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**Unclassified Exercise**

The following *[ADD NAME OF EXERCISE]* Tabletop Exercise (TTX) is an *unclassified* exercise, yet the exercise deals with a terrorist attack that inflicts significant casualties and draws upon critical state assets. As such, the exercise poses politically delicate issues and may portray detailed response plans and potential response shortcomings. Therefore planners and participants must treat exercise-related information as sensitive. The control of exercise-related information is based more on public sensitivity regarding the nature of the exercise than on actual exercise content.

The Commonwealth of Massachusetts is responsible for granting third-party access to exercise materials.

All material generated during the planning and conduct of this exercise should be disposed as sensitive waste when it is no longer needed to facilitate exercise play or to document exercise activities.

**EXECUTIVE SUMMARY**

The Massachusetts Integrated Statewide Exercise Program is a four-phase program designed to assist the Massachusetts Department of Public Health (DPH) and Executive Office of Public Safety (EOPS) in developing and executing exercises in a variety of disciplines. Phase 3 of the program, of which this exercise was a part, involves coordinating with communities across the Commonwealth to assess, plan, and develop their capabilities to respond to an infectious disease scenario within the community. Each exercise is designed in a no-fault environment where exercise participants have the ability to assess, identify, openly discuss, train, and learn their respective emergency response capabilities to provide support during a bioterrorism incident and develop short and long range improvement plans.

This After Action Report (AAR) is intended to assist the Towns of XXX, XXX, and XXX in analyzing emergency response and public health issues. The AAR includes recommendations that were identified during the May XX, 2005, tabletop exercise (TTX) for developing a prioritized list of short- and long-range plans to:

- Maintain and build on existing strengths.
- Identify potential areas for improvement.
- Develop a coordinated plan to address the recommendations and follow-up actions.
- Coordinate an action plan to further develop and streamline the establishment of emergency procedures and memoranda of agreement.

The suggested actions in this report should be viewed as recommendations only. The XXX Health Department (XHD), in collaboration with all partnering agencies, should review the recommendations and determine the most appropriate course of action and the resources needed (time, staff, funds) for implementation. In some cases, agencies may determine that the benefits of implementation are insufficient to outweigh the costs. In other cases, they may identify alternative solutions that are more effective or efficient.

The XXX Regional TTX was conducted on May XX, 2005, at the XXX XXX Library, XXX, Massachusetts, and was sponsored by DPH and EOPS. The TTX was designed to bring together local and state stakeholders to evaluate current procedures and review and discuss issues in responding to an infectious disease incident. The TTX also provided an open forum for participants to discuss incident management concepts, plans, and capabilities in a no-fault training and learning environment.

### **Strengths**

Key strengths identified during this exercise include:

- The participants demonstrated excellent teamwork, cooperation, and communication between all levels of the agencies and organizations.
- The participants demonstrated an ability to analyze a complex scenario, identify response issues, and identify solutions.
- The participants demonstrated the capability to adapt methodologies into plans and procedures, or to further identify necessary plan and procedure modifications based upon the exercise scenario presented.

### **Improvement Opportunities**

The exercise participants identified several improvement opportunities, including:

- Increase formal communication channels among towns and with XXX-XXX Hospital.
- Develop a system for recruiting, training, maintaining, and organizing emergency volunteers.
- Educate town employees, especially town executives, in the Incident Command System (ICS). ICS needs to be common knowledge for anyone who may be responding during an emergency.
- Develop a proactive public information strategy to inhibit rumors during an incident.
- Develop mutual aid agreements among surrounding towns for assistance with staffing and resources during an emergency.
- Coordinate with the private sector for resources and skills that could be used during an emergency and to educate private sector communities in response protocols.

**INTRODUCTION**

The Massachusetts Integrated Statewide Exercise Program (ISEP) XXX Regional Tabletop Exercise (TTX) was conducted on May XX, 2005, at the XXX XXX Library, XXX, Massachusetts. Designed to bring together primarily XXX Health Department staff, other supporting town agencies, and nearby communities, the TTX provided players with an opportunity to evaluate current plans and operating procedures. The exercise also created an opportunity to review incident management concepts, plans, and capabilities in a no-fault environment against the backdrop of an infectious disease scenario requiring isolation and quarantine and other protective actions for the public and first responders.

The XXXX Regional TTX was sponsored by the Massachusetts Department of Public Health (DPH) and Executive Office of Public Safety (EOPS). The host for the TTX was the XXXX Health Department.

**EXERCISE OVERVIEW**

**Exercise Name:** XXX Regional Tabletop Exercise (TTX)

**Exercise Date:** May XX, 2005

**Sponsor and Host:** Sponsored by the Massachusetts Department of Public Health (DPH) and Executive Office of Public Safety (EOPS). Hosted by the XXXX Health Department (XHD).

**Funding Source:** DPH Centers for Disease Control Bioterrorism Cooperative Agreement Grant and DPH Health Resources and Services Administration Grant.

**Program:** Massachusetts Integrated Statewide Exercise Program.

**Focus:** Provide Players with an opportunity to evaluate current emergency response and incident management concepts, plans, and capabilities for responding to a terrorist event.

**Classification:** Unclassified

**Scenario:** Other (O)/Bio-terrorism

**Participating Organizations:**

- 
- Massachusetts Emergency Management Agency (MEMA)
- Massachusetts Department of Public Health (DPH)
- 

**Number of Participants:**

- Players: 16
- Facilitators and Evaluators: 3
- TTX Support Personnel: 1
- Observers: 9

**General**

The TTX provided players with an opportunity to evaluate current emergency response and incident management concepts, plans, and capabilities for responding to a terrorist event.

The TTX was a six-hour interactive exercise that was designed in four modules: 1) Initial Case, 2) Outbreak Begins, 3) Outbreak Continues, and 4) Recovery. Each module built upon the previous ones. This methodology allowed the exercise participants to openly discuss the current concept of operations and subsequent operating procedures and to discover strengths and areas in need of improvement associated with those plans and procedures. The format also allowed for open discussion of incident management issues.

The exercise commenced with an overview of the background conditions leading to the initial case. The exercise continued with a detailed explanation of the scenario situation updates for the initial case. Participants were then provided with discussion questions and participated in a facilitated discussion. Additional situation updates and discussion questions were provided for the subsequent exercise modules.

The exercise was designed to help participants focus on issues relevant to responding to an infectious disease outbreak by providing the opportunity to engage in facilitated discussions. Furthermore, the TTX provided the participants with an opportunity to gain greater understanding of issues faced by their own organizations as well as those faced by their respective partner organizations and volunteers. The participants engaged in collaborative discussions in order reach the best possible solutions to all major issues.

**EXERCISE GOALS AND OBJECTIVES**

The TTX was designed to address the following exercise objectives:

- 1) Provide a no-fault learning environment.
- 2) Evaluate existing plans and identify areas for improvement.
- 3) Determine where additional plans, procedures, job descriptions, etc., would be beneficial.
- 4) Serve as a means to bring various parties together to work through issues.
- 5) Provide a resource to the communities that choose to participate.
- 6) Provide opportunities for all response functions to participate.

## **EXERCISE EVENTS SYNOPSIS**

The exercise scenario was presented in four modules. Each module included situation updates as well as lists of questions and issues for the facilitated discussion. The information contained in each module was the sole basis for discussion; there were no situational injects during the discussion periods. A summary of the exercise scenario presented in each module follows.

### **Scenario Background**

The timeframe for the incident was June 2005. The scenario background had the Department of Homeland Security Advisory System at orange (high). Intelligence reports suggested that attacks using biological agents were possible, though no specific threats had been identified. In response to the recent intelligence, state public safety and homeland security agencies and departments throughout the country had been informed of the increased risk of terrorists introducing a contagious biological agent into a community.

The World Health Organization (WHO) reported the following disease outbreaks:

- Meningococcal disease in Chad and Sudan.
- Avian influenza in Asia.
- Cholera in Senegal.
- Marburg virus in Angola.
- Plague in Democratic Republic of the Congo.

The weather in Eastern Massachusetts was warm and humid, with high temperatures near 91°F and lows near 68°F. Continued warm weather was predicted.

Planned events in the area included:

- XXXX South High School Senior Prom — June 7, 2005
- XXXXX North High School Graduation — June 8, 2005
- XXXXX South High School Graduation — June 9, 2005
- Neighborhood Block Parties — June 18–19, 2005
- XXXX Youth Soccer Tryouts, XXX Field — June 18, 2005
- Last Day of School — June 27, 2005
- Summer All Sports Clinic, XXXXX Park — weekly from June 27 through September 1

### **Module 1 — Initial Case**

The first module took place in June 2005. DPH received an alert from DHS about credible evidence for an attack on the west using biological weapons. DPH advised public health officials via the Health and Homeland Alert Network (HHAN). DPH requested that towns in each sub-region meet within the following week.

Paul Dutton was returning to his home in Dallas from a mission in Angola where he had contracted malaria but never fully recovered. He stopped in Rome and visited the Vatican on his way to XXX, where he visited his brother's family. After participating in a neighborhood block party and a reception at the church, he flew to Dallas where he reported to the Baylor Regional Medical Center in Texas with symptoms of a malarial relapse. Blood tests confirmed the presence of malarial parasites. The Texas Department of Health notified the Massachusetts Department of Public Health and XXX Health Department that a recent visitor had tested positive for malaria.

### **Module 2 — Outbreak Begins**

Paul Dutton developed a maculopapular rash on his chest and abdomen, and complained of chest and abdominal pain. The hospital staff suspected a Viral Hemorrhagic Fever (VHF). They placed him in isolation and notified the Dallas Health Department, the Texas Department of Health, and the Centers for Disease Control (CDC). The Dallas Health Department notified the XXX Health Department. CDC issued a nationwide advisory that a case of VHF had been identified.

News reports indicated a large number of patients had reported to Italian hospitals complaining of high fever, headache, diarrhea, and muscle pain. Many patients deteriorated rapidly with symptoms consistent with VHF. Italian and U.S. officials suspected a bioterrorist event but had no proof.

### **Module 3 — Outbreak Continues**

Morning news reported that Italian officials were investigating a large outbreak of disease believed to be VHF. An estimated 5,000 victims had been identified. Most had spent time at St. Peter's Square.

All travel into and out of Italy had been shut down in an attempt to contain the outbreak. CDC, DHS, Department of State, and the Federal Aviation Administration announced that all international flights to the U.S. had been canceled.

Paul Dutton died from VHF. Paul's five-year old niece is rushed to the hospital with symptoms of VHF. On Thursday, Paul's brother and four of Paul's friends in the region, as well as four passengers on his flight to Dallas, were admitted to emergency rooms. On Friday, members of the Baylor Regional Medical Center staff developed symptoms, as well as additional passengers from the flight to Dallas. Epidemiological investigations identified at least 62 people who came in contact with Paul Dutton. The first two cases of secondary infections were identified.

Al-Jazeera television broadcasted a claim of responsibility from al-Qaeda. Unnamed sources close to al-Qaeda claimed the illness was Marburg Variant U, a weaponized version of the virus.

**Module 4 — Recovery**

By early 2006, the outbreak was contained within the U.S. A total of 28 cases of Marburg were identified in the sub-region. Of these cases, 13 patients died as a result of the illness. No cases of malaria had been identified in the sub-region. International travel was still shut down while efforts to control the outbreaks in Europe continued.

Owners of the facilities used for patient isolation were requesting reimbursement for the use of their facilities. They also wanted reimbursement for lost business due to the stigma of housing cases of Marburg.

**ANALYSIS OF MISSION OUTCOMES**

DPH and the Town of XXXX decided to use this exercise as a vehicle to openly discuss XXXX's response to an infectious disease outbreak scenario. The scenario was designed as a no-fault opportunity for participants to better understand their response roles and responsibilities and to identify opportunities to improve emergency plans and procedures.

As a no-fault exercise, the questions and discussion points presented during the exercise were not designed to test participants' abilities to provide a right or wrong answer. Instead, the questions and discussion points were presented to elicit critical thinking and discussion to expand the participants' understanding of how to prepare for and respond to the presented scenario.

The following discussion summarizes the capability of the participating agencies and organizations to successfully complete the mission-level outcomes during the response to an outbreak of an infectious disease. These same capabilities will be necessary during a medical emergency involving any large-scale biological outbreak.

*Emergency Assessment*

When notified of an orange HSAS alert, as was presented in Module 1, XXXX officials would meet to discuss contents of the alert and caution all health responders to be on guard for suspicious symptoms or clusters. XXXX health officials would meet with school nurses, EMS, and other town health departments within the region. One group that may not receive notification, however, was hospital emergency room doctors. Unless hospitals, such as XXXX-XXXX Hospital, receive and distribute HHAN messages to doctors, the hospital staff may not be notified. DPH does have syndromic surveillance in place with Harvard Pilgrim Health Care/Harvard Vanguard Medical Associates, but the hospital representative was not sure if XXXX-XXXX was included in that effort.

Upon confirmation that an individual who visited XXXX had Marburg, town health officials would conduct an investigation of the Dutton family to determine the potential scope of the problem. All participants recognized the need for early public information to prevent panic. However, only police representatives were certain that all of their employees knew to direct public and media inquiries to a pre-determined Public Information Officer.

The Emergency Manager has authority to activate the Emergency Operations Center (EOC) upon recommendations by town departments. By Module 2, officials were confident that the EOC would be running. However, criteria for activating the EOC are not written in plans nor known by all responding personnel.

*Emergency Management*

Participants demonstrated a thorough understanding of how to manage the emergency response to the outbreak scenario. An EOC would be opened and an incident command

system (ICS) would be established. Most individuals involved in response were familiar with ICS.

Representatives from XXXX determined that the Health Director would be the Incident Commander. He would be supported by police and fire personnel who have greater familiarity with ICS. Health participants from XXXX expressed concern that the health department would have difficulty acting as Incident Commander while at the same time responding to the needs of the epidemiological investigation.

Participants realized that their resources would be overwhelmed quickly in this scenario. Unfortunately, the XXXX Health Department does not have memoranda of agreement (MOA) or memoranda of understanding (MOU) with neighboring towns or private industry. State representatives recommended that the town develop MOAs now to address depletions in staff and resources during a large-scale emergency. The town of XXXX has developed a robust core of emergency volunteers. This system may serve as a model for other neighboring towns to provide needed skills during an emergency.

All participants were aware of the need for effective public information and outreach efforts to address the increase in telephone inquiries as the scenario unfolded. The demand for public information would increase dramatically once viral hemorrhagic fever was identified within the area. DPH offered telephone hotline services to assist the town with public inquiries and supplement existing XXXX hotline numbers. Participants from XXXX, XXXXX, and XXXXX recognized the importance of projecting one message to all of their residents. The DPH representative explained that MEMA would be the primary coordination point for all public information at a joint information center.

#### *Incident Site Hazard Mitigation*

Participants demonstrated an understanding of how to establish an ICS to mitigate site hazards. Responding police and fire department personnel are trained and familiar with ICS and the National Incident Management System (NIMS). Participating health departments also have had training in ICS.

XXXX Police recognized the extreme importance of protecting area hospitals from contamination. Site security at XXXXX-XXXXX Hospital would be enhanced by the police department to prevent walk-ins from contaminating the emergency room. In order to respond, however, police representatives recognized that their officers would need refresher training in the use of appropriate PPE.

#### *Investigation and Apprehension*

Investigation and apprehension were beyond the scope of this exercise.

#### *Prevention and Deterrence*

Prevention and deterrence were beyond the scope of this exercise.

*Public Protection*

Public health representatives discussed measures they would take to protect workers and the public. Participants understood the importance of protecting first responders and the public from the infection. All first responders would look to the Health Department to instruct them on appropriate personal protective equipment.

Participants debated whether or not they would close schools and request all residents to shelter in place. The decision to close schools is made by the Superintendent of XXXX Schools with input from health and safety officials. Marburg is not extremely contagious, but they feared that rumor and panic among parents would keep children from school and residents indoors.

*Victim Care*

The hospital representative recognized the need to establish emergency triage for victims reporting to medical facilities or requesting emergency medical service. XXXX-XXXX Hospital would go into lockdown mode and establish triage outside of the hospital. However, the triage area would require significant assistance from the police to maintain order and prevent potentially contaminated individuals from entering the hospital. Participants inquired about the availability of state and federal resources for victim care. State representatives described several assets that included the Disaster Medical Assistance Teams (DMATs).

## **ANALYSIS OF CRITICAL TASK PERFORMANCE**

During this exercise, participants reviewed their capacity to respond to a bioterrorist incident and discussed strategic decisions in response to the scenario. During the course of the exercise, participants recommended several improvements to existing plans, procedures, and capabilities. This section of the report describes improvement opportunities and associates each recommendation with a critical task. Although there are specific Homeland Security Exercise Evaluation Guides (EEG) for public health responses to a biological weapon attack, they are primarily for use with functional exercises. Consequently, the functional (operations-based) EEGs were used as a basis for data collection during the TTX, in addition to the categorization by module topic. The basis for the majority of the lessons learned, however, will be categorized below by each TTX module.

The lessons learned provide proposed improvements in plans, policies, procedures, equipment, and training. These lessons learned should be reviewed by the relevant agencies and follow-up action initiated.

Agencies should not view the lessons learned and recommendations as limiting, prescriptive actions. Rather, they should be considered as starting points for continuous improvement and should be adjusted or refined throughout the implementation process.

For convenience, all recommendations contained in the lessons learned are summarized in *Appendix A: Improvement Plan Matrix*.

### **Module 1 — Initial Case**

#### **Issue 1: Rumor Control**

Participants expressed the importance of a public information campaign to prevent panic. XXXX has documented many essential components of a successful public information strategy. For example, specific personnel have been selected as Public Information Officers (PIOs), all police employees are aware that they are generally not to speak to the press, and the requirement for a single, coordinated message across the region and the state was understood clearly. In addition, XXXX Police have a hotline capability that may be staffed in an emergency or operated with a recorded message to disseminate information. This extensive public information campaign was emphasized throughout the exercise. One player commented that the media could be the local government's best friend in distributing information to the general public. Informal understandings could be built with local media stations now to facilitate the distribution of appropriate messages during an incident.

The ability to control rumors was an area of concern. Local health representatives were concerned that the public would begin panicking early in this incident as rumors and gossip began to spread about the first victim's illness. Even in the absence of an

identified victim, human nature would indicate that an outbreak of Marburg Viral Hemorrhagic Fever in Western Europe would incite fear in many Americans.

*Recommendations:*

1. Develop relationships with media entities so that they can be used to convey public information during an emergency as part of a proactive public outreach strategy.
2. Periodically remind employees of the need to refer media inquiries to a town PIO during an emergency.

**Issue 2: Hospital Coordination**

Local health department personnel indicated that in the early stages of the incident they would refrain from taking aggressive actions. However, health department employees and public safety officials would gather in meetings to generate an awareness of potential and immediate threats.

Players indicated, however, that the local hospitals, particularly XXXX-XXXX Hospital, would not participate in these initial meetings. Players commented that while the hospitals and school nurses would be first to recognize the presence of symptom clusters, hospitals would not be brought into the discussion until a later point in time, once an outbreak was identified.

Hospital presence and involvement is critical to an effective response in the event of a public health emergency. They should be involved at the earliest point possible. Participation of the hospital representative as an observer to the exercise was seen as a positive step. In the future, health providers should be directly engaged to ensure a comprehensive understanding of the incident response.

*Recommendations:*

1. Develop formal protocols to involve hospitals, specifically XXX-XXX Hospital, in early public health concerns.
2. Continue to develop relationships with hospital administration through regular conferencing and involvement of hospitals in public health activities (e.g., exercises, training).
3. Include hospital and other health care providers in future public health exercises.

**Module 2 — Outbreak Begins**

**Issue 1: Education and Training**

There are several areas where participants indicated town staff needed greater education and training. First responders are currently trained, but many other entities should have a thorough understanding of the expectations and roles demanded by the Incident Command System (ICS). Generally, the representatives of all the participating agencies indicated that they felt confident in their personnel's knowledge of the ICS. The few

exceptions centered on uncertainty of the town administration's overall incident management knowledge. On the Exercise Critique forms, several players indicated the need to better educate the XXXXX town administration in ICS.

Participants were confident that the "major players" were extremely knowledgeable of basic public health response protocols, but some of their personnel may be lacking in certain skills necessary to respond to a large infectious disease event. For example, police and fire representatives indicated that their personnel are supplied with appropriate personal protective equipment (PPE), but that many may not use it routinely. They recognized that regular training would be necessary for officers to maintain proficiency in the use of PPE, such as masks. In addition, there is no formal policy for the routine use of PPE by first responders. Each jurisdiction or response agency should establish protocols for use of PPE based on state guidelines for different types of emergencies. These protocols should be communicated to all personnel and supported by drills to ensure that responders will follow policy.

Additionally, a number of questions arose regarding the activation of the Emergency Operations Center (EOC). Unfortunately, no representative from local emergency management was present to address this issue. A few representatives were generally unaware of the role played by the EOC. Police representatives stated that EOC activation is a decision by the Emergency Management Director based on recommendations from other responding agencies. Participants did not identify any written criteria for activation and remarked that the EOC is rarely activated. Local emergency management and public health departments should work together to determine the role of an EOC in the response to a public health emergency. This role should be formalized in applicable response plans.

*Recommendations:*

1. Expand training and exercising in ICS to include town administration and other parties that would be involved in the decision-making processes during an incident.
2. Conduct periodic drills for all response personnel to practice procedures for public information, PPE use, and incident command.
3. Each jurisdiction should establish a policy for the routine use of PPE based on state guidelines for different types of emergencies.
4. Communicate PPE policies to all personnel and support the policy by conducting drills to ensure responders follow policy.
5. Develop written protocols for the role of an EOC during a public health emergency and incorporate them into applicable response plans.

**Issue 2: Intercommunity Coordination**

Currently, a number of the towns in the region are developing memoranda of agreement (MOA) to address public health response. The players agreed that for an incident of any significant magnitude, a general regional and even state or federal response would be necessary. As a result, MOA are vital to facilitate response. Once they are in place, the

application of the MOA should be exercised to practice the agreements, improve understanding of the MOA, and identify any areas that need to be explored prior to a real event. For example, the pooling of resources may be questionable if multiple jurisdictions are affected by an incident.

Players indicated that the coordination effort currently relies upon the state. Players determined — especially in regard to public information — that a unified approach was necessary for a successful response. Historically, the individual jurisdictions have responded independently, taking instruction from the state as it was given. MOA are a possible mechanism for the jurisdictions to establish a mechanism to develop a common and coordinated public information response to an incident independent of the state. Such a document would still encourage the coordination and consultation with state entities, but early in an incident, the state may not yet be involved and a common response would still be necessary.

*Recommendations:*

1. Upon completion of MOA, local jurisdictions should conduct exercises to test the agreements, improve understanding of the MOA, and identify any areas that need to be explored prior to a real event.
2. Include a public information component within the MOA that are currently being developed.

**Module 3 — Outbreak Continues**

**Issue 1: Private Sector Coordination.**

By Module 3, players were concerned that the combined resources of the region would be insufficient to respond to a growing biological threat. Players indicated that the state and federal government would likewise be overwhelmed. This left a number of questions regarding where human capital and physical resources would be available.

The participants said they have not approached the private sector about the type and extent of resources they may be able to provide in an emergency. Representatives from DPH noted that connections with the private sector could be made informally prior to an incident. Other players noted that during an incident, those involved in incident command would likely reach out to the private sector, but at that point it may be difficult to manage the private sector coordination element. It was noted that MOA may not be possible with private sector entities because they are careful to avoid committing themselves to an action that they may not be able to fulfill later. However, developing relationships with these entities can help identify resources and facilitate their acquisition in an emergency.

Additional concerns involved local populations that were governed by private sector entities. These would include educational institutions and special needs care facilities. Colleges and universities would need guidance on procedures and local incident

command elements should coordinate regularly with these institutions. Further, higher education institutions may provide an excellent source of volunteer labor or expertise.

Special needs care facilities, including nursing homes, institutions for the hearing impaired and blind, and mental health facilities, will be a particular challenge in an incident. These facilities must be able to continue to care for their populations throughout an incident. Elderly residents may be particularly vulnerable to a biological agent. Special needs populations that do not reside in a care facility will provide additional difficulty, as their contact information is not currently on file with the response community and may not be accessible due to privacy concerns. DPH personnel encouraged local jurisdictions to reach out to care facilities and community service organizations because many of them keep contact lists of people needing assistance, and they could be used to reach these individuals.

*Recommendations:*

1. Actively develop relationships with local private sector entities to identify resources that could be obtained in an emergency.
2. Identify the needs of private sector institutions, primarily educational institutions and special needs care facilities.
3. Identify, and incorporate into plans, methods to contact members of the special needs populations, including those that do not live in care facilities.

**Issue 2: Isolation and Quarantine**

While the incident detailed in this exercise would likely not require general quarantine procedures, players in the exercise indicated that there may be problems in determining quarantine procedures for more infectious agents. This difficulty ranged from determining what it meant to lock down a hospital to establishing ways to isolate potentially infected people in their homes or elsewhere. The discussion of quarantine was not fully explored in this exercise, but the viral hemorrhagic fever (VHF) scenario raised the issue as an area for review and improvement.

Generally, the participants recognized that state and federal guidance will dictate whether quarantine is necessary. However, they were unsure what resources they could use to support isolation and quarantine decisions, or where they would isolate or quarantine people if hospital capacity was exceeded or home isolation and quarantine was not practical. The exact solution will vary with the infectious agent, but may include temporary shelters or a block of hotel rooms with their own air supply.

The XXXX-XXXXX Hospital has a lockdown procedure that would be implemented to reduce the potential for contamination. However, public health personnel are not familiar with the lockdown procedures and the implications of a lockdown. Many participants were under the impression that a lockdown would preclude anyone getting into the hospital. However, patients would be admitted under a lockdown situation after they had been triaged outside the hospital.

*Recommendations:*

1. Determine the effect of a hospital lockdown on the response to a public health emergency and revise response plans to ensure coordination between public health officials and hospitals.
2. Develop an inventory of resources that could be used to support isolation and quarantine decisions, including facilities, personnel, and supplies.

**Module 4 — Recovery**

**Issue 1: Donation and Volunteer Management**

DPH representatives raised the issue of donations and volunteer management as an area of potential difficulty. This area would begin during the response to the incident and continue well into the recovery stage. Local agencies currently lack a comprehensive plan for identifying and managing volunteer assistance in the form of human capital and resources.

Skilled volunteers may provide valuable expertise in an incident and these capabilities should be readily accessible. These volunteers should come from identified volunteer lists assembled prior to an incident to the extent possible. Many others may arrive and would need to be cleared to participate in the response. Police representatives stated that simple criminal background checks may be done for all volunteers rather quickly, but that the details from the reports are not permissible for release.

When asked about a call-down list for volunteers, XXXXX Police Department pointed to their auxiliary police. However, the XXXXX Health Department does not currently have an auxiliary force to supplement its resources in an incident. Furthermore, participants did not have an effective methodology for integrating these volunteers into the ICS. XXXX does have a volunteer coordinator as part of the ICS structure that can manage much of this responsibility. The Town of XXXX has an active volunteer program. XXXX offered to share their volunteer program details and strategies with the other towns.

Local jurisdictions do not have formalized protocols for documenting and tracking donated or supplied services. This would make it difficult to document expenses if federal funds are made available to reimburse towns for their response costs. The DPH representative cautioned the local agencies that in the aftermath of September 11, 2001, many people “donated” services and goods to New York City but later requested reimbursement when Federal funds became available. XXXX representatives agreed that they currently have no effective accounting methodology for donations or any contract form to ensure the status of all provided services and materials. During a response to a large event, ICS would benefit from a Donations Manager position that would track donated or supplied resources.

*Recommendations:*

1. Assemble volunteer lists, sorted by the skills and expertise of each volunteer.

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2. Develop formalized accounting protocols and forms to account for donated and reimbursable services and supplies used during a response.
3. Consider establishing a Donations Manager position for the ICS and provide training on the role of the position and its importance in tracking costs.

**CONCLUSION**

The XXXXX Regional TTX was one in a series of infectious disease exercises that will take place across the Commonwealth. Considering the vast amount of new topics addressed by participants during the tabletop, participants addressed them well and completely, thus meeting all exercise objectives.

All represented agencies exhibited a working knowledge of their respective response plans. This knowledge allowed participants to help define their roles in supporting the response to an infectious disease incident. Through these discussions, participants were able to identify collective capabilities and resources.

Future exercises, building upon the lessons learned from this TTX, should provide the Towns of XXXX, XXXX, and XXXX with opportunities to refine their plans and to train staff in their roles and assigned positions in the an emergency response.

**APPENDIX A: IMPROVEMENT PLAN MATRIX**

The improvement actions listed below were identified during the Massachusetts Integrated Statewide Exercise Program (ISEP) XXXX Regional Tabletop Exercise (TTX).

<b>Module</b>	<b>Action Item</b>	<b>Responsible Party</b>	<b>Date of Completion</b>
<b>1</b>	Develop relationships with media entities so that they can be used to convey public information during an emergency as part of a proactive public outreach strategy.	Town Administration/ Public Information	
	Periodically remind employees of the need to refer media inquiries to a town PIO during an emergency.	Town Administration/ Public Information	
	Develop formal protocols to involve hospitals, specifically XXXX-XXXX Hospital, in early public health concerns.	XXXX Health Department (XHD)	
	Continue to develop relationships with hospital administration through regular conferencing and involvement of hospitals in public health activities (e.g., exercises, training).	XHD, Emergency Management	
	Include hospital and other health care providers in future public health exercises.	XHD, Emergency Management	
<b>2</b>	Expand training and exercising in ICS to include town administration and other parties that would be involved in the decision-making processes during an incident.	Emergency Management, Town Administration	
	Conduct periodic drills for all response personnel to practice procedures for public information, PPE use, and incident command.	Emergency Management	
	Each jurisdiction should establish a policy for the routine use of PPE based on state guidelines for different types of emergencies.	Police Department, Fire Department	
	Communicate PPE policies to all personnel and support the policy by conducting drills to ensure responders follow policy.	Emergency Management, Police Department, Fire Department, EMS	

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	Develop written protocols for the role of an EOC during a public health emergency and incorporate them into applicable response plans.	Emergency Management	
	Upon completion of MOA, local jurisdictions should conduct exercises to test the agreements, improve understanding of the MOA, and identify any areas that need to be explored prior to a real event.	Emergency Management, XHD	
	Include a public information component within the MOA that are currently being developed.	Emergency Management, Public Information	
<b>3</b>	Actively develop relationships with local private sector entities to identify resources that could be obtained in an emergency.	Emergency Management, XHD	
	Identify the needs of private sector institutions, primarily educational institutions and special needs care facilities.	XHD, Emergency Management	
	Identify, and incorporate into plans, methods to contact members of the special needs populations, including those that do not live in care facilities.	XHD, Emergency Management	
	Determine the effect of a hospital lockdown on the response to a public health emergency and revise response plans to ensure coordination between public health and hospitals.	XHD, Police Department	
	Develop an inventory of resources that could be used to support isolation and quarantine decisions, including facilities, personnel, and supplies.	XHD	
<b>4</b>	Assemble volunteer lists, sorted by the skills and expertise of each volunteer.	XHD, Emergency Management	
	Develop formalized accounting protocols and forms to account for donated and reimbursable services and supplies used during a response.	Emergency Management; ICS Documentation Manager	
	Consider establishing a Donations Manager position for the ICS and provide training on the role of the position and its importance in tracking costs.	Emergency Management	

**APPENDIX B: SUMMARY OF PARTICIPANT CRITIQUES**

Participants in the XXXX Regional TTX were asked to evaluate a series of nine assessment factors to determine their satisfaction with the exercise design and conduct. For each factor, the participants rated a series of questions on a scale of 1 to 5, with 1 indicating strong disagreement with the statement and 5 indicating strong agreement with the statement. The following table summarizes their responses (data are based on 17 total responses, including 9 from players and 8 from observers).

	Disagree (1-2)	Neutral (3)	Agree (4-5)	N/A or Not Answered
The exercise was well structured and organized.		24%	76%	
The exercise was plausible and realistic.		18%	76%	6%
The objectives were met.	18%	12%	71%	
The multimedia presentation helped the participants understand and become engaged in the scenario.	12%	35%	41%	12%
The facilitators were knowledgeable about the material, kept the exercise on target, and were sensitive to group dynamics.	6%	12%	82%	
The exercise documents were valuable tools throughout the exercise.		24%	76%	
Participation in the exercise was appropriate for someone in my position.	6%	6%	88%	
The participants included the right people in terms of level and mix of disciplines.		29%	71%	
My agency needs to update its policies and procedures to respond more effectively.	6%	24%	65%	6%
Additional exercises are needed to effectively perform individual response and recovery roles.		35%	65%	

### **Summary of Participant Comments**

Participants tended to focus their comments on three major areas for improvement:

- 1) Improving communications within area hospitals, in particular XXXX-XXXX Hospital.
- 2) Recruiting, training, and retaining a core of volunteers.
- 3) Evaluating and identifying special needs populations within the area.

Participants expressed the need for improved communication with hospitals, especially XXXX-XXXX Hospital. While participants discussed holding planning meetings between the health department, public safety officials, and school nurses during the scenario's orange alert, hospitals would not be contacted. Participants recommended including hospital staff in all future discussions about potential health emergencies.

While the XXXX Police Department has an auxiliary police unit, other XXXX agencies have not identified volunteers. Participants emphasized the need to recruit, train, and maintain a cadre of volunteers. The Town of XXXX has an active Community Emergency Response Team (CERT), which may serve as a model for the other towns.

Participants also identified the need to evaluate their special needs populations – both within and outside care facilities. The town has several known special needs communities in the form of elder care facilities, a school for the blind, as well as a number of colleges and universities.