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EXECUTIVE SUMMARY

The Executive Summary provides a brief overview of the exercise, major strengths demonstrated during the exercise, and areas that require improvement.

Homeland security preparedness involves a cycle of outreach, planning, capability development, training, exercising, evaluation, and improvement. Successful exercises lead to an ongoing program of process improvements. This report is intended to assist agencies striving for preparedness excellence by analyzing exercise results and:

- Identifying strengths to be maintained and built upon.
- Identifying potential areas for further improvement.
- Recommending exercise follow-up actions.

The suggested actions in this report should be viewed as recommendations only. In some cases, agencies may determine that the benefits of implementation are insufficient to outweigh the costs. In other cases, agencies may identify alternative solutions that are more effective or efficient. Each agency should review the recommendations and determine the most appropriate action and the time needed for implementation.

The Strategic National Stockpile formerly the State National Pharmaceutical Stockpile Full Scale Exercise [SNS FSX] was a two-day WMD exercise held on June 16-18, 2003. The exercise was co-sponsored by the State Department of Public Health (DPH) and the State Emergency Management Agency (EMA) with assistance from the US Department of Health and Human Services, Centers for Disease Control and Prevention (CDC) and the US Department of Homeland Security, Office for Domestic Preparedness (DHS/ODP). This exercise was the State's first exercise using newly developed procedures to receive, distribute, and dispense SNS supplies in response to a statewide bioterrorism incident.

The exercise included CDC delivery of mock SNS supplies to a central receiving warehouse in the Capital City. The participating agencies coordinated the unloading, reappportionment, and distribution of those supplies to two actual and four simulated distribution points. The Capital County Public Health Department activated a temporary dispensing site and conducted emergency dispensing operations for five hours, treating 600 patient role-players.

Key strengths identified during this exercise include:

- The participants of all agencies at the state and local levels demonstrated excellent teamwork.
- A new cooperative partnership was established between DPH and EMA.
- The planning forethought demonstrated by state and local agencies in designing their SNS receipt, distribution, and dispensing procedures was excellent.
- The participating agencies successfully demonstrated an initial capability to manage a statewide bioterrorism incident including the supply and operation of a temporary dispensing clinic.

- The participants demonstrated a positive attitude and ability to recognize and react to shortfalls in the new SNS plans as they were uncovered, and smoothly adjust their operations.

In addition, several successes of this exercise should be recognized, among them:

- This was the first major DPH exercise.
- This was the first test of the State's new SNS Standard Operating Procedures.
- This was the first joint DPH/EMA exercise.
- This was one of the nation's first exercises to comprehensively test SNS request, delivery, redistribution, and dispensing operations in a single near real-time exercise.
- In response to the quality, scope, and scale of the exercise, CDC provided three SNS training packages, rather than the usual single package, and piggybacked a no-notice CDC SNS deployment exercise onto the State exercise.

Through the exercise, several opportunities for improvement in the State's ability to respond to a bioterrorism incident were identified. Major recommendations include:

- Electronic emergency management information system access and training should be expanded to all state agencies and all counties in the state.
- State quarantine plans and procedures should be reviewed and enhanced
- Improvements should be made to the communications processes between the State and the county Emergency Operations Centers and the temporary SNS distribution network.
- Efficiency improvements should be made to the implementing procedures for Receiving Staging and Storage (RSS) site and dispensing center
- Improvements should be made to the dispensing center exterior security and crowd control.

Planners should use the results of this exercise to forecast dispensing and treatment center locations and staffing requirements for a large-scale bioterrorism event requiring implementation of mass prophylaxis. Planners should consider scenarios to serve 1,000; 10,000; 100,000; and 1,000,000 patients for contagious or non-contagious threats.

Follow-on exercises should test specific improvements instituted as a result of this exercise and should include a focus on public information measures. Planners should consider exercising the alternate RSS site, should the primary site be unavailable in an emergency. Additional dispensing sites should be exercised to ensure that emergency prophylaxis measures can be instituted at key areas across the state. For cost-effectiveness, planners should consider rotating dispensing site exercises across the state, with or without an SNS stockpile deployment exercise.

Part I: Exercise Overview

The Introduction describes the exercise, identifies the agencies/organizations that participated in it, and describes how it was structured and implemented.

Exercise Name:

Strategic National Stockpile Full Scale Exercise

Location:

City, State, Federal Region, International Country, Military Installation

Scenario:

Bio

Type of Exercise:

Tabletop Exercise
Full-Scale Exercise

Focus:

Response Recovery Prevention

Exercise Date: Participating Organizations:

June 17, 2003 - Tabletop Exercise
June 17-18, 2003 - Full Scale Exercise

Participating Organizations:

CO-SPONSORS:

State Agencies

- State Department of Public Health
- State Emergency Agency

Federal Agencies

- U.S. Department of Health and Human Services, Centers for Disease Control and Prevention
- U.S. Department of Homeland Security, Office for Domestic Preparedness

Contract Support (If Applicable):

- (Name of Consulting Firm)

PARTICIPANTS:

Federal Agencies

- Centers for Disease Control and Prevention
- U.S. Marshal Service

State Agencies:

- Attorney General's Office
- Bureau of Radiological Health
- Department of Agriculture
- Department of Personnel
- Department of Public Health
- Department of Public Safety
- Department of Transportation
- Emergency Management Division
- National Guard
- Emergency Management Agency
- Health and Human Services

Local Agencies:

- Capital City Fire Department
- Capital City Police Department
- Capital City Public School District
- Capital County Health Department
- Suburban County 1 Health Department
- Suburban County 2 Health Department
- Capital County Air Quality Division
- Capital County Department of General Services
- Capital County Emergency Management Agency
- Capital County Health Department
- Capital County Sheriff's Office
- Suburban County 1 Emergency Management Agency
- Suburban County 1 Fire Department
- Suburban County 2 Emergency Management Agency
- Suburban County 2 Department of Public Health
- Other Organizations
 - Various county public health department and hospital volunteer role-players
 - American Red Cross
 - Downtown Pharmacy
 - Central Pharmacy
 - State Board of Medical Examiners
 - State Board of Pharmacy Examiners
 - State Motor Truck Association
 - State Pharmacy Association
 - State Veterans Affairs
 - State Visiting Nurse Services

- Capital City Hospital
- Central Medical Center
- Capital County Health Advisory Board
- Capital County Medical Society
- Private Business Partners
- University Hygienic Laboratory

International Agencies:

- None

Number of Participants: Funding Source:

- Players: 136
- Victim Actors 100
- Controllers/Evaluators 56
- Observers 89

Funding Source:

ODP (Federal Sponsor Agency)

Program:

HSEEP State 03 Funding

Classification:

For Official Use Only (FOUO)

Federal Sponsoring Agency/Department POC:

ODP Director

Federal Exercise Project Officer:

ODP Program Manager

Exercise Overview

The Strategic National Stockpile Full Scale Exercise [SNS FSX] was designed to be a two-day terrorism exercise. The goal of the exercise was to establish a learning environment to familiarize the necessary agencies with the protocols in place for deploying SNS supplies. Exercise play focused on the logistics associated with ordering, delivering, distributing, and dispensing SNS supplies.

The exercise was designed to:

1. Continue to solidify the partnership between the state and the federal government.
2. Assess the inter/interagency coordination of federal agencies, the state, and local jurisdictions during a public health crisis triggered by a terrorist attack using Weapons of Mass Destruction (WMD).
3. Improve the operational readiness of the state emergency management system, and augment the capabilities of that system to respond to emergency situations.
4. Provide an opportunity for individual training and agency cross-training achieve a high level of collective preparedness.
5. Assist the state in assessing, validating, and updating the State's Emergency Operations Plan (Aug. 1999) and its Terrorism Incident Response Annex (Jan. 2003), the State Emergency Operations Center Standard Operating Procedures (May 2000), and the Strategic National Stockpile Standard Operating Procedures (Mar. 2003).
6. Revisit and validate some of the lessons learned during the State's Strategic National Stockpile Tabletop Exercise conducted in January 2003.

Participants were advised that the exercise was an "evaluated practice," a format that allowed Players to test their plans and procedures within a no-fault learning environment. At the same time, Evaluators, Controllers, and Simulators collected information in order to assess performance of critical tasks during exercise play using the state and local plans and procedures.

The scope of play required activation of the State Emergency Operations Center (EOC), the DPH Emergency Coordination Center (ECC), the Receiving, Staging, and Storage (RSS) Site, the RSS Forward Command Post (FCP), two state operated Distribution Nodes, and a locally operated Dispensing Site.

Organizations that were not directly involved as participants at one of the exercise locations and actions that took place outside of these play locations were played by Controllers in the simulation cell (SIMCELL). From the SIMCELL, the Controllers injected messages and implemented the scenario through phone calls, faxes, and electronic messages.

The exercise consisted of a half-day tabletop exercise followed by a one and a half day full-scale exercise.

- **TableTop Exercise:** Executive level Players from the Governor's Office, the State Department of Public Health and the State Emergency Management Agency participated in a tabletop component that exercised their decision making procedures for requesting the SNS 12-Hour Push Package from CDC. After the

executive group had decided to request the SNS, Players predesignated to staff the EOC, DPH ECC, and RSS/FCP were notified through normal processes to report to their respective locations by 1230.

- **Full Scale Exercise:** The State's SNS Receiving Team reported to the RSS and began setting it up to prepare to receive the SNS supplies. At 1230, Players at each site received an introductory briefing including exercise rules and the scenario background. Full-scale exercise play continued for the rest of that afternoon till 1630. Players returned to the EOC, DPH ECC, and RSS/FCP at 0730 the next day. Players also activated additional exercise locations: Capital County Distribution Node and the Capital City Dispensing Site. Full-scale play continued until 1530 that afternoon, including three hours of dispensing supplies to role-players at the Capital City Dispensing Site.

On-site hotwashes were conducted at the EOC, DPH ECC, RSS/RCP, and the Capital City Dispensing Site. Information from those hotwashes was incorporated into the Exercise Evaluation Conference conducted on the day after the exercise.

Exercise Evaluation

The exercise was designed to provide Participants with an opportunity to assess current capabilities to perform the critical tasks required to respond to a public health emergency resulting from a bioterrorist attack. Through assessment of those capabilities, Participants identified strengths, weaknesses, and future training needs.

Evaluators were positioned at all exercise locations to observe and record exercise events, including Player actions. Immediately following the conclusion of the tabletop segment and the termination of the entire exercise, Controllers at each location facilitated hotwashes to capture observations and opinions from Players. In addition, all Participants were provided with exercise critique forms, which allowed Participants the opportunity to provide their observations of the exercise.

An Exercise Evaluation Conference was conducted on June 19, 2003. At the conference, Evaluator observations were analyzed, compared, and prioritized through a facilitated process with key Players and Controllers to determine lessons learned, make recommendations for improvement actions, and identify key areas of emphasis for future planning.

In keeping with the no-fault nature of this exercise, the evaluation embodied in this report examines the plans, procedures, and response systems utilized in this exercise. As an evaluated practice, individual and team Player performances were observed and documented in order to make recommendations for future improvements. Evaluator observations focus primarily on overall unit actions and the interaction between response units rather than on individual Players.

Part 2: Exercise Goals and Objectives

Part 2 lists the goals and objectives for the exercise. These are developed during the exercise planning and design phase and are used to define the scope and content of the exercise, as well as the agencies and organizations that will participate.

The State established the following goals and corresponding objectives for this exercise: All exercise goals were demonstrated during exercise play and ultimately accomplished. Through demonstration of these objectives, the exercise Players successfully simulated an effective response to scenario events. At the same time, exercise play revealed ways that future responses could be made more effective.

Goal 1: Test and improve the draft State Strategic National Stockpile (SNS) Standard Operating Procedures for a terrorist biological WMD attack.

Objectives 1: Demonstrate the ability of the executive management team to assess the public health threat in accordance with the State SNS Standard Operating Procedures.

Objectives 2: Demonstrate the ability of the executive management team to initiate a request for SNS deployment in accordance with the State SNS Standard Operating Procedures.

Goal 2: Test the interoperability of the State SNS Standard Operating Procedures with the State Emergency Operations Plan and Terrorism Incident Annex.

Objectives 1: Demonstrate the ability to alert and activate personnel, facilities, and systems required to support a large-scale response to a biological incident using SNS supplies.

Objectives 2: Demonstrate the ability of state public health personnel to develop a decision aid and prioritize the allocation of SNS supplies.

Objectives 3: Demonstrate the ability to establish a Forward Command Post to coordinate logistics and security for receipt and distribution of SNS supplies.

Objectives 4: Demonstrate the ability to coordinate public information among multiple federal, state, and local agencies, including rumor control, to effectively notify, warn, and instruct the public during a biological WMD attack.

Objectives 5: Demonstrate the ability to effectively communicate and coordinate among state and local agencies through established emergency response protocols including the utilization of local and state emergency operations centers.

Goal 3: Demonstrate the ability to receive, breakdown, distribute, and dispense Strategic National Stockpile (SNS) supplies to minimize casualties in a large-scale biological attack.

Objectives 1: Demonstrate the ability to establish and maintain security at all sites involved in the handling of SNS supplies.

Objectives 2: Demonstrate the ability to establish and operate a distribution network for SNS supplies including a Receiving, Staging, and Storage center and at least one Distribution Node.

Objectives 3: Demonstrate the ability to establish and operate at least one Dispensing Site for SNS supplies.

Objectives 4: Evaluate the response times to receive, distribute, and dispense SNS supplies under the draft the State SNS Standard Operating Procedures.

Objectives 5: Demonstrate the capability to implement SNS supplies and patient tracking procedures under the draft the State SNS Standard Operating Procedures.

Part 3: Exercise Events Synopsis

The Exercise Events Synopsis provides an overview of the scenario used to facilitate exercise play and the actions taken by the players to respond to the simulated terrorism attack. The activities are presented in the general sequence and timeline that they happened at each site. The events synopsis provides officials and players with an overview of what happened at each location and when. It is also used to analyze the effectiveness of the response, especially the time sensitive actions. It provides a means of looking at the ramifications of one action not happening when expected on actions taken by other players and on the overall response. The following example presents the synopsis for the first of three modules for the following tabletop and action at the Emergency Operations Center on Day 1 of the full-scale exercise. Similar write-ups would be included for each element of play.

Scenario

The events depicted in the scenario take place during a period of heightened alert throughout the United States. The threat of international terrorism is a continual source of concern, and the Homeland Security Advisory System is set at threat condition Orange. In particular, the region of the country where the State is located has been warned of a potential threat from a domestic terrorist group, the Allies of Islam, that has purportedly made vague but aggressive statements aimed at the “heartland.”

The scenario takes place in the early summer after an average winter during which influenza cases were common. There have been higher than usual caseloads of patients experiencing severe respiratory distress and other influenza symptoms due to several new virus strains that spread periodically throughout the winter.

Executive Tabletop Component: Morning – Exercise Day 1

Module 1: June 13-15

Scenario events begin on June 13, 2003, when Capital City area hospitals and clinics see an above average number of patients complaining of flu-like symptoms. Eight of these patients have symptoms severe enough that they are admitted to hospitals. The scenario then follows these patients through the next few days as their symptoms worsen and their sickness is reclassified as suspected pneumonia. The illness continues to spread across the State with more and more people being admitted to hospitals and clinics complaining of flu and pneumonia-like symptoms.

As the epidemic spreads to more and more areas, the State Department of Public Health (DPH) begins to monitor the situation, requesting samples from hospitals with suspicious cases. On June 15, 2003 a doctor treating patients in Capital City receives test results that confirm some of his patients were afflicted with pneumonic plague. At the

same time, DPH receives presumptive test results indicating that pneumonic plague has spread to every region of the State.

An Executive Group consisting of the Director of DPH, the Director of the Office for Disease Control, the State Epidemiologist, the Director of Clinical Services, the Director of the State Emergency Management Agency (EMA), the Homeland Security Advisor, and the Director of the Department of Health and Hospitals convened to discuss the growing emergency and determine appropriate State actions.

Players discussed notifying neighboring States and contacting the Centers for Disease Control and Prevention (CDC) to acquire additional information from those sources regarding further potential pneumonic plague outbreaks. Players also indicated DPH would use the Health Alert Network to notify hospitals and clinics statewide of the emerging situation, and that EMA would activate the State Emergency Operations Center (EOC), with DPH representation, to monitor the emergency. Since the media had already become aware of the problem, Players stressed that Public Information Officers (PIOs) would be engaged to manage public information and rumor control. Players also considered the availability and adequacy of local and State medical supplies to treat the epidemic, and discussed how the Governor's Office would make State level assistance available to the affected counties. Finally, the Players acknowledged that quarantine measures would have to be considered.

Full-Scale Component: Afternoon - Exercise Day 1

State Emergency Operations Center

By 1230: Players reported to the State Emergency Operations Center (EOC) for a briefing on the public health emergency and the exercise Rules of Play. In the briefing, the Players were informed of the reported numbers of persons infected with pneumonic plague, the distribution of the epidemic across the State, the actions taken so far at the direction of the Executives, and other pertinent background information. Scenario information indicated that 10 counties were impacted, with 432 reported cases of pneumonic plague, and 181 reported deaths attributed to pneumonic plague.

1320: Full-scale exercise play began.

By 1330: The Governor issued a Health Disaster Proclamation, making State assets available to assist the overwhelmed localities. The Executive Office in the EOC made contact with the appropriate agencies in the neighboring States and began discussing issues such as quarantine and accessing Emergency Management Assistance Compact (EMAC) resources.

The EOC received notifications from affected localities that their County EOCs were activated and many were being overwhelmed with inquiries from worried well individual. The EOC established a rumor control line, staffed by a Public Information

Officer (PIO), to relieve some of the public information pressure from the County EOCs. The Joint Information Center (JIC) also began receiving media inquiries from newspapers, radio, and television stations.

The EOC directed the 21 counties pre-identified in State plans to set up Distribution Nodes to receive the Strategic National Stockpile (SNS) Push Package supplies. The EOC also directed the affected counties to begin setting up their Dispensing Sites in preparation for the SNS supplies.

The FBI contacted the State Department of Public Safety (DPS) to coordinate on the criminal investigation.

By 1420: The Executive Office, in consultation with the Department of Public Health (DPH) support personnel at the Emergency Coordination Center (ECC) and officials from neighboring States, decided that enforcing a statewide quarantine was unfeasible. Instead, the State encouraged citizens to voluntarily limit their travel, and to avoid public places until the epidemic was controlled.

1430: The Receiving, Staging, and Storage Center contacted the EOC inquiring about SNS Push Package distribution allocation and repackaging guidance. DPH decided to breakdown and distribute half of the Push Package supplies to the identified counties, and hold the other half in reserve in the event that the epidemic spread to other areas of the State prior to the arrival of Vendor Managed Inventory supplementary supplies.

The Executive Office remained in contact with the neighboring States. It was eventually decided that the State would refuse the offers of assistance from neighboring States so those States could have their resources available in the event the epidemic spread beyond State lines.

The Players in the Executive Office also discussed elevating the State's internal threat level from orange to red. This elevation was rejected in favor of keeping the State's threat level the same as the national Homeland Security Alert System condition (orange).

The State issued press releases indicating that DPH, and its local and Federal partners were investigating an apparent outbreak of pneumonic plague. The releases described symptoms, outlined measures citizens should take to reduce their risk of contracting the disease, and summarized the actions being taken by the State to control the epidemic.

1630: Exercise play was suspended for the day at the scheduled time

Part 4: Analysis of Mission Outcomes

This section of the AAR provides an analysis of how well the participating agencies/ jurisdictions addressed the mission outcomes. Mission outcomes are those broad outcomes or functions that the public expects from its public officials and agencies. As defined in ODP's Homeland Security Exercise and Evaluation Program – Volume II: Exercise Evaluation and Improvement, the mission outcomes include: prevention/deterrence, emergency assessment, emergency management, hazard mitigation, public protection, victim care, investigation/ apprehension, recovery/remediation. The exercise goals and objectives will define the mission outcomes that are addressed by the exercise and that should be analyzed in this section of the AAR.

This section of the report provides an analysis of how well the participating jurisdictions as a whole (e.g., across disciplines and across jurisdictions) achieved the expected mission outcomes in responding to the simulated terrorist event. The focus is on outcomes, rather than processes. The mission outcomes are those things that the public expects from its public officials and agencies when faced with a terrorist threat or attack. Results for each mission outcome are summarized below by outcome area. A detailed analysis of the activities and processes that contributed to results related to the mission outcomes are found in Part 5.

Emergency Management

Direction and Control of State Response

State agency participants effectively demonstrated the capability to manage a bioterrorism incident. Alert and activation of the EOC and the ECC was accomplished through a pre-scheduled limited activation order. The EOC was staffed primarily with Emergency Management and Public Health personnel in accordance with the Exercise Plan, with limited participation from the State Department of Transportation, State Department of Public Safety, and other selected State staff. The EOC is a well-equipped, state of the art facility. The Emergency Management staff is well trained and serves as the core personnel to facilitate operations involving staff assigned from other agencies. The EOC was fully operational at STARTEX and maintained operations for the scheduled operations (single day-shift only).

DPH and EMA demonstrated excellent coordination in directing and controlling response operations, operating as a near-seamless integrated team. An Executive Policy Team managed key decisions, such as requesting the SNS from CDC (accomplished during the Tabletop Component). Agency officials generally found it easy to attain consensus on a course of action. Problem-solving was accomplished as a team.

The EOC did not activate a Planning, Information, and Intelligence Cell. Therefore, ad hoc policy teams were broken off to examine urgent issues such as the decision to

implement quarantine. While the use of issue teams is an effective information management technique, the absence of a dedicated Planning, Information, and Intelligence Cell somewhat inhibited the ability of the State to forecast future requirements and decisions. As a result, exercise Players often were reacting to events rather than anticipating events. For example, high school students were the primary infected population, and thus the primary disease vector. Exercise controllers introduced the issue of school closure several times before Players recognized school closure as a means to disrupt disease progression.

Activation of a limited SNS supply network occurred as per the Exercise Plan and included: the central Receiving, Staging, and Storage (RSS) site at the airport, two Distribution Nodes (located in Capitol County and Suburban County), and a single Dispensing Site in Capitol City. The RSS received the SNS 12-Hour Push Package supplies and rapidly dispatched them to the Distribution Nodes. There was a slight lag in determining the allocation of supplies among Distribution Nodes resulting in an initial 30 to 60 minute delay for the loading of supplies. However, supplies reached the Capitol City Dispensing Site in time for planned operations to begin on schedule.

Decision-making for allocation of SNS supplies was resourceful: approximately half the inventory was distributed to known impacted counties and half reserved for anticipated developing impacts. On Day 2, the ECC was tasked to determine the allocation of Vendor Managed Inventory (VMI) supplies, as it became evident that the population at risk of infection exceeded supplies available in the 12-Hour Push Package. The Hospital Preparedness Coordinator and Assistant State Epidemiologist considered the utility of issuing prophylaxis to the entire State versus only to potentially exposed citizens. It is not clear if a decision was reached prior to the conclusion of the exercise.

The EOC Executive Management Team considered establishing traffic and access control points to manage a statewide quarantine. After several hours of analysis, the team concluded that implementation of a statewide mandatory quarantine was not practical as there were not sufficient resources to control all access roads into the State. The principal population protective measures employed were infectious disease control measures provided in public information messages, and instructions to potentially exposed populations to seek antibiotic prophylaxis at designated temporary Dispensing Sites. Citizens were urged to voluntarily stay at home (i.e., self-quarantine) if they attended the Boys State High School Basketball Tournament (the site of the agent release), or had been around someone who had attended the basketball tournament. Travelers from outside the State were urged to avoid traveling to or through the State. Players discussed potential air travel restrictions but did not institute any restrictions or provide guidance to the airports, railroads, trucking, or bus companies on disease protection precautions. ECC Players suggested that there should have been closer coordination between the EOC and technical experts at the ECC in making the quarantine determination.

As a result of the scenario presented, evacuation or shelter-in-place for schools, day care centers, or special population facilities was not needed. Initially, the EOC did not

provide any instructions to local school systems for infection control measures other than the general public announcements and did not consider it necessary to close schools. Once it became clear that the Boys State High School Basketball Tournament was the origin-point for the disease, the EOC reconsidered protective actions and issued public instructions for government facilities (State and local), businesses, and schools to voluntarily close (except for essential services) in order to inhibit disease progression. Exercise Players noted that it would be beneficial to include other State decision-makers (e.g., Department of Education, Department of Elder Affairs, and Department of Human Services) as well as Federal partners such as DHS, FEMA, and CDC in future exercises to contribute to infection control measure decisions.

The EOC demonstrated the capability to direct and control distribution of supplies and equipment with some limitations. The EOC considered the use of SMAC resources and correctly determined that the statewide impact of the epidemic precluded any significant sharing of resource among counties. The EOC made good use of EMAC resources to provide assistance to affected counties. However, communications between the EOC and RSS were very limited, resulting in some disconnect in operational direction.

Players commented that they under utilized State resources (e.g., State buildings, public works organizations, and State's National Guard) and Federal resources (DMATs, Federal funds to allocate resources). The EOC has no consistent method for tracking resources used or needed, which Players attributed to "uncertainty" in the adequacy of department inventory methods. There were no resource tracking displays (status boards or electronic projections) evident in the EOC.

The EOC demonstrated the capability to track the locations and status of patients within the constraints of the exercise design. The EOC captured county aggregated data on symptomatic and deceased persons and displayed results on GIS maps.

Public Information

The EOC demonstrated the ability to activate a Joint Information Center (JIC) and direct public information activities with some limitations. The JIC was established adjacent to the EOC at the Capitol Armory. The JIC was staffed with Public Information Officers (PIOs) from EMA and DPH, a Rumor Control person, and two public affairs staffers. The JIC did not staff the PIO position in the EOC. Instead, the PIOs conducted their functions in the JIC with coordination and approval of releases by the Executive Management Team in the EOC. Internally, the JIC staff consulted with Rumor Control to identify emerging trends and issues. Co-location of Rumor Control and the JIC enabled the JIC to provide almost continuous monitoring of public inquiries and to provide Rumor Control with the latest information on the response efforts. In addition, the Executive Management Team requested at least two briefings from the JIC and Rumor Control on emerging trends. However, the JIC staff did not share some key information (e.g., newspaper articles with epidemic statistics) with the EOC.

The JIC staff received instructions and guidance from the Executive Management Team on press releases that were needed to alert the public about key decisions such as advice to stay home to limit exposure, travel advisories, and release of an Emergency Alert System (EAS) message. The JIC staff prepared a series of press releases and prepared for simulated press conferences by the Governor. The Executive Management Team and JIC staff demonstrated an effective public communication strategy by selecting the Governor to hold a press conference to deliver the voluntary self-quarantine message. Press conferences were announced in sufficient time for the media to attend. JIC staff also fielded a series of inquiries from simulated media reporters.

The JIC prepared and issued eleven press releases during the 12 hours (day and a half) of exercise play. The press releases provided information on the pneumonic plague outbreak, self-protective measures, and instructions for seeking antibiotics for as preventive measures (prophylaxis) or for treatment. Two versions of Press Release #1 were initially prepared, one by DPH and one coordinated between EMA and DPH, which were promptly corrected by the Executive Management Team.

Information on public protective measures was sometimes confusing. The initial self-quarantine message directed persons that were infected to stay home, but not all members of the household. Press Release #5 begins by suggesting that all persons in the household stay home, and further down in the statement it appears to indicate that only those with symptoms should stay home and to only contact their medical provider if symptoms are severe. Press Release #7 reflected inconsistent dates for probable exposure timelines for those attending the Boys State High School Basketball Tournament.

The JIC did not issue a press release announcing the opening of Dispensing Sites prior to an announcement by the Capitol County EOC that their Dispensing Site was open. Without a coordinated State message, the public is likely to converge on the first Dispensing Site that opens and overwhelm that site's resources.

The method of sharing State press releases with local PIOs and detached State PIOs assigned outside the JIC (e.g., at the RSS) was not reliable. The JIC sent press releases to counties via the Emergency Management System, but neither County nor the RSS had access to the system. In addition, State press releases were not distributed to hospitals. The RSS PIO expected, but did not receive, guidance from the JIC. As a result, significant potential exists for disseminating conflicting public messages.

Part 5: Analysis of Critical Task Performance

*This section of the report reviews performance of the individual tasks, as defined in the evaluation guides. Each task that was identified by the exercise planning team as a critical task to be performed to respond to the simulated attack defined by the scenario should be discussed in this section. Those tasks that were performed as expected require only a short write up that describes how the task was performed and generally would be not be followed by recommendations. For tasks that were not performed as expected, the write-up should describe what happened or did not happen and the root causes for the variance from the plan or established procedures or agreements. Recommendations for improvement should be presented for these tasks. This section should indicate if the variance from expected performance resulted in an improved response, which may result in a recommendation that plans or procedures be changed. Innovative approaches that were used during the response should be highlighted and described. To facilitate tracking of recommendations and improvements, acronyms should be spelled out in each recommendation. **Note:** At some point in the future, when the performance criteria have been validated and enhanced, jurisdictions will be asked to rate the performance of each task and the provide a overall performance rating for the exercise.*

Following the review and validation of the draft report findings by key officials from the participating agencies/jurisdictions (during the debriefing meeting), the officials define the actions that will be taken to address the recommendations. These improvement actions are presented following each recommendation and include the action, the responsible party/agency, and the timeline for completion.

Task: III-14: Provide Emergency Public Information to The Media and The Public

Discussion

The Joint Information Center (JIC) staff prepared a series of press releases to convey information to the public. Each release was coordinated with the Executive Management Team. The press releases were distributed over Emergency Management System. However, not all counties use the Emergency Management System to obtain their information. For example, the Capital County Dispensing Site did not receive any news releases because they do not use Emergency Management System. In a real emergency, the fax machine should be used to ensure all counties receive relevant information in a timely manner.

In addition, information gathered by the JIC was not routinely shared with the Emergency Operations Center (EOC). The JIC received a series of simulated news articles concerning the epidemic, but did not convey them to the Executive Management Team or the other EOC staff. As a result, the EOC staff did not get critical incident information, including “public reaction” to the emergency.

Recommendations and Improvements

Rec. 1 The Emergency Management Agency should establish procedures or protocols to ensure that news releases reach all affected counties or agencies, regardless of their Emergency Management System capabilities.

Action 1 The director of EMA will convene a working group with representatives from selected counties to develop a plan to provide all counties with access to the EMS and to train county staff. The working group will be established within a month and the plan will be completed by February 1, 2004.

Action 2 The EMS system director will develop a training course and materials on the use of the EMS. Training will be delivered on-site in the counties, as well as through the Internet. The training will be available by February 1, 2004.

Rec. 2. The Emergency Management Agency should establish procedures to distribute news articles or other collected information to the Executive Management Team and Emergency Operations Center staff.

Action 1 New procedures for the distribution of information to the EMT and EOC were developed following the exercise and have been distributed to relevant personnel.

Task: III-15: Establish and Maintain Rumor Control Operations

Discussion

The Joint Information Center (JIC) established a Rumor Control Center. Rumor Control initially directed callers to other telephone numbers and Emergency Alert System (EAS) stations for additional information. Rumor Control identified a series of rumor trends in the calls from the public including concerns over safety of food, pet safety, the basketball tournament as the source of the contamination, school and business closings, and confusion over stay-at-home instructions. Rumor Control answered the calls with the latest available information and verbally shared trends and concerns with the Public Information Officers (PIOs). When answers to inquiries were unclear, Rumor Control tracked down the information and called the inquirer with updated information. Rumor Control routinely consulted with the Joint Information Center (JIC) staff to discuss trends and emerging issues. The Emergency Operations Center (EOC) and the JIC demonstrated the ability to set up Rumor Control and meet the objectives. However, the following issues were identified with the response:

- Rumor Control was not provided with a script or other written instructions on the message to be conveyed to the public. Within the context of the exercise, this did not create problems because Rumor Control and JIC staff were co-located and were aware of each other's activities. However, in a real incident involving shift changes, the knowledge gained by one shift would be lost unless it was documented for the next shift
- Rumor Control was not provided with adequate reference materials. Several callers were told to contact their local emergency management agency or stay tuned to the local Emergency Alert System (EAS) station. However, Rumor Control did not have the telephone numbers for some of the agencies and the radio frequencies for the EAS stations.
- The JIC did not establish a protocol for redirecting telephone calls to the proper authorities. Rumor Control was redirecting calls to other locations (e.g., Poison Control) for additional information. However, in several cases, the caller would contact that location only to be redirected to Rumor Control. In a real event, this would cause undue frustration to the public.

Recommendations and Improvements:

Rec. 1. The Emergency Management Agency (EMA) should assign additional people to Rumor Control to handle the volume of calls that are received following a terrorist attack, assist in documenting trends, and convey information to the Public Information Officers (PIOs).

Action 1 The director of EMA will assign and train 3 additional people to work Rumor Control by November 1, 2003.

Rec. 2. The Emergency Management Agency should develop procedures for the Public Information Officers to place a high priority on developing a script (in coordination with the Emergency Control Center (ECC) for Rumor Control staff to use in responding to public inquiries.

Action 1 The director of EMA will work with a group of state and local PIOs to develop procedures for the development and distribution of a script that can be used by Rumor Control staff during an emergency.

Rec. 3. The Emergency Management Agency (EMA) should develop a list of Emergency Alert System (EAS) stations and frequencies as a reference tool for Rumor Control.

Action 1 A list of EAS stations and frequencies has been developed and is available in the Emergency Operations Center, the 911 Center, the Emergency Control Center, and has been distributed to all state and county Public Information Officers (PIO). The EMA PIO will review the list at the beginning of each month and distribute any changes that are required.

Task: V-1: Develop and Implement Protective Action Decisions

Discussion

Participants demonstrated the ability to implement a representative sample of population protective measures for a terrorist-induced statewide pneumonic plague outbreak. Following an emergency assessment, participants requested the Strategic National Stockpile (SNS) push package in a conference call with the Center for Disease Control and Prevention (CDCP). The Center for Disease Control and Prevention (CDCP) expressed some concern about deploying the SNS push package to a Capital city in which the initial outbreak had occurred, but was assured by Public Health officials that the receiving point was sufficiently remote from the outbreak location to permit safe transport of supplies. Public Health established geographic and risk-group based dispensing priorities and adjusted them as information continued to develop throughout the scenario. The SNS medical supplies and antibiotics for prophylaxis were allocated to counties by estimated risk. The State Epidemiologist issued a standing order prescription for oral antibiotic prophylaxis. However, there were some delays in transmitting the order to temporary dispensing sites due primarily to the lack of a reliable communication system for temporary dispensing clinics.

Recommendations and Improvements:

None.

Part 6: Conclusions

This exercise was the State's first exercise of newly-developed procedures to receive, distribute, and dispense Strategic National Stockpile (SNS) supplies in response to a statewide bioterrorism incident. Exercise participants demonstrated an initial capability to:

- assess an emerging bioterrorism event;
- request NPS supplies from CDC;
- institute coordinated emergency management with state and local public health agencies;
- institute population protective measures for a bioterrorism incident;
- establish a distribution network for SNS supplies;
- operate a temporary clinic for the emergency distribution of antibiotic prophylaxis.

Exercise participants completed all planned exercise objectives. In a no-notice deployment test, CDC delivered SNS supplies within 11 hours of the state request, which meets CDC's 12 hour delivery target. The State sent (mock) SNS supplies to two distribution nodes for further shipment to dispensing sites and treatment centers. A Capitol City dispensing site received SNS supplies and was ready to begin dispensing operations within 34 hours of the SNS request. The temporary dispensing clinic exceeded the planned goal of processing 300 patients through the temporary dispensing clinic within 3 hours by actually processing 398 patients.

Exercise participants identified several lessons learned for improvements in the State's ability to respond to a bioterrorism incident. Major recommendations include:

- Expand Emergency Management System access and training to all state agencies and all counties in the state.
- Review state quarantine plans and procedures.
- Improve communications processes between the state EOC, county EOCs, and the temporary SNS distribution network.
- Implement RSS and dispensing center efficiency improvements.
- Improve dispensing center exterior security and crowd control.

The State can use the results of this exercise to further refine plans, procedures, and training for a bioterrorism incident. The State should prepare expected dispensing and treatment center locations and staffing requirements for incidents that will require mass prophylaxis through multiple dispensing sites. CDC recommends preparing plans to serve 1,000; 10,000; 100,000; and 1,000,000 patients for contagious or non-contagious threats. Plans should address transportation management for large incidents.

In addition, the State should review public information protocols for a large-scale bioterrorism incident. Pre-planned messages and a coordinated state and local public

information effort will assist public health officials in efficiently directing citizens to centers for prophylaxis or medical treatment. Effective communication of risk and protective measures to citizens can reduce disease propagation and public anxiety.

Follow-on exercises should test specific improvements instituted as a result of this exercise and should include a focus on public information measures. Planners should consider exercising the alternate RSS site, should the primary site be unavailable in an emergency. Additional dispensing sites should be exercised to ensure that emergency prophylaxis measures can be instituted at key areas across the state. For cost-effectiveness, planners should consider rotating dispensing site exercises across the state, with or without an SNS stockpile deployment exercise.