcare Coalitions] Are the details of a community reception center detailed in your chemical surge annex? If not, what needs to be included?
7. [All Organizations] How often would you reevaluate the situation to make a recommendation of whether it is safe to end the shelter-in-place measures?



- a. Describe the indicators or criteria you would use to make this decision.
8. [All Organizations] Assume you would not be impacted by the scenario. What assistance could you provide to those that had been impacted?

## APPENDIX A: EXERCISE SCHEDULE

<b>Date</b>	March 6, 2024
<b>1:00 PM</b>	Welcome and Introductions
<b>1:05 PM</b>	Subject Matter Expert Presentation
<b>1:30 PM</b>	Exercise Briefing
<b>1:45 PM</b>	Module 1: Incident Notification and Activation
<b>2:25 PM</b>	Break
<b>2:30 PM</b>	Module 2: Chemical Assessment and Patient Care
<b>3:10 PM</b>	Break
<b>3:15 PM</b>	Module 3: Shelter-in-Place
<b>4:00 PM</b>	Hotwash
<b>4:20 PM</b>	Closing Comments

## APPENDIX B: EXERCISE PARTICIPANTS

The list of participants is based on exercise registration as of February 20, 2024. All exercise participants will be listed in the final After-Action Report/Improvement Plan.

Big Bend Healthcare Coalition Participants	
Organization Name	Organization Type
Apalachee Regional Planning Council	Emergency Management / Healthcare Coalition
Arabella	Long Term Care
Big Bend Hospice	Other - Hospice
Florida Department of Health	Other – Public Health, Emergency Management
Florida Department of Health - Gulf	Public Health
Florida Department of Health - Jefferson County	Public Health
Florida Department of Health - Madison	Public Health
Florida Department of Health - Taylor County	Public Health
Florida Department of Health, Bureau of Preparedness and Response	Healthcare Coalition
Florida Division of Emergency Management	Emergency Management
Franklin County Emergency Management	Emergency Management
Jackson County Emergency Management	Emergency Management
Jefferson County Emergency Management	Emergency Management
Lake Park of Madison	Skilled Nursing
Liberty County Emergency Management	Emergency Management
Madison Health and Rehabilitation Center	Skilled Nursing
Tallahassee Memorial Home Health Care	Other
Veterans Affairs	Emergency Management
Villas at Killearn Lakes	Other

Central Florida Disaster Medical Coalition Participants	
Organization Name	Organization Type
Advent Health New Smyrna Beach	Emergency Management
AdventHealth	Hospitals
AdventHealth for Children	Hospitals

Central Florida Disaster Medical Coalition Participants	
Beachside Center	Skilled Nursing
Brooks Rehabilitation	Hospitals
Central Florida Disaster Medical Coalition	Healthcare Coalition
Chapters Health System	Other - Ambulatory Surgical Center
Community Health Center	Other
Courtyards of Orlando	Skilled Nursing
Cyber Security and Infrastructure Security	Other
East Central Florida Local Emergency Planning Committee	Emergency Management
Florida Department of Health	Public Health
Florida Department of Health - Brevard	Public Health
Florida Department of Health - Hernando County	Public Health
Florida Department of Health - Orange	Public Health
Florida Department of Health - St. Lucie	Public Health
Florida Department of Homeland Security	Other
Florida Poison Information Center - Tampa	Other – Poison Control Center
Halifax Health Hospice	Other - Hospice
HCA Florida Lake Monroe Hospital	Emergency Management
HCA Florida Lawnwood Hospital	Hospitals
HCA Florida Osceola Hospital	Hospitals
Health First	Hospitals
Health First Holmes Regional Medical Center	Hospitals
Health First Inc. Hospitals	Hospitals
Indian River State College	Other
Kidney Care of Winter Haven	Other - Dialysis
Kissimmee Endoscopy	Other - Endoscopy
Launch! Consulting	Emergency Management
NHC Home Care - Merritt Island	Public Health
Orange County EMS Office of the Medical Director	Emergency Medical Services
Orange County Fire Rescue	Fire

Central Florida Disaster Medical Coalition Participants	
Orange County Office of Emergency Management	Emergency Management

Emerald Coast Health Care Coalition Participants	
Organization Name	Organization Type
Amedisys Home Health	Other – Home Health
Baptist Home Health Care	Other – Home Health
DaVita Marianna Dialysis Center	Other
Doctors Memorial Hospital	Hospitals
Emerald Coast Center	Skilled Nursing
Emerald Coast Healthcare Coalition	Healthcare Coalition
Florida Department of Health	Public Health
Florida Department of Health - Holmes	Public Health
Florida Department of Health - Jackson County	Public Health
Florida Department of Health - Okaloosa	Public Health
Florida Department of Health - Region 1	Public Health
Florida Department of Health - Santa Rosa	Public Health
Florida Division of Emergency Management	Emergency Management
Florida Mentor II - Pensacola Developmental Center	Long Term Care
HCA Florida West Hospital	Hospitals
Jackson County Fire Rescue	Emergency Management
Jackson Hospital	Hospitals
Medxcel	Hospitals

Keys Health Ready Coalition Participants	
Organization Name	Organization Type
American Red Cross	Emergency Management
Chapters Health Hospice Keys	Other
Florida Department of Health	Public Health
Keys Health Ready Coalition, INC.	Healthcare Coalition

Keys Health Ready Coalition Participants	
Lower Keys Medical Center	Hospitals and Emergency Medical Services
Monroe County Emergency Management	Emergency Management
Monroe County Emergency Management	Emergency Management
Oasis at the Keys Nursing and Rehab	Long Term Care
West Palm Beach Veterans Health Care System	Hospitals

Northeast Florida Regional Council Participants	
Organization Name	Organization Type
Alachua County Emergency Management	Emergency Management
Baptist Health System	Hospitals
Brooks Rehabilitation Hospital	Hospitals
Clay County Division of Emergency Management	Emergency Management
DaVita	Public Health
Department of Homeland Security - CISA	Other
Florida Department of Health	Public Health
Florida Department of Health - Baker	Public Health
Florida Department of Health – Bradford - Union	Public Health
Florida Department of Health - Clay	Public Health
Florida Department of Health - Dixie	Public Health
Florida Department of Health - Gilchrist	Public Health
Florida Department of Health - Levy	Public Health
Florida Department of Health - Region 3	Public Health
Florida Department of Health - St. Johns	Public Health
Florida Division of Emergency Management	Emergency Management
Florida Emergency Medical Services for Children	Public Health
Florida/USVI Poison Information Center - Jacksonville	Other
Gainesville Fire Rescue/City of Gainesville	Emergency Management
HCA Florida North Florida Hospital	Hospitals
HCA Florida Ocala Hospital	Hospitals

Northeast Florida Regional Council Participants	
HCA Florida Putnam Hospital	Hospitals
Neighborhood Medical Center	Hospital
Northeast Florida Fusion Center	Emergency Management
Orange Park Medical Center	Hospitals
Shands Jacksonville Medical Center	Hospitals
St. Johns Department of Health	Public Health
St. Vincent's	Hospitals
Suwannee County Emergency Management	Emergency Management
UF Health Jacksonville	Hospitals
UF Health Rehab Hospital/Select Medical	Hospitals
UF Health Shands	Hospitals
University of Florida College of Medicine - Jacksonville	Other

Southwest Florida Healthcare Coalition Participants	
Organization Name	Organization Type
AdventHealth Sebring	Hospitals
ARC Dialysis, LLC	Other
Amedisys Home Health	Other
Apollo Renal Center	Long Term Care
Avow	Other
Bascom Palmer Eye Institute Naples	Emergency Management
Cape Coral Hospital	Hospitals
Collier County Emergency Medical Services	Emergency Medical Services
Cybersecurity and Infrastructure Security Agency	Other
Florida Department of Health	Public Health
Florida Department of Health - Glades County	Public Health
Florida Department of Health - Okeechobee County	Public Health
Department of Veterans Affairs	Emergency Management
DeSoto Memorial Hospital	Hospitals

Southwest Florida Healthcare Coalition Participants	
Florida Department of Health - Hendry/Glades	Public Health
Florida Department of Health - Highlands	Public Health
Florida Department of Health - Region 6	Public Health
Florida Department of Health - Charlotte	Public Health
Florida Department of Health - Collier	Public Health
Florida Department of Health - Lee	Public Health
Fort Myers Police	Law Enforcement
Golisano Children's Hospital	Hospitals
Gulf Coast Medical Center Skilled Nursing Unit	Skilled Nursing
HCA Florida Healthcare at Home	Other – Home Health
Health Planning Council of Southwest Florida	Healthcare Coalition
Hendry County Emergency Management	Emergency Management
Hernando County Health Department	Public Health
Kendall Endoscopy Center	Other - Endoscopy
Kidney Care of Bonita springs	Other - Dialysis
LaBelle Health and Rehabilitation Center	Skilled Nursing
Lee County Emergency Management	Emergency Management
Lee Health	Hospitals
Lee Memorial Hospital Skilled Nursing Unit	Long Term Care
Mederi Caretenders / LHC Group	Other
Millennium Home Care, LLC	Other – Home Health
NCH Bonita Ambulatory Surgery Center LLC.	Other – Ambulatory Surgical Center
NCH Healthcare System	Hospitals
Park Center for Procedures	Other
Peace River Surgery Center, LLC	Other
Premier Surgery Center	Other
Sarasota Memorial Hospital Healthcare System	Hospitals
Solaris Healthcare Charlotte Harbor	Long Term Care
Sunset Lake Health Rehab	Long Term Care



Southwest Florida Healthcare Coalition Participants	
The Center for Specialized Surgery	Other
Trilogy Home Healthcare	Other – Home Health
UHealth and Miller School of Medicine	Other
University of Miami Health System	Emergency Management

Tampa Bay Health & Medical Preparedness Coalition Participants	
Organization Name	Organization Type
Chapters Health Corporation Office	Other
CJ Professional Consulting	Other
Cornerstone Hospice	Other
Department Of Veterans Affairs	Emergency Management
Department of Homeland Security	Other
Empath Health	Other
Empath Home Health	Public Health
Florida Department of Health	Public Health
Florida Department of Health - BPR	Public Health
Florida Department of Health - Hernando	Public Health
Florida Department of Health - Pinellas County	Public Health
Johns Hopkins All Childrens	Hospitals
Sarasota Memorial Healthcare System - Venice	Hospitals
Tampa Bay Health & Medical Preparedness Coalition	Healthcare Coalition
The Villages Public Safety Department	Fire
Trauma Agency & Emergency Medical Planning Council	Emergency Medical Services

Other Participants Participants	
Organization Name	Organization Type
Department of Homeland Security	Other

## APPENDIX C: ACRONYMS

Acronym	Term
AAR/IP	After-Action Report/Improvement Plan
CST	Civil Support Team
EEG	Exercise Evaluation Guide
EMS	Emergency Medical Services
FEMA	Federal Emergency Management Agency
HazMat	Hazardous Materials Team
HCC	Healthcare Coalition
HERT	Hospital Emergency Response Team
HPP	Hospital Preparedness Program
HSEEP	Homeland Security Exercise and Evaluation Program
IDLH	Immediately Dangers to Life or Health
LEL	Lower Explosive Limit
LTCF	Long Term Care Facility
SitMan	Situation Manual
TTX	Tabletop Exercise
UEL	Upper Explosive Limit