Smoke on the Water Full Scale Exercise

After-Action Report/Improvement Plan

Exercise Date: November 5-6, 2014

Contents

SECTION 1: EXECUTIVE SUMMARY

Purpose

The Smoke on the Water Full Scale Exercise (FSE) provided an evaluation of the North Central Florida Health Care Coalition's (NCFHCC) ability to facilitate operational coordination and communications, demonstrate information sharing, and successful handling of medical surge due to a widespread disaster incident. Additionally, healthcare system recovery and continuity of operations were being evaluated in this FSE. The exercise provided the opportunity for process integration into Emergency Support Function (ESF) 8 operations in response to a natural disaster, continuing weather impacts, and traffic incidents. As well, the FSE facilitated the strengthening of coordination of information sharing and resources within the Health Care Coalition, between local governments, state, and healthcare facilities. This exercise was used for healthcare facilities to test internal core capabilities in responding to a widespread natural disaster.

Scope

This exercise simulated drought conditions and low humidity which led to multiple wild land fire incidents to create a formal and stressful exercise environment. The North Central Florida Health Care Coalition for Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Putnam, Suwannee, and Union counties served as locations for full-scale exercise play. Participants were encouraged to respond to the events as they were presented to them. The success of the exercise was determined by the actions of the participants, identification of problem areas, and a structured evaluation. This exercise was intended to improve capabilities of coalition members along with community partners and identify their needs or problem areas that might impact them.

Summary

The exercise scenario drove NCFHCC members to perform such actions as information sharing, medical surge, and healthcare system recovery associated with a regional public health response. These actions included: command and control; communications; decontamination; casualty collection points at medical facilities; triage and treatment; hazard identification; site security and crowd control; managing family members; media relations; and surge capacity of medical resources at local hospitals. These actions were demonstrated through activating local response plans as the incident escalated.

Major Strengths

- Most incident objectives were achieved during the response because of the knowledge of individuals within Emergency Operations Centers (EOC).
- Agencies within the NCFHCC were able to share information through a variety of communications methods for situational awareness/common operating picture

which will be further enhanced as the NCFHCC becomes the base for more coordinated information sharing.
- The NCFHCC through the county EOCs was able to demonstrate adequate resource coordination for current and future needs.
- The Alternate Care Site (ACS) was activated and adequately staffed with Medical Reserve Corps (MRC) members to allow for continued provision of healthcare during the increased influx of patients affected by the event.

Areas of Improvement

- Partners in the NCFHCC functioned on different platforms for information sharing and requesting resources which diluted the overall situational awareness and resource requesting processes.
- Unfamiliarity with available technologies caused delays in the delivery of information outside of singular agencies.
- There is no current listing nor a means to request and track all NCFHCC resource inventory.
- Notification lists were out of date which hampered activation; existing lists need to be updated along with consideration of technologically supported staff notification systems.

SECTION 2: EXERCISE OVERVIEW

Exercise Name: Smoke on the Water

Type of Exercise: Full Scale Exercise

Exercise Start Date: November 5, 2014

Exercise End Date: November 6, 2014

Location(s): Florida Department of Health Central Office
North Central Florida Health Care Coalition

Sponsor: Florida Department of Health and North Central Florida Health Care Coalition

Mission Area(s): Prevention, Protection, and Response

Capabilities:

- Emergency Operations Coordination
- Information Sharing
- Medical Surge
- Healthcare System Recovery

Scenario Type: Wildland/Forest Fire

Number of Participants:
Players – 279
Evaluators – 17

SECTION 3: EXERCISE DESIGN SUMMARY

Exercise Purpose and Design

The purpose of this Health Care Coalition exercise was to test the core capabilities listed below. The North Central Florida Health Care Coalition Smoke on the Water FSE was designed to evaluate NCFHCC members during a natural disaster which generated a public health crisis.

Health Care Preparedness Program Core Capabilities

Capabilities-based planning allows for exercise planning teams to develop exercise objectives and observe exercise outcomes through a framework of specific action items that were derived from Hospital Preparedness Program capabilities. The capabilities listed below form the foundation for the organization of all objectives and observations in this exercise.

Capability 3: Emergency Operations Coordination

- Objective 1: HCC demonstrates coordination within the jurisdictional response framework during emergency operations.
- Objective 2: HCC demonstrates an ability to enhance situational awareness for its members during an event.
- Objective 3: HCC engages in the jurisdictional resource management process to support healthcare system operations.

Capability 6: Information Sharing

- Objective 4: HCC demonstrates redundant means of communication for achieving and sustaining situational awareness.
- Objective 5: Report Essential Elements of Information.

Capability 10: Medical Surge

- Objective 6: Implement resource management processes to deliver appropriate levels of care to all patients as well as to provide no less than 20% immediate availability of staffed members' beds, within 4 hours of a disaster.
- Objective 7: Monitor acuity, staff, beds; off-load and on-load patients, track patient movement.
- Objective 8: Implement a process to enhance its members' situational awareness to support activation of immediate bed availability through continuous monitoring.

Capability 2: Healthcare System Recovery

- Objective 9: Implement resource processes to assist HCC members to ensure the delivery of essential healthcare services.

Scenario Summary

Smoke on the Water was designed to recreate conditions from the 1998 drought which caused “Fire Storm 98” and the Bugaboo fires in 2007 that spanned from South Georgia through North Central Florida. Consistent weather created drought conditions and low humidity in North Central Florida which generated several wildland fires that burned roughly 195,501 acres throughout the duration of the exercise. Wind fields also increased in the north central region of Florida blowing smoke and soot across many major roadways including I-75 and I-10. The reach of the smoke from these fires blanketed the cities of Gainesville, Lake City, Live Oak, Starke, MacClenny, and Palatka. The smoke reduced visibility on the major interstates and county roads, specifically the intersection of I-75 and I-10 with some areas less than a quarter mile of visibility for drivers. The low visibility caused a major traffic incident on I-75 overwhelming the local emergency department with casualties. As a result of the accident, some patients had to be decontaminated at local healthcare facilities. The air quality index within the region was in an unhealthy range causing people to surge local emergency departments, primary care, and public health departments complaining of asthma and bronchitis. Other individuals with underlying medical conditions and vulnerable populations were especially affected.

Many communities in the north central region received evacuation notices as the fire burned uncontrollably closer. Responders on scene communicated with the Emergency Operations Center (EOC) and updates were relayed through EMResource. The hospitals based their actions, throughout the exercise, on updates to EMResource. The pre-staged volunteer victims at hospitals surged the emergency departments to simulate a medical surge of patients with respiratory issues exacerbated by the fire and smoke. Evacuations were simulated for Assisted Living Facilities (ALF) and road closures were simulated due to vehicular accidents. A family reunification center was simulated in some participating counties to assist with reuniting evacuated residents.

The Smoke on the Water FSE was used to exercise both the NCFHCC and the counties corresponding Emergency Operations Centers (EOCs). The exercise highlights the integration of the NCFHCC into the emergency operations framework through the following: medical surge, information sharing, resource decisions, interoperable communications, patient tracking, facility evacuation, and continuity of operations.

SECTION 4: ANALYSIS OF CAPABILITIES

This section of the report reviews the performance of the exercised capabilities, activities and tasks. In this section, observations are organized by core capability. Table 1 includes the exercise objectives, aligned core capabilities, and performance ratings for each core capability as observed during the exercise and determined by the evaluation team.

Exercise Objectives	Healthcare Preparedness Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
1. HCC demonstrates coordination within the jurisdictional response framework during emergency operations.	Emergency Operations Coordination		X		
2. The HCC demonstrates an ability to enhance situational awareness for its members during an event.	Emergency Operations Coordination		X		
3. HCC engages in the jurisdictional resource management process to support healthcare system operations.	Emergency Operations Coordination	X			
4. The HCC demonstrates redundant means of communication for achieving and sustaining situational awareness.	Information Sharing		X		
5. Report Essential Elements of Information (EEI).	Information Sharing	X			
6. Implement resource management processes to deliver appropriate levels of care to all patients as well as to provide no less than 20% immediate availability of staffed members' beds, within 4 hours of a disaster.	Medical Surge		X		
7. Monitor acuity, staff, beds; off-load and on-load patients, track patient movement.	Medical Surge		X		
8. Implement a process to enhance its members' situational awareness to support activation of immediate bed availability through continuous monitoring.	Medical Surge	X			
9. Implement resource processes to assist HCC members to ensure the delivery of essential healthcare services.	Recovery/COOP		X		

Ratings Definitions:

- Performed without Challenges (P): The critical tasks associated with the Healthcare Preparedness Capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws.
- Performed with Some Challenges (S): The critical tasks associated with the Healthcare Preparedness Capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was 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 critical tasks associated with the Healthcare Preparedness Capability were completed in a manner that achieved the objective(s), but some or all of the following were observed: demonstrated performance had a negative impact on the performance of other activities; contributed to additional health and/or safety risks for the public or for emergency workers; and/or was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws.
- Unable to be Performed (U): The critical tasks associated with the Healthcare Preparedness Capability were not performed in a manner that achieved the objective(s).

Table 1. Summary of Healthcare Preparedness Capability Performance

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

Healthcare Preparedness Capability 3: Emergency Operations Coordination

Objective 1: HCC demonstrates coordination within the jurisdictional response framework during emergency operations.

Strengths:

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

Strength 1.1: Most incident objectives were achieved during the response because of the knowledge of individuals within EOCs.

Analysis: Throughout the NCFHCC, emergency support function partners demonstrated an ability to assume roles and responsibilities in the county EOCs. The success of the response efforts is based on previous experience and training, along with the knowledge of roles and responsibilities. Face-to-face communications with partners enhanced relationships between organizations, facilitated communications with ease, and utilized knowledge of capabilities of partner agencies to achieve objectives.

Areas for Improvement:

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

Area for Improvement 1.2: The complexity of the incident required some organizations to expand incident management beyond traditional response roles that were not clearly defined.

Reference: Healthcare Preparedness Capabilities, National Guidance for Healthcare System Preparedness, and the Office of the Assistant Secretary for Preparedness and Response.

Analysis: During the incident response, many agencies within the NCFHCC identified a gap(s) in their incident management structure which impeded the ability to fully achieve incident objectives. Several factors contributed to the challenge agencies faced including unforeseen complications, new personnel to incident command roles, and delayed activation procedures. In some agencies,

issues with equipment or inoperable methods of communication (phone, internet and radios) generated discussion to include additional personnel on the staffing rosters to manage these specific concerns. Most agencies identified new personnel to incident command roles that did not have enough experience or training to assume assigned roles independently during a response. Agencies also identified a lack of redundancy in internal and external response roles, noting shortage of staff in EOCs and incident command structure. Lastly, some organizations' mechanism for activation did not function as intended which delayed the response.

Recommendations:

Recommendation 1.2.1: Incident management training focusing on position-specific duties and Incident Command Structure.

Recommendation 1.2.2: Revise staffing plans to identify and include primary, secondary, and tertiary personnel to staff positions/disciplines.

Recommendation 1.2.3: Consider expanding staffing plans to include technical support to external response.

Recommendation 1.2.4: Conduct specific training and discussion based exercises to address the revisions in plans, policies and procedures.

Objective 2: The HCC demonstrates an ability to enhance situational awareness for its members during an event.

Strengths:

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

Strength 2.1: Agencies within the NCFHCC demonstrated effective means of communication that enhanced situational awareness.

Analysis: Participating healthcare facilities understood the importance of keeping the county EOC/ESF-8 informed of changing events and did so through a variety of means such as WebEOC, EMConstellation, EMResource, radio, email and phone. Participating healthcare facilities also maintained internal situational awareness using the above methods, some streamlining communication through centralized communication. One facility placed a HAM radio operator in the emergency department reducing the need for runners to carry messages. North Central Florida Health Care Coalition members also leveraged relationships to enhance communication through informal methods that allowed for more rapid exchange of information.

Strength 2.2: Exercise participants monitored and utilized social media to gather and maintain situational awareness.

Analysis: The web-based simulation platform "SimulationDeck" was utilized during this exercise to generate use of social media during disasters. The platform simulated several common social media sites that the public relies on to connect with each other. Although some agencies have strict communications

policies, the members of the NCFHCC utilized information from the social media interaction to develop public service announcements, communicate shelter operations, and control or dispel rumors about the response efforts. Situational awareness was increased by monitoring social media because trends from the public assisted in validating events during the exercise. Additionally, the simulation afforded agencies an opportunity to discuss how to expedite the approval process to communicate more directly with the public in a response.

Areas for Improvement:

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

Area for Improvement 2.3: Partners in the NCFHCC functioned on different platforms for information sharing and requesting resources which diluted the overall situational awareness and resource requesting processes.

Analysis: The exercise participants utilized WebEOC during the incident response as a communication method for information sharing and requesting resources. This system is not organic to every agency in the NCFHCC and some agencies do not have the training or familiarity to use this tool to the fullest extent. Additionally resource requests were placed on EMConstellation independent of those in WebEOC which detracted from the NCFHCC members' situational awareness. Some members of the NCFHCC use rudimentary systems to collect and disseminate information and do not use WebEOC or any other web-based platforms the other members operate. The multiple and varied communication systems caused some confusion for facilities because it was not clear which system was primary for information sharing.

Recommendations:

Recommendation 2.3.1: Review communication plans and identify primary and secondary methods for all agencies to use during a response.

Recommendation 2.3.2: Provide access to all agencies in the NCFHCC for the primary and secondary methods for use during a response.

Recommendation 2.3.3: Train and exercise all NCFHCC members to a standard level of use on the identified primary and secondary methods of communication.

Objective 3: HCC engages in the jurisdictional resource management process to support healthcare system operations.

Strengths:

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

Strength 3.1: Emergency support functions demonstrated adequate resource coordination when local resources were exhausted.

Analysis: Multiple impacts during the incident required more resources to deploy to numerous locations throughout the region. The expansive area of operations required longer operational periods with more responders that provoked emergency managers to prioritize local resources and project future resource

needs. Once Emergency Medical Services (EMS) transport resources were exhausted, emergency support function partners discussed mutual aid to bring in additional resources from surrounding jurisdictions. This was identified early in the incident and would have alleviated medical surge and responder fatigue.

Areas for Improvement:

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

Area for Improvement 3.2: Special Needs Shelter (SpNS) resource requests were delayed.

Reference: Healthcare Preparedness Capabilities, National Guidance for Healthcare System Preparedness, the Office of the Assistant Secretary for Preparedness and Response and the Comprehensive Emergency Management Plan

Analysis: Special Needs Shelters were requesting resources however there was a delay in the process. There is no specified process in place for resource requests indicating timelines. This also hinders the ability to forecast future needs and prioritize available assets for the SpNS.

Recommendations:

Recommendation 3.2.1: Review and revise current SpNS plans to include a provision for resource requests.

Recommendation 3.2.2: Establish a mechanism for prioritizing resources for SpNS.

Area for Improvement 3.3: In some counties, resource requests in EMConstellation were not effectively communicated or tracked outside of the emergency management office.

Reference: Healthcare Preparedness Capabilities, National Guidance for Healthcare System Preparedness, the Office of the Assistant Secretary for Preparedness and Response and the Comprehensive Emergency Management Plan

Analysis: The incident created impacts that required emergency management functions to request additional resources from the state to respond. In many county EOCs, ESFs do not have direct access to input requests into EMConstellation and the emergency manager places requests on behalf of the partners in their jurisdiction. Although this practice is efficient, the process before and after requests are made, demonstrated a gap in resource tracking.

Recommendations:

Recommendation 3.3.1: Review and revise appropriate plans that accommodate visibility for ESFs to track resources effectively.

Recommendation 3.3.2: Conduct training on best methods for resource tracking.

Recommendation 3.3.3: Exercise resource tracking.

Healthcare Preparedness Capability 6: Information Sharing

Objective 4: HCC demonstrates redundant means of communication for achieving and sustaining situational awareness.

Strengths:

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

Strength 4.1: Communication systems already in place either functioned as meant to or backups were immediately available.

Analysis: The NCFHCC members shared information throughout the event utilizing a wide range of mediums (WebEOC, EMConstellation, radio systems, etc.). All critical information was relayed in an appropriate time frame to allow for proper processing and vetting. Communication systems functioned properly which minimized the time facilitating alternative solutions in the middle of the event.

Areas for Improvement:

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

Area for Improvement 4.2: Unfamiliarity with available technologies caused delays in the delivery of information outside of singular agencies.

Reference: Healthcare Preparedness Capabilities, National Guidance for Healthcare System Preparedness, the Office of the Assistant Secretary for Preparedness and Response and Crisis Communications Plan.

Analysis: Members of the NCFHCC range in experience with the various communication systems/equipment. This created delays in communication as some members are less experienced or unfamiliar with technology that was utilized during this exercise. A standardized method of communication including backup systems/methods is necessary to prevent the initial failures noted in the exercise. This applies to software, radio systems, and information flow. Processes that were established for initial communication methods were not readily translated over to backup systems. One EOC encountered delayed communication when an amateur radio was utilized as a backup due to operator unfamiliarity with special needs sheltering. Common operation procedures could alleviate this issue by ensuring the same information is capable of being relayed over any method.

Recommendations:

Recommendation 4.2.1: Develop and establish NCFHCC Communication Plan and Procedures.

Recommendation 4.2.2: Test functionality of all established communication systems for interoperability and pre-identifiable issues.

Recommendation 4.2.3: Situational awareness and common operating picture (SA/COP) training for the NCFHCC partners.

Objective 5: Report Essential Elements of Information (EEI).

Strengths:

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

Strength 5.1: Members of the NCFHCC demonstrated novel methods of maintaining situational awareness through technology increasing the visibility of EEI.

Analysis: Some agencies utilized technology to manage the dissemination of information by observation of emergency response activities through video monitoring. The observations were captured and provided for situational awareness to other members of the NCFHCC.

Strength 5.2: Emergency managers and support functions ensured reliability of EEIs by validating information with facilities that provided it.

Analysis: After agencies submitted EEIs to the EOCs, partners in the EOC verified by phone or email that the information provided was accurate. This mechanism for quality assurance reduces the risk of wasteful resource projections for planners in the EOC.

Areas for Improvement:

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

Area for Improvement 5.3: Radio protocols were not understood by all staff causing confusion and delaying the delivery of EEI.

Analysis: Due to radio malfunctions, one facility was unable to relay EEI for nearly an hour in the beginning of the exercise. No redundant communication was identified in this situation. Additionally, there were several mediums and methods by which EEI was communicated leaving gaps open for some information to potentially fall through. For instance, DOH utilized EMConstellation for the majority of its information sharing, however some county EOCs utilized WebEOC. Either system could potentially perform the necessary functions, but duplication in information and entering across systems can cause confusion and miss important EEI.

Reference: Healthcare Preparedness Capabilities, National Guidance for Healthcare System Preparedness, the Office of the Assistant Secretary for Preparedness and Response and Crisis Communications Plan.

Recommendations:

Recommendation 5.3.1: Develop and establish NCFHCC Communication Plan and Procedures.

Recommendation 5.3.2: Establish a common communication medium (WebEOC, EMConstellation, etc.) by which the entire NCFHCC shares information in a common format.

Healthcare Preparedness Capability 10: Medical Surge

Objective 6: Implement resource management processes to deliver appropriate levels of care to all patients as well as to provide no less than 20% immediate availability of staffed members' beds, within 4 hours of a disaster.

Strengths:

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

Strength 6.1: Resource management in EOCs was well established.

Analysis: The ability to identify available resources, current resource needs, and future resource needs to support the medical surge from an operational perspective was demonstrated in EOCs. Communications with vendors were already in place to facilitate the facilities' needs to handle an influx in patients. By having an organized system already in place, the NCFHCC demonstrated a superior ability to coordinate and identify resources for the partners in their jurisdictions.

Strength 6.2: Pre-existing mutual aid agreements alleviated medical surge on facilities with regards to EMS transport.

Analysis: There are currently existing mutual aid agreements between facilities for diversions during medical surge incidents allowing for patient dispersal amongst facilities in close proximity to one another. An effective and communicated plan is in place to utilize support services (i.e. security, chaplain services, etc.) for patient and family re-unification/re-location/notification services for medical surge events.

Areas for Improvement:

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

Area for Improvement 6.3: Communications between EOC/Hospitals were intermittent and untimely due to communication failures.

Analysis: Hospitals and EOCs were unable to communicate as effectively as necessary. This gap is partially due to the physical limitations of not having a hospital liaison in every EOC. Additionally, this is due to unfamiliarity of the communication methods established by the EOC or by the hospitals. There was a lack of training and planning for formalized information sharing plans. There was some unfamiliarity between the EOC and hospital operational areas for resource availability.

Reference: Healthcare Preparedness Capabilities, National Guidance for Healthcare System Preparedness, the Office of the Assistant Secretary for Preparedness and Response and Crisis Communications Plan.

Recommendations:

Recommendation 6.3.1: Explore the option of having a Regional

Coordination Center (RCC). This will allow for representation of all medical facilities, pre-hospital providers, and supporting agencies to allow for a coordinated regional response for mass care incidents.

Area for Improvement 6.4: There was no pre-hospital to hospital patient tracking method utilized.

Analysis: During the exercise in some jurisdictions there was no system identified to track patients from pre-hospital to hospital transportation. This can complicate emergency response because a patient could be transported to an inappropriate level of care and would require further transfer, a patient could be transported to a facility that is already at maximum capacity, or confusion as to which hospital to transport the patient too entirely.

Reference: Healthcare Preparedness Capabilities, National Guidance for Healthcare System Preparedness, the Office of the Assistant Secretary for Preparedness and Response and Crisis Communications Plan.

Recommendations:

Recommendation 6.4.1: Discuss a call-down list or method for instantaneous communication of events that cause medical surge pre-warning of actual events will be helpful for advanced notification.

Recommendation 6.4.2: Identify a pre-hospital to hospital, hospital to hospital patient tracking system that can be utilized for multiple casualty incidents, as well as hospital evacuation/transfer of patients to support medical surge operations.

Objective 7: Monitor acuity, staff, beds; off-load and on-load patients, track patient movement.

Strengths:

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

Strength 7.1: The ability to utilize effective communications for medical surge status, patient disposition, and operational information between healthcare facilities.

Analysis: This NCFHCC was able to communicate some basic information as to healthcare facility status between healthcare facilities. Not all of the facilities are using communication methods as advanced as others within the coalition membership however the members have developed a basic communication method and networking to support patient movement.

Strength 7.2: The ability to independently make transportation requests for outbound patients was utilized for decompression of the hospital/transfer of patients to different healthcare facilities.

Analysis: Healthcare facilities include decompression triggers and processes in their internal plans. The plans include triggers for initiating decompression and protocol for disposition of those patients. Hospitals will traditionally perform an

independent decompression of their facilities to prepare for medical surge. Each of these facilities, independently, has a strong process for facility decompression.

Strength 7.3: The NCFHCC is a base for development of more coordinated communication between healthcare facilities, first responders, and the EOC.

Analysis: The NCFHCC has begun the process for coordination of information sharing between healthcare facilities, first responders and the EOC. Using the NCFHCC to coordinate situational awareness decreases confusion among members attempting to independently manage receiving, patient movement and transfer.

Areas for Improvement:

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

Area for Improvement 7.4: Information referencing healthcare facility status shared between EOC/Hospitals was intermittent and untimely due to communication failures.

Reference: Healthcare Preparedness Capabilities, National Guidance for Healthcare System Preparedness, and the Office of the Assistant Secretary for Preparedness and Response.

Analysis: While there is a base communication method between the healthcare facilities, this method is usually used during “blue sky” periods and is not evolved enough to handle the increased traffic of a Multi-Casualty Incident (MCI) influx. There was a lack of training and planning for formalized information sharing plans. There was some unfamiliarity between the EOC and hospital operational areas for resource availability. The sharing of information between facilities and the NCFHCC is still weak and in some instances non-existent. The NCFHCC needs to research and integrate a consistent method of information sharing between facilities. The need for communication coordination is essential for these facilities to maintain patient care capability.

Recommendations:

Recommendation 7.4.1: Establish a common communication medium (WebEOC, EMConstellation, HAvBED, EMResource etc.) by which the entire NCFHCC shares information in a common format. Regular communication testing, familiarity, and training would be beneficial.

Area for Improvement 7.5: The ability to pre-identify hospital capacities (HAvBED/EMResource) were not utilized hindering the overall incident situational awareness.

Reference: Healthcare Preparedness Capabilities, National Guidance for Healthcare System Preparedness, and the Office of the Assistant Secretary for Preparedness and Response.

Analysis: Hospitals should currently be reporting capability and capacity status into these systems. These reporting systems are required to be updated through licensing and regulations agencies. These systems have been underutilized for

many years due to lack of trained staff or turnover of staff. There is also confusion among hospitals as to which systems should be used for what purpose resulting in lack of use during preparedness exercises or real events.

Recommendations:

Recommendation 7.5.1: Enhancement in regional planning, resource availability, and regional capabilities among partners would be beneficial for large/complex incidents.

Objective 8: Implement a process to enhance its members' situational awareness to support activation of immediate bed availability through continuous monitoring.

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

Strength 8.1: Ability to provide for current resource needs as well as a process for projecting resource needs for medical surge.

Analysis: The NCFHCC is beginning to research information systems for development to provide a real time system for coordination of information between coalition members. This will allow for faster ability to process resource needs of members during an emergency event.

Strength 8.2: EOC operations coordinated with the NCFHCC to disseminate situational awareness for needs of the coalition partners.

Analysis: The NCFHCC and EOC demonstrated the capability to maintain a level of situational awareness of the needs of the coalition. Coordinated planning between the NCFHCC and EOC members did allow for a more streamlined exchange of information that was shared.

Strength 8.3: The Alternate Care Site (ACS) was activated and adequately staffed with Medical Reserve Corps (MRC) members to allow for continued provision of healthcare during the increased influx of patients affected by the event.

Analysis: The MRC unit that was activated has been used previously in exercises with the healthcare facilities requesting activation. There was a more practiced process for activation, staffing and operation of the MRC and the ACS. The MRC was able to adequately staff and equip the ACS appropriately for operations during the event.

Areas for Improvement:

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

Area for Improvement 8.4: The MRC ACS and hospital lacked interoperable communications and understanding of each other's capabilities.

Reference: Healthcare Preparedness Capabilities, National Guidance for Healthcare System Preparedness, and the Office of the Assistant Secretary for Preparedness and Response.

Analysis: There was increased confusion as to number and tracking of patients who were treated at the ACS due to insufficient communication between the two

entities. Hospitals were unsure as to what patients were reporting to the ACS or coming to the emergency room. There was also confusion on the hospitals part as to patients being transferred for advanced care from the ACS. The full capability of the ACS was not understood or utilized due to the need for further education and training on ACS operations.

Recommendations:

> **Recommendation 8.4.1:** Formalize plans between Medical Reserve Corps-Alternate Care Site and healthcare facilities within the NCFHCC for triage/treatment processes.

Area for Improvement 8.5: There is no current inventory of resources among coalition members.

Reference: Healthcare Preparedness Capabilities, National Guidance for Healthcare System Preparedness, and the Office of the Assistant Secretary for Preparedness and Response.

Analysis: Resource sharing is a basic function of HCCs. Currently there is no master resource inventory of all coalition assets and resources that could be shared. The unavailability of a current inventory of staff, space, and supplies impedes the ability for members to support other NCFHCC partners.

Recommendations:

> **Recommendation 8.5.1:** The NCFHCC should develop and maintain a current inventory of member resources that can be utilized during an event

Area for Improvement 8.6: There is no process in place for sharing and tracking of resources among the coalition members

Reference: Healthcare Preparedness Capabilities, National Guidance for Healthcare System Preparedness, and the Office of the Assistant Secretary for Preparedness and Response.

Analysis: Another basic function of HCCs is to develop a process for sharing and tracking resources that can be shared between coalition members. It is essential for the NCFHCC to develop this process and to orient all members to its use.

Recommendations:

> **Recommendation 8.6.1:** The NCFHCC should develop a resource management system that can be utilized during an event.

Area for Improvement 8.7: The ability to coordinate triage/treatment efforts between the MRC ACS and healthcare facility.

Reference: Healthcare Preparedness Capabilities, National Guidance for Healthcare System Preparedness, and the Office of the Assistant Secretary for Preparedness and Response.

Analysis: Parameters for triage and treatment of patients by MRC staff in the ACS must be defined and agreed upon by the MRC and hospital. There are

established guidelines for MRC members for scope of practice within the ACS. The hospitals must agree to coordinate with the MRC to have pre-determined process for the level of triage/treatment in the ACS and process for transferring patients from the ACS to the hospital.

Recommendations:

Recommendation 8.7.1: Establish a common communication method between the MRC, healthcare facilities, and other regional partners.

Recommendation 8.7.2: Identify a liaison between the MRC ACS and healthcare facilities to build a better understanding of capabilities, resources and treatment abilities.

Recommendation 8.7.3: Conduct education and training as to the capabilities of MRCs and their integration into the local healthcare system.

Recommendation 8.7.4: Conduct discussion- and operations-based exercises to identify coordination for activation, staffing and operations of the ACS.

Healthcare Preparedness Capability 2: Healthcare System Recovery

Objective 9: Implement resource processes to assist HCC members to ensure the delivery of essential healthcare services.

Strengths:

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

Strength 9.1: Communication between NCFHCC and the EOC for coordinated activation of the Recovery/COOP plan was appropriate to expanding incidents and resource needs

Analysis: These NCFHCC members are at varied levels of development in Recovery/COOP planning. Some members of the NCFHCC have well developed Recovery/COOP Plans while some are in the initial planning development stage or have not begun planning at all. Those NCFHCC members who have Recovery/COOP plans in place demonstrated knowledge of trigger and activation of the Recovery/COOP plan and was evidenced by the coordination exhibited between the NCFHCC member and the EOC. A defined process for notification of needs to the local EOC as well as request for activation of the county Alternate Care Site plan was demonstrated.

Strength 9.2: The EOC demonstrated functional and rapid processing of resource requests submitted by NCFHCC members.

Analysis: The EOC has recognized and tested processes in place that allowed successful processing and delivery of resources to requesting partners. The process in place was familiar to both the EOC as well as the NCFHCC member simulating needs for resources**.**

Strength 9.3: Some of the NCFHCC members have coordinated with local EOCs to develop an Alternate Care Site plan and have practiced this plan during previous exercises.

Analysis: As part of the exercise, one of the NCFHCC members requested activation of an Alternate Care Site to allow for continued provision of healthcare services. The facility did recognize triggers for activation as well as the process for notification to the local EOC. The current list of essential staffing and supplies for activation of an Alternate Care Sites will need to be revised to correspond with the addition of other NCFHCC partners.

Areas for Improvement:

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

Area for Improvement 9.4: No streamlined process was observed for Information Technology (IT) software needed by staff for Recovery/COOP tasks.

Reference: Healthcare Preparedness Capabilities, National Guidance for Healthcare System Preparedness, and the Office of the Assistant Secretary for Preparedness and Response.

Analysis: Staff responsible for Recovery/COOP tasks faced challenges accessing software needed to initiate and complete plan tasks. Partners did not have a reliable or well-known method for accessing the software necessary to manage the Recovery/COOP tasks. Lack of access delays activation and completion of Recovery/COOP processes and increases confusion of responsibilities among staff responsible for coordinating these activities. While there is software available, it is of no value if those who require it to perform their role in this phase cannot access it readily.

Recommendations:

Recommendation 9.4.1: Develop a streamlined process for IT software needs for Recovery/COOP tasks.

Area for Improvement 9.5: The notification list for staff responsible for Recovery/COOP plan implementation was not current.

Reference: Healthcare Preparedness Capabilities, National Guidance for Healthcare System Preparedness, and the Office of the Assistant Secretary for Preparedness and Response.

Analysis: Notification and activation of Recovery/COOP staff was inhibited by outdated lists and lack of knowledge of back up sources for retrieving staff information. The NCFHCC should review methods currently used to notify essential staff and consider adopting technologically supported staff notification systems that can be more easily maintained and permit more rapid notification with confirmation of notifications should be reviewed. Performance of the Recovery/COOP tasks was delayed by inability to notify and activate appropriate staff.

Recommendations:

Recommendation 9.5.1: Update the current notification lists for staff for Recovery/COOP plan implementation.

Recommendation 9.5.2: Review notification methods used currently and consider adopting technologically supported staff notification systems.

Area for Improvement 9.6: Recovery/COOP staff indicated a need for position-specific training for their roles.

Reference: Healthcare Preparedness Capabilities, National Guidance for Healthcare System Preparedness, and the Office of the Assistant Secretary for Preparedness and Response.

Analysis: Training and education pieces should be developed or acquired for staff identified as essential to the Recovery/COOP plan. There is a lack of confidence with staff as to roles and responsibilities in this process. The education piece should include discussion based exercises to evaluate and monitor staff level of knowledge.

Recommendations:

Recommendation 9.6.1: Annual and just in time training for Recovery/COOP staff.

Recommendation 9.6.2: Coordinate needs of all partner facilities and agencies to identify needs for activation of Recovery/COOP needs.

Recommendation 9.6.3: Exercise different levels of Recovery/COOP planning when identifying additional needs for personnel and other Recovery/COOP operations.

APPENDIX A: IMPROVEMENT PLAN

This IP has been developed specifically for North Central Florida Health Care Coalition as a result of the 2014 Smoke on the Water Exercise conducted on November 5-6, 2014.

Core Capability	Area for Improvement	Corrective Action	Capability Element[1]	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Healthcare Preparedness Capability 3: Emergency Operations Coordination	1.2: The complexity of the incident required some organizations to expand incident management beyond traditional response roles that were not clearly defined.	1.2.1: Incident management training focusing on position-specific duties and Incident Command Structure.	Training	FDEM	Region 3 Training and Exercise Coordinator	2/1/15	Ongoing
		1.2.2: Revise staffing plans to identify and include primary, secondary, and tertiary personnel to staff positions/disciplines.	Planning	NCFHCC/ Individual Agencies	Coordinator	2/1/15	6/1/15
		1.2.3: Consider expanding staffing plans to include technical support to external response.	Planning	Individual Agencies	Coalition Member	2/1/15	6/1/15
		1.2.4: Conduct specific training and discussion based exercises to address the revisions in plans, policies and procedures.	Training	NCFHCC	Coordinator	2/1/15	2/1/16

[1] Capability Elements are: Planning, Organization, Equipment, Training, or Exercise.

Core Capability	Area for Improvement	Corrective Action	Capability Element[1]	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Continued: **Healthcare Preparedness Capability 3: Emergency Operations Coordination**	2.3: Partners in the NCFHCC functioned on different platforms for information sharing and requesting resources which diluted the overall situational awareness and resource requesting processes.	2.3.1: Review communication plans and identify primary and secondary methods for all agencies to use during a response.	Planning	NCFHCC	Coordinator	2/1/15	2/1/16
		2.3.2: Provide access to all agencies in the NCFHCC for the primary and secondary methods for use during a response.	Organization	NCFHCC	Coordinator	2/1/15	Pending Corrective Action 2.3.1
		2.3.3: Train and exercise all NCFHCC members to a standard level of use on the identified primary and secondary methods of communication.	Training	NCFHCC	Coordinator	2/1/15	Pending Corrective Action 2.3.1
	3.2: Special Needs Shelter (SpNS) resource requests were delayed.	3.2.1: Review and revise current SpNS plans to include a provision for resource requests.	Planning	FDOH Suwannee/ Lafayette	Planners	2/1/15	6/1/15

[1] Capability Elements are: Planning, Organization, Equipment, Training, or Exercise.

Core Capability	Area for Improvement	Corrective Action	Capability Element[1]	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Continued: **Healthcare Preparedness Capability 3: Emergency Operations Coordination**	**Continued:** 3.2: Special Needs Shelter (SpNS) resource requests were delayed.	3.2.2: Establish a mechanism for prioritizing resources for SpNS.	Organization	FDOH Suwannee/ Lafayette	Planners	2/1/15	6/1/15
	3.3: In some counties, resource requests in EMConstellation were not effectively communicated or tracked outside of the emergency management office.	3.3.1: Review and revise appropriate plans that accommodate visibility for ESFs to track resources effectively.	Planning	NCFHCC	Coordinator	2/1/15	Pending Corrective Action 2.3.1
		3.3.2: Conduct training on best methods for resource tracking.	Training	NCFHCC	Coordinator	2/1/15	Pending Corrective Action 2.3.1
		3.3.3: Exercise resource tracking.	Exercise	NCFHCC	Coordinator	2/1/15	Pending Corrective Action 2.3.1

[1] Capability Elements are: Planning, Organization, Equipment, Training, or Exercise.

Core Capability	Area for Improvement	Corrective Action	Capability Element[1]	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Healthcare Preparedness Capability 6: Information Sharing	4.2: Unfamiliarity with available technologies caused delays in the delivery of information outside of singular agencies.	4.2.1: Develop and establish NCFHCC Communication Plan and Procedures.	Planning	NCFHCC	Coordinator	2/1/15	Pending Corrective Action 2.3.1
		4.2.2: Test functionality of all established communication systems for interoperability and pre-identifiable issues.	Equipment	NCFHCC/ Individual Agencies/ County DEM/ Regions 2 & 3	Coordinator/ HCC Member/ Emergency Managers/ Regional Coordinator	2/1/15	Ongoing
		4.2.3: Situational awareness and common operating picture (SA/COP) training for the NCFHCC partners.	Training	NCFHCC	Coordinator	2/1/15	Pending Corrective Action 2.3.1
	5.3: Radio protocols were not understood by all staff causing confusion and delaying the delivery of EEI.	5.3.1: Develop and establish NCFHCC Communication Plan and Procedures.	Planning	NCFHCC	Coordinator	2/1/15	6/30/17

[1] Capability Elements are: Planning, Organization, Equipment, Training, or Exercise.

Core Capability	Area for Improvement	Corrective Action	Capability Element[1]	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Continued: **Healthcare Preparedness Capability 6: Information Sharing**	**Continued:** 5.3: Radio protocols were not understood by all staff causing confusion and delaying the delivery of EEI.	5.3.2: Establish a common communication medium (WebEOC, EMConstellation, etc.) by which the entire NCFHCC shares information in a common format.	Equipment	NCFHCC	Coordinator	2/1/15	Pending Corrective Action 2.3.1
Healthcare Preparedness Capability 10: Medical Surge	6.3: Communications between EOC/Hospitals were intermittent and untimely due to communication failures.	6.3.1: Explore the option of having a Regional Coordination Center (RCC). This will allow for representation of all medical facilities, pre-hospital providers, and supporting agencies to allow for a coordinated regional response for mass care incidents.	Organization	NCFHCC	Coordinator	2/1/15	Pending Corrective Action 2.3.1

[1] Capability Elements are: Planning, Organization, Equipment, Training, or Exercise.

Core Capability	Area for Improvement	Corrective Action	Capability Element[1]	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Continued: **Healthcare Preparedness Capability 10: Medical Surge**	6.4: There was no pre-hospital to hospital patient tracking method utilized.	6.4.1: Discuss a call-down list or method for instantaneous communication of events that cause medical surge pre-warning of actual events will be helpful for advanced notification.	Organization	NCFHCC	Coordinator	2/1/15	Ongoing
		6.4.2: Identify a pre-hospital to hospital, hospital to hospital patient tracking system that can be utilized for multiple casualty incidents, as well as hospital evacuation/transfer of patients to support medical surge operations.	Equipment	NCFHCC	Coordinator	2/1/15	Pending Corrective Action 6.4.1

[1] Capability Elements are: Planning, Organization, Equipment, Training, or Exercise.

Core Capability	Area for Improvement	Corrective Action	Capability Element[1]	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Continued: **Healthcare Preparedness Capability 10: Medical Surge**	7.4: Information referencing healthcare facility status shared between EOC/Hospitals was intermittent and untimely due to communication failures.	7.4.1: Establish a common communication medium (WebEOC, EMConstellation, HAvBED, EMResource etc.) by which the entire NCFHCC shares information in a common format. Regular communication testing, familiarity, and training would be beneficial.	Equipment	NCFHCC	Coordinator	2/1/15	Pending Corrective Action 2.3.1
	7.5: The ability to pre-identify hospital capacities (HAvBED/ EMResource) were not utilized hindering the overall incident situational awareness.	7.5.1: Enhancement in regional planning, resource availability, and regional capabilities among partners would be beneficial for large/complex incidents.	Planning	NCFHCC	Coordinator	2/1/15	Pending Corrective Action 2.3.1

[1] Capability Elements are: Planning, Organization, Equipment, Training, or Exercise.

Core Capability	Area for Improvement	Corrective Action	Capability Element[1]	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Continued: **Healthcare Preparedness Capability 10: Medical Surge**	8.4: The MRC ACS and hospital lacked interoperable communications and understanding of each other's capabilities.	8.4.1: Formalize plans between Medical Reserve Corps-Alternate Care Site and healthcare facilities within the NCFHCC for triage/treatment processes.	Planning	MRCs/ Hospitals	MRC Coordinators/ Hospital Liaisons	2/1/15	2/1/16
	8.5: There is no current inventory of resources among coalition members.	8.5.1: The NCFHCC should develop and maintain a current inventory of member resources that can be utilized during an event.	Organization	NCFHCC	Coordinator	2/1/15	Pending Corrective Action 2.3.1
	8.6: There is no process in place for sharing and tracking of resources among the coalition members.	8.6.1: The NCFHCC should develop a resource management system that can be utilized during an event.	Equipment	NCFHCC	Coordinator	2/1/15	Pending Corrective Action 2.3.1

[1] Capability Elements are: Planning, Organization, Equipment, Training, or Exercise.

Core Capability	Area for Improvement	Corrective Action	Capability Element[1]	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Continued: **Healthcare Preparedness Capability 10: Medical Surge**	8.7: The ability to coordinate triage/ treatment efforts between the MRC ACS and healthcare facility.	8.7.1: Establish a common communication method between the MRC, healthcare facilities, and other regional partners.	Organization	MRCs/ Hospitals	MRC Coordinators/ Hospital Liaisons	2/1/15	2/1/16
		8.7.2: Identify a liaison between the MRC ACS and healthcare facilities to build a better understanding of capabilities, resources and treatment abilities.	Organization	MRCs/ Hospitals	MRC Coordinators/ Hospital Liaisons	2/1/15	2/1/16
		8.7.3: Conduct education and training as to the capabilities of MRCs and their integration into the local healthcare system.	Training	MRCs/ Hospitals	MRC Coordinators/ Hospital Liaisons	2/1/15	2/1/16
		8.7.4: Conduct discussion- and operations-based exercises to identify coordination for activation, staffing and operations of the ACS.	Exercise	NCFHCC	Coordinator	2/1/15	6/30/17

[1] Capability Elements are: Planning, Organization, Equipment, Training, or Exercise.

Core Capability	Area for Improvement	Corrective Action	Capability Element[1]	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Healthcare Preparedness Capability 2: Healthcare System Recovery	9.4: No streamlined process was observed for Information Technology (IT) software needed by staff for Recovery/ COOP tasks.	9.4.1: Develop a streamlined process for IT software needs for Recovery/COOP tasks.	Organization	FDOH Suwannee/ Lafayette/ Alachua IT Consortium	Planners/ IT	2/1/15	6/1/15
	9.5: The notification list for staff responsible for Recovery/ COOP plan implementation was not current.	9.5.1: Update the current notification lists for staff for Recovery/COOP plan implementation.	Organization	Individual Agencies	HCC Member	2/1/15	6/1/15
		9.5.2: Review notification methods used currently and consider adopting technologically supported staff notification systems.	Equipment	NCFHCC/ Individual Agencies	Coordinator/ HCC Member	2/1/15	6/1/15

[1] Capability Elements are: Planning, Organization, Equipment, Training, or Exercise.

Core Capability	Area for Improvement	Corrective Action	Capability Element[1]	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Continued: **Healthcare Preparedness Capability 2: Healthcare System Recovery**	9.6: Recovery/ COOP staff indicated a need for position-specific training for their roles.	9.6.1: Annual and just in time training for Recovery/COOP staff.	Training	FDOH Suwannee/ Lafayette	Planners	2/1/15	6/1/15
		9.6.2: Coordinate needs of all partner facilities and agencies to identify needs for activation of Recovery/COOP needs.	Organization	FDOH Suwannee/ Lafayette	Planners	2/1/15	Ongoing
		9.6.3: Exercise different levels of Recovery/COOP planning when identifying additional needs for personnel and other Recovery/COOP operations.	Exercise	FDOH Suwannee/ Lafayette	Planners	2/1/15	2/1/16

[1] Capability Elements are: Planning, Organization, Equipment, Training, or Exercise.

APPENDIX B: EXERCISE TIMELINE

WEDNESDAY, NOVEMBER 5, 2014

Participant	Facility	Time
FDOH SimCell	Central Office Tallahassee	0800-1700
Bradford	Shands Starke and EMS	0830-1300
	Bradford EOC	0900-1300
	FDOH Bradford with Alachua MRC at ACS	0900-1530
Columbia	Ham Radio Drill between EOC and local hospitals	
Dixie	Dixie County EOC & FDOH Dixie	0900-1100
Levy	Levy EOC & FDOH Levy	0830-1130
Lafayette	Lafayette EOC and Shelter	0700-1130
Hamilton	Internal FDOH Comms Drill	
Union	Lake Butler Hospital	0830-1300
Suwannee	EOC, SpNS, Intermediate School	1230-1700
Gilchrist	FDOH Gilchrist	1300-1700

THURSDAY, NOVEMBER 6, 2014

Participant	Facility	Time
FDOH SimCell	Central Office Tallahassee	0800-1300
Alachua	Shands UF	0900-1200
	VA Gainesville & VA Lake City at Gainesville	0900-1200
	Meridian	0900-1200
	Alachua EOC	0900-1200
Putnam	Tabletop with Community Partners	1000-1200
Suwannee	Shands Live Oak	0900-1300
	Suwannee EOC	0900-1300
	Sheriff's Office	0900-1300

APPENDIX C: EXERCISE PARTICIPANTS

Hospitals
Alachua County Medical Reserve Corps
Gainesville VA Medical Center
Lake Butler Hospital
Lake City VA Medical Center
Meridian Behavior Health
Putnam Community Medical Center
Regional General Hospital
Shands Live Oak Hospital
Shands Starke
University of Florida Health
University of Florida Shands
Educational Institutions
Bradford School Board
Bradford Union Technical Center
Florida State University- IAEM
North Florida Community College
Santa Fe College EMS and Fire
Suwannee Hamilton Vocational Technical School
University of Florida Department of Emergency Management
County Health Departments
Florida Department of Health in Alachua
Florida Department of Health in Bradford
Florida Department of Health in Columbia
Florida Department of Health in Dixie
Florida Department of Health in Gilchrist
Florida Department of Health in Hamilton
Florida Department of Health in Lafayette
Florida Department of Health in Levy
Florida Department of Health in Putnam
Florida Department of Health in Suwannee
Emergency Management Partners
Alachua County Emergency Management
Alachua County Fire Rescue
Alachua County Public Works
Alachua County Sheriff's Office
Bradford County Emergency Management
Bradford County Emergency Medical Services
Bradford County Road Department
Bradford Sheriff's Office

Emergency Management continued
City of Starke
Columbia County Emergency Management
Dixie County Emergency Management
Gainesville Regional Transit System
Gilchrist County Emergency Management
Lafayette County Emergency Management
Lafayette County Sheriff's Office
Levy County Department of Public Services
Levy County Emergency Management
Levy County Sheriff's Office
Palatka Fire Department
Police Service Gainesville
Putnam County Emergency Management
Suwannee CERT
Suwannee County Emergency Management
Suwannee County Fire Rescue
Suwannee County Sheriff's Office

APPENDIX D: PICTORIAL HISTORY

Florida Department of Health SimCell

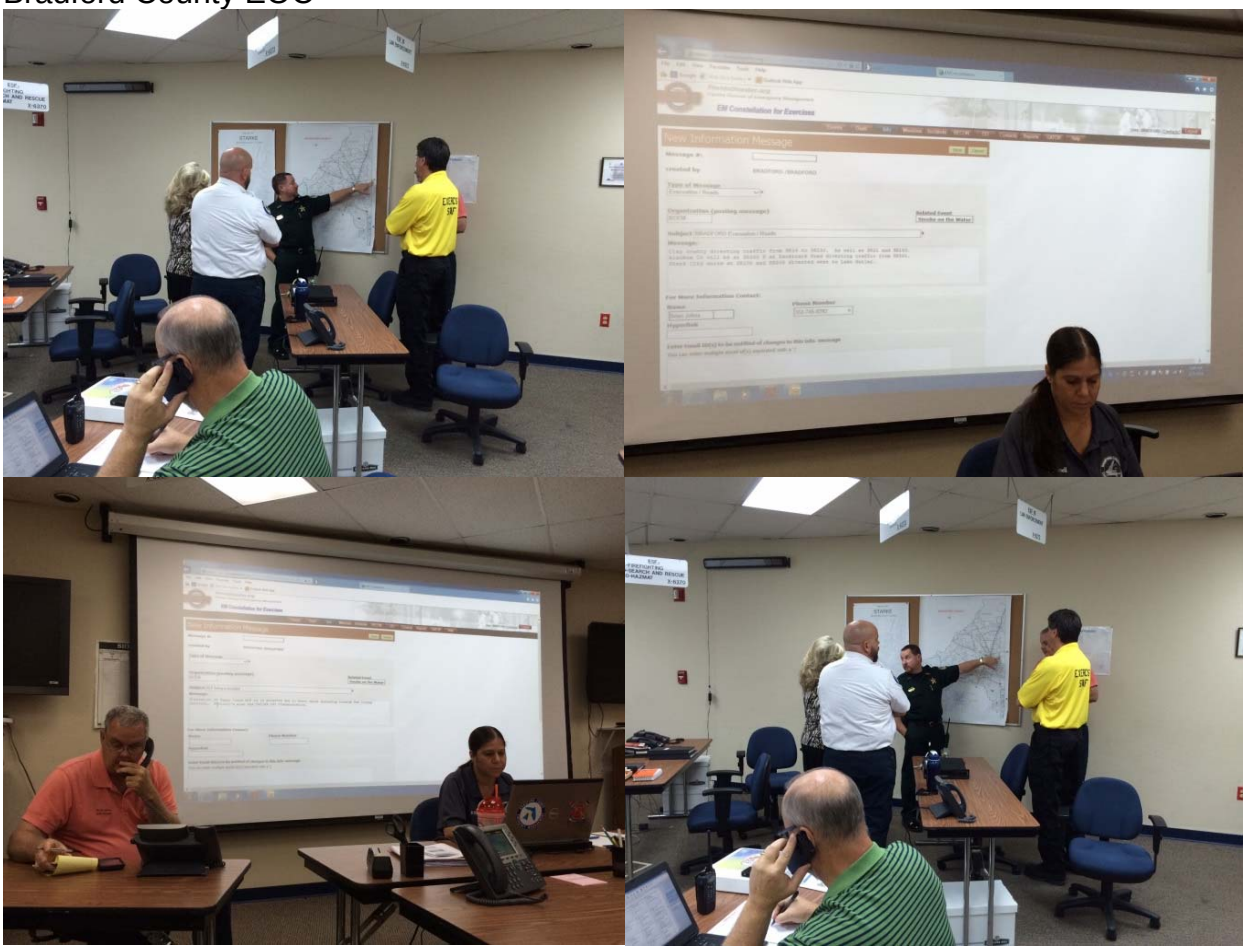
Alachua County Medical Reserve Corps

Lafayette Special Needs Shelter

Suwannee COOP

Suwannee Special Needs Shelter

Bradford County EOC



Malcom Randall VA Medical Center (Gainesville)