



Portland Area Capabilities Exercise (PACE)

Full-Scale Exercise (FSE)

After-Action Report

May 21, 2019



FEMA

HANDLING INSTRUCTIONS

The title of this document is *Portland Area Capabilities Exercise (PACE) Full-Scale Exercise (FSE) After-Action Report (AAR)*.

This document should be safeguarded, handled, transmitted, and stored in accordance with appropriate security directives. Reproduction of this document, in whole or in part, is prohibited without prior approval from the Federal Emergency Management Agency (FEMA) National Exercise Division (NED).

The points of contact for this document are:

Melissa McKinney

CRI Regional Program Coordinator

Cities Readiness Initiative

Melissa_McKinney@co.washington.or.us

Adrienne Donner, MBA, CEM

Program Supervisor

Washington County

Adrienne_Donner@co.washington.or.us

Duane Keel

Emergency Management Specialist

National Exercise Division, FEMA

Roy.keel@fema.dhs.gov

TABLE OF CONTENTS

HANDLING INSTRUCTIONS	ii
TABLE OF CONTENTS	iii
OVERVIEW	iv
ORGANIZATION OF REPORT	vi
EXECUTIVE SUMMARY	1
EXERCISE OVERVIEW	2
Scenario Summary	2
METHODOLOGY	3
STRENGTHS AND AREAS FOR IMPROVEMENT	4
Objective 1	4
Objective 2:	5
Objective 3:	6
Objective 4:	7
Objective 5:	7
Objective 6:	8
APPENDIX A: PARTICIPANT FEEDBACK	9
Full-Scale Exercise Design.....	9
Full-Scale Exercise Objectives	10
Impressions of the Full-Scale Exercise	11
APPENDIX B: PUBLIC POD FEEDBACK	14
Estacada High School Public POD.....	14
St. Helens High School Public POD	14
City of Beaverton Public POD.....	15
The Confederated Tribes of Grand Ronde POD.....	16
Newberg High School Public POD	16
City of Tigard Public POD	17
Portland Community College Sylvania Public POD	18
Liberty High School Public POD	19
APPENDIX C: FULL SCALE EXERCISE PARTICIPATING ORGANIZATIONS	20
APPENDIX D: ACRONYM LIST	21

OVERVIEW

Exercise Name	Portland Area Capabilities Exercise (PACE) Series Regional Full-Scale Exercise
Exercise Date	April 30 – May 2, 2019
Scope	Two TTXs, and FSE activities at various locations
Mission Area(s)	Response
Core Capabilities	Public Information and Warning; Medical Countermeasure Dispensing & Administration; Medical Materiel Management & Distribution; Volunteer Management; Emergency Operations Coordination; Information Sharing
Exercise Objectives	<ol style="list-style-type: none"> 1. Evaluate how Local Public Health Authorities (LPHAs), in coordination with local and state authorities, assess the situation during a biological incident, decide to activate a public health response, and determine the scope of a Medical Countermeasures (MCM) response. 2. Evaluate how LPHAs, as part of or in coordination with their agency emergency operations centers (EOCs)/emergency coordination centers (ECCs), conduct MCM Distribution and Dispensing (MCMDD) campaigns in accordance with local MCMDD plans. 3. Evaluate how local EOCs, ECCs, and Department Operations Centers (DOCs) gather incident information from multiple sources, develop situation status (SitStat) reports, and distribute those reports to appropriate agency decision-makers, critical support organizations, and other affected agencies. 4. Evaluate how the healthcare system's needs are supported via the Healthcare System Liaison (HSL) including developing situation status reports and, ordering resources under the headquarters resource ordering model. 5. Evaluate how regional stakeholders provide public information utilizing all available platforms, such as the Regional Joint Information System and accessible messaging tools, that aid in whole community access, expedite delivery, and enable the public to take protective measures. 6. Ensure that participating counties identify issues to address in a forthcoming Multiagency Coordinating (MAC) Group to better address regional needs, ethical decisions, and a common operational picture.
Scenario	A bioterrorism incident that requires the implementation of a multi-agency Medical Countermeasure Distribution and Dispensing (MCMDD) campaign.
Points of Contact	<p>Melissa McKinney CRI Regional Program Coordinator Cities Readiness Initiative Melissa_Mckinney@co.washington.or.us</p>



Adrienne Donner, MBA, CEM
PHEP/EMS Supervisor
Washington County Health and Human Services
Adrienne_Donner@co.washington.or.us

Duane Keel
Emergency Management Specialist
National Exercise Division, FEMA
Roy.keel@fema.dhs.gov

ORGANIZATION OF REPORT

The *Portland Area Capabilities Exercise (PACE) Series Full-Scale Exercise (FSE) After-Action Report (AAR)* details exercise findings for Portland MSA CRI and other participating organizations' improvement planning considerations. The report is organized as follows:

- **Exercise Series Executive Summary** provides background information on the exercise series
- **Full-Scale Exercise Overview** provides information on the FSE conducted on April 30-May 2, 2019
- **Methodology** details the evaluation data analyzed to generate findings
- **Organization of Report** describes all report sections and how they are arranged
- **Findings by Objective** highlights strengths, areas for improvement as they relate to each exercise objective
- **Appendix A: Participant Feedback** provides analysis of participant responses on the Participant Feedback Forms, to include comments and recommendations related to exercise design and conduct
- **Appendix B:** captures local feedback from cities and counties as they pertain to their jurisdictional objectives and POD observations
- **Appendix C: Participating Organizations** lists the participating organizations
- **Appendix D: Acronym List** references all acronyms used throughout the document

EXECUTIVE SUMMARY

Sponsored by the Cities Readiness Initiative (CRI) in conjunction with FEMA NED, the PACE Series is part of an effort to engage stakeholders across the CRI Region in Oregon (including Clackamas, Columbia, Multnomah, Washington and Yamhill Counties) in building the capacity to respond to a bioterrorism incident that requires the implementation of a multi-agency Medical Countermeasure Distribution and Dispensing (MCMDD) campaign.

The first two components of the Series included Tabletop Exercise play held on September 10, 2018 and January 22, 2019. The exercise series culminated with Full-Scale Exercise play from April 30 – May 2, 2019 and focused on response activities following a bioterrorism incident. Exercise play provided an opportunity for interagency stakeholders across the Greater Portland Metropolitan Area and neighboring jurisdictions to test and validate both regional and jurisdiction specific objectives. It also provided an opportunity for stakeholders across the region to coordinate and progressively define capabilities and capacities available to respond to an incident. It was designed to bring stakeholders together to examine, assess and discuss intermediate response following a biological incident.



Figure 1: Simulation Cell

Following the exercise, the evaluation team determined overarching strengths and areas of improvement against the overall regional exercise objectives to assess response capabilities. This AAR is based on an analysis of performance data collected through observations indicated on the Exercise Evaluation Guides (EEGs), hotwash discussions, debriefs, Participant Feedback Forms (PFFs), and input from the exercise planning team. This AAR focuses on regional objectives, however, feedback from individual counties and Points of Dispensing (PODs) have been captured in **Appendix B**.

The outcomes of this exercise will provide the necessary information to effectively evaluate the Greater Portland Metropolitan Area's response to a bioterrorism incident, including sufficiency of current plans, policies, and procedures.



Figure 2: Portland Area Capabilities Exercise Series (PACE) 2018-2019

EXERCISE OVERVIEW

Exercise Objectives

Table 1 details the exercise objectives that were used to observe and evaluate play throughout the functional exercise:

Table 1: Full-Scale Exercise Objectives

Overall Exercise Objectives
1. Evaluate how Local Public Health Authorities (LPHAs), in coordination with local and state authorities, assess the situation during a biological incident, decide to activate a public health response, and determine the scope of a Medical Countermeasures (MCM) response.
2. Evaluate how LPHAs, as part of or in coordination with their agency emergency operations centers (EOCs)/emergency coordination centers (ECCs), conduct MCM Distribution and Dispensing (MCMDD) campaigns in accordance with local MCMDD plans.
3. Evaluate how local EOCs, ECCs, and Department Operations Centers (DOCs) gather incident information from multiple sources, develop situation status (SitStat) reports, and distribute those reports to appropriate agency decision-makers, critical support organizations, and other affected agencies.
4. Evaluate how the healthcare system's needs are supported via the Healthcare System Liaison (HSL) including developing situation status reports and, ordering resources under the headquarters resource ordering model.
5. Evaluate how regional stakeholders provide public information utilizing all available platforms, such as the Regional Joint Information System and accessible messaging tools, that aid in whole community access, expedite delivery, and enable the public to take protective measures.
6. Ensure that participating counties identify issues to address in a forthcoming Multiagency Coordinating (MAC) Group in order to better address regional needs, ethical decisions, and a common operational picture.

Scenario Summary

The scenario begins notionally on April 24, 2019 when a patient arrives at a hospital in Multnomah County presenting symptoms like the flu virus. Within the scenario, by April 30, many patients are presenting similar and worsening symptoms throughout the Greater Portland Metropolitan Area. On this date, it is revealed that biological samples collected on the first patient come back positive for *Yersinia pestis* (plague), revealing an intentional release of bacterium as part of an attack at a concert event held at a large public venue the day before. Notional law enforcement investigation

simultaneously finds evidence that this is only one of a multi-pronged attack with additional attack sites across the metro area and throughout the State.

METHODOLOGY

This AAR was developed through close collaboration between Portland Metropolitan Statistical Area (MSA) CRI and FEMA NED. The findings in this AAR are structured around both qualitative and quantitative evaluation data, based on analysis of performance data collected through observations indicated in hotwash discussions, debriefs, Participant Feedback Forms, and input from the exercise planning team. The evaluation team undertook a detailed review of the evaluation data, encompassing observations from exercise play against performance criteria in the EEGs, the written participant feedback forms (PFF) during hotwashes, and exercise planning team reactions during debriefs. As part of the exercise development process several exercise documents were developed and shared with the participants.

The **Controller Evaluator Handbook (C/E)** provided controllers, evaluators and simulators detailed information about the exercise scenario as well as their specific duties and responsibilities. The **Exercise Plan (ExPlan)** provided all exercise participants with a synopsis of the exercise. **Exercise Evaluation Guides (EEGs)** were provided to evaluators with information on what they should expect to see during exercise play and how to evaluate the objectives. The **Master Scenario Events List (MSEL)** was designed for controllers, evaluators and simulators. It contained a chronological listing of the events that drove exercise play. Each participant was provided with a **Participant Feedback Form (PFF)** and asked to share their written responses to the exercise design and performance against exercise objectives.

Player Briefings were conducted at each exercise venue for players and those briefings provided an overview of the exercise and what to expect during exercise play. As a supplement to the player briefings and scenario, a **Ground Truth** document was developed and included in the ExPlan. It described the relevant scenario information that notionally occurred before STARTEX. Site controllers were asked to review this before exercise conduct began.

The information gathered and presented within this report is based on feedback and observations gathered during and after exercise conduct. The AAR should be used as an improvement planning tool for the various participating agencies and organizations, as well as to serve as a reference tool for stakeholders involved in the execution of future emergency exercises.

STRENGTHS AND AREAS FOR IMPROVEMENT

The evaluation team determined **key strengths and areas for improvement** against the Exercise Objectives to assess capabilities and readiness throughout the Portland Area. This AAR/IP is based on analysis of performance data collected through observations indicated in the EEGs, hotwash discussions, debriefs, participant feedback forms, and input from the exercise planning team.

Objective 1

Evaluate how Local Public Health Authorities (LPHAs), in coordination with local and state authorities, assess the situation during a biological incident, decide to activate a public health response, and determine the scope of a Medical Countermeasures (MCM) response.

Strengths

- **MCM Coordination:** Participants consistently provided accurate information to the SimCell when prompted and demonstrated familiarity with the MCM process.
- **MCM Response:** LPHAs used available information to determine that EOC and MCM plan activation was required. They effectively and efficiently assessed the situation and implemented a population-wide mass prophylaxis campaign.
- **Receipt, Stage and Storage Sites (RSS):** Communication channels remained open and responsibilities were clearly defined at multiple RSS warehouses throughout exercise play. Receiving representatives made requests for information, and the appropriate clarifications were provided.
- **Push Partner Activation:** Participants demonstrated mastery of the MCM distribution plans and determined need to activate Push Partners accordingly.
- **Public Health Response Activation:** EOC Managers effectively followed local procedures and received a signed Declaration of Emergency per protocols. The determination to activate was promptly made during initial briefings.
- **Mass Fatality:** Players were quick to identify the need for county Medical Examiners to participate and provide guidance on mass fatality planning.
- **Executive Leadership:** A strong leadership presence was noted during EOC briefings and throughout exercise play.
- **Crisis Information Management System:** ALL EOC locations actively used electronic communication platforms, and information was displayed on monitors throughout exercise play. Participants displayed thorough understanding and knowledge of the system.
- **MCM Distribution Communication:** Several LPHAs were proactive in seeking emergency declarations and were able to receive a signed declaration of emergency following local protocols. This allowed for a timely distribution of MCM to the entire population.



Figure 3: City of Estacada POD

Areas for Improvement

- **Push Partner Activation:** One individual person (CRI Coordinator) activated each County's Push Partner Registry as requested by the jurisdictions before passing off the contact information to each EOC. Additionally, will-call information was provided efficiently to one point of contact but was not readily available within the EOCs to all who might need it. It was observed that there was a single point of failure, and participants noted that this was not sustainable.
- **Points of Contact:** Participants at RSS warehouses noted that some receiving organizations did not provide a point of contact prior to pick-up and dispensing. This contact information was not readily and easily available to the warehouses during exercise play.

Objective 2:

Evaluate how LPHAs, as part of or in coordination with their agency emergency operations centers (EOCs)/emergency coordination centers (ECCs), conduct MCM Distribution and Dispensing (MCMDD) campaigns in accordance with local MCMDD plans.

Strengths

- **Incident Action Plan:** Participants in the EOCs led productive conversations which helped develop comprehensive Incident Action Plans (IAPs).
- **Request for MCM:** Requests for MCM were made within one hour of the decision to provide mass prophylaxis.
- **Resource Planning:** LPHAs identified that certain resources would be scarce (e.g., face masks and ventilators) and would require advanced planning. Additionally, they discussed initial plans to acquire face masks, organize POD staffing and resource monitoring.
- **Situational Assessment:** LPHAs effectively assessed the situation at hand and responded accordingly, asking thoughtful and important questions to identify the best course of action as deemed appropriate by the situation.
- **Spontaneous Push Partner Registration:** Participants were proactive in enrolling new Push Partners.
- **Access and Functional Needs:** Participating jurisdictions discussed strategies to serve those with access and functional needs and demonstrated an understanding of their populations' respective characteristics and needs.
- **Call-Down Drill:** The staff notification call-down drills were successfully sent to pre-identified staff.
- **ICS Procedures:** Participants followed locally adopted ICS procedures and displayed comprehensive knowledge of shift and situational briefings and ICS roles and functions.



Figure 4: Participants at POD Site

Areas of Improvement

- **OHA Coordination:** Communication between counties and OHA was insufficient to fully communicate plans, and resource requests. Participants expressed a desire for further clarification regarding OHA and OEM roles and responsibilities and how they overlap.

- **OHA Guidance:** Participants did not understand what information needed to be provided to OHA to make MCM resource requests.
- **Resource Requests:** OHA and OEM have two different forms for resource requests, resulting in a duplication of effort. Further, some resource requests to OEM were not acknowledged.
- **Number of MCM Needed:** Counties reported difficulty understanding they should order MCM by number of people, number of courses or number of doses needed.
- **Traffic Plan:** Some RSS sites experienced a lack of traffic control and insufficient signage directing MCM recipients where to go, leading to confusion and several vehicles blocking access points to warehouses which slowed down distribution. Participants expressed a need for clearer signage for MCM recipients.
- **POD Documentation:** Availability of interpreters varied across POD sites which would cause challenges for those with limited English proficiency in a real event.
- **Public POD Messaging:** EOCs experienced some challenges identifying each POD site promptly, determining staff needs, and POD hours of operation for other sections to communicate to the public. Messaging for access and functional needs were not addressed uniformly across the region.



Figure 5: POD Staff Receiving Briefing

- **Outdated Information:** Some PODs were using outdated positions and Job Action Sheets which did not match their current job title or responsibilities.
- **Staff and Volunteer Confirmation:** Staff and volunteers were notified across the region, but not all necessary staff and volunteers confirmed their ability to respond, causing some concern in the POD staffing structure.

Objective 3:

Evaluate how local EOCs, ECCs, and Department Operations Centers (DOCs) gather incident information from multiple

sources, develop situation status (SitStat) reports, and distribute those reports to appropriate agency decision-makers, critical support organizations, and other affected agencies.

Strengths

- **Law Enforcement:** Participants demonstrated a strong understanding of law enforcement partners' capacity and procedures on the local and state levels.
- **EOC/ECC Notification:** Counties effectively submitted the Smartsheets notifying the County EOC/ECC that MCMs have been received by the warehouse.

Areas for Improvement

- **SitStat Reports:** Although participants shared the information they received, some EOCs lacked a formal capture and tracking system. Additionally, information was not displayed in all EOCs on a SitStat board, which prevented participants from creating a common operating picture.

Objective 4:

Evaluate how the healthcare system's needs are supported via the Healthcare System Liaison (HSL) including developing situation status reports and ordering resources under the headquarters resource ordering model.

Strengths

- **County EOC Engagement:** Operations used the Oregon Hospital Capacity Web System (HOSCAP) and Emergency Medical Services (EMS) call tracking to monitor the capacity of area hospitals and triage calls coming from the public.
- **Consistent Communication:** The EOCs maintained regular communication with county healthcare institutions to track mortality rates as well as confirmed/suspected cases.

Areas for Improvement

- **Messaging:** Communication between the HSL (HPO Staff) and the EOC was not always delivered, and as a result the information in the HPO report was not up-to-date.

Objective 5:

Evaluate how regional stakeholders provide public information utilizing all available platforms, such as the Regional Joint Information System and accessible messaging tools, that aid in whole community access, expedite delivery, and enable the public to take protective measures.

Strengths

- **Media:** PIOs organized regular press conferences throughout the incident, recruiting the appropriate subject-matter experts to field questions from the media.
- **Joint Information Center:** County JICs released information about POD locations and hours of operation in a timely manner and some responded quickly to resolve false and misleading information circulating on social media.



Figure 6: Command Briefing

- **Messaging Translation:** In some jurisdictions key public information messages were translated in excellent time. This was a strength that carried over through operational periods.

Areas for Improvement

- **Monitored Communications:** Some PIO phone lines were unstaffed, and voicemail boxes were not monitored, which interrupted the flow of information.
- **Translations:** Some county JICs were unable to provide any translation services during the exercise, because of time restrictions with the contracted companies.
- **Inaccurate Information:** While some instances of false reporting (planned injects) were detected, most of them went unverified and thus made their way to the public.
- **Pre-Scripted Messaging:** PIOs in some counties did not utilize pre-scripted messaging. Instead, messaging was created from scratch, which slowed down the process.
- **Conflicting Messaging:** Counties delivered mixed messaging regarding personal protective equipment (PPE), which confused the public in terms of disease communicability.
- **Dispense Assist:** In one county, players received a report from a Push Partner about using the Dispense Assist website, which is an unsecure site. Rather than evaluating the impact of using an unsecure website, EOC manager recommended against using Dispense Assist and turned to paper forms instead, which conflicts with existing regional planning.



Figure 7: Exercise staff practicing dispensing

Objective 6:

Ensure that participating counties identify issues to address in a forthcoming Multiagency Coordinating (MAC) Group to better address regional needs, ethical decisions, and a common operational picture.

Strengths

- **MCMDD List:** Public Health Leadership several counties and EOCs successfully discussed and compiled a written list of key MCMDD related issues for consideration through the Public Health MAC Group.
- **MCM Issue Identification:** Key MCM issues were identified during the planning process, and as a result these issues were brought up with one local county policy group briefing occurring at the end of the IAP development. Key MCMDD related issues for further exploration include: ventilator allocation guidance, waiving Emergency Medical Treatment & Labor Act (EMTALA) requirements during a public health emergency and guidance for requesting DMAT (Disaster Medical Assistance Team) and DMORT (Disaster Mortuary Operational Response Team).

Areas for Improvement

- **None**

APPENDIX A: PARTICIPANT FEEDBACK

The exercise planners encouraged participants to assess the design, structure, and content of the exercise, and to provide recommendations to improve future exercises in the participant feedback forms; **88 participants** turned in completed participant feedback forms.

Participants provided an overall assessment of the design of the exercise relevant to nine (9) statements, rated on a scale from 1 (strongly disagree) to 5 (strongly agree). Additionally, participants identified additional strengths and areas for improvement via written qualitative feedback.

Participant feedback is broken up into three sections: Full-Scale Exercise Design, Full-Scale Exercise Objectives, and Impressions of the Full-Scale Exercise.

Full-Scale Exercise Design

Please rate each of the following:

Assessment Factor	Mean Score	Distribution												
The information provided about the exercise was valuable to my participation in the exercise.	4.27	<table><thead><tr><th>Rating</th><th>Percentage</th></tr></thead><tbody><tr><td>1</td><td>0%</td></tr><tr><td>2</td><td>5%</td></tr><tr><td>3</td><td>12%</td></tr><tr><td>4</td><td>38%</td></tr><tr><td>5</td><td>45%</td></tr></tbody></table>	Rating	Percentage	1	0%	2	5%	3	12%	4	38%	5	45%
Rating	Percentage													
1	0%													
2	5%													
3	12%													
4	38%													
5	45%													
The scenario was plausible for exercise play.	4.46	<table><thead><tr><th>Rating</th><th>Percentage</th></tr></thead><tbody><tr><td>1</td><td>0%</td></tr><tr><td>2</td><td>2%</td></tr><tr><td>3</td><td>8%</td></tr><tr><td>4</td><td>35%</td></tr><tr><td>5</td><td>55%</td></tr></tbody></table>	Rating	Percentage	1	0%	2	2%	3	8%	4	35%	5	55%
Rating	Percentage													
1	0%													
2	2%													
3	8%													
4	35%													
5	55%													
The time allotted for this exercise was appropriate.	4.33	<table><thead><tr><th>Rating</th><th>Percentage</th></tr></thead><tbody><tr><td>1</td><td>0%</td></tr><tr><td>2</td><td>2%</td></tr><tr><td>3</td><td>10%</td></tr><tr><td>4</td><td>45%</td></tr><tr><td>5</td><td>43%</td></tr></tbody></table>	Rating	Percentage	1	0%	2	2%	3	10%	4	45%	5	43%
Rating	Percentage													
1	0%													
2	2%													
3	10%													
4	45%													
5	43%													

Assessment Factor	Mean Score	Distribution												
The exercise staff kept the exercise on track and moving forward.	4.37	<table><thead><tr><th>Score</th><th>Percentage</th></tr></thead><tbody><tr><td>1</td><td>0%</td></tr><tr><td>2</td><td>1%</td></tr><tr><td>3</td><td>10%</td></tr><tr><td>4</td><td>40%</td></tr><tr><td>5</td><td>50%</td></tr></tbody></table>	Score	Percentage	1	0%	2	1%	3	10%	4	40%	5	50%
Score	Percentage													
1	0%													
2	1%													
3	10%													
4	40%													
5	50%													
I found the exercise materials useful.	4.07	<table><thead><tr><th>Score</th><th>Percentage</th></tr></thead><tbody><tr><td>1</td><td>0%</td></tr><tr><td>2</td><td>5%</td></tr><tr><td>3</td><td>18%</td></tr><tr><td>4</td><td>38%</td></tr><tr><td>5</td><td>35%</td></tr></tbody></table>	Score	Percentage	1	0%	2	5%	3	18%	4	38%	5	35%
Score	Percentage													
1	0%													
2	5%													
3	18%													
4	38%													
5	35%													

Full-Scale Exercise Objectives

As a result of the exercise, I am more familiar with:

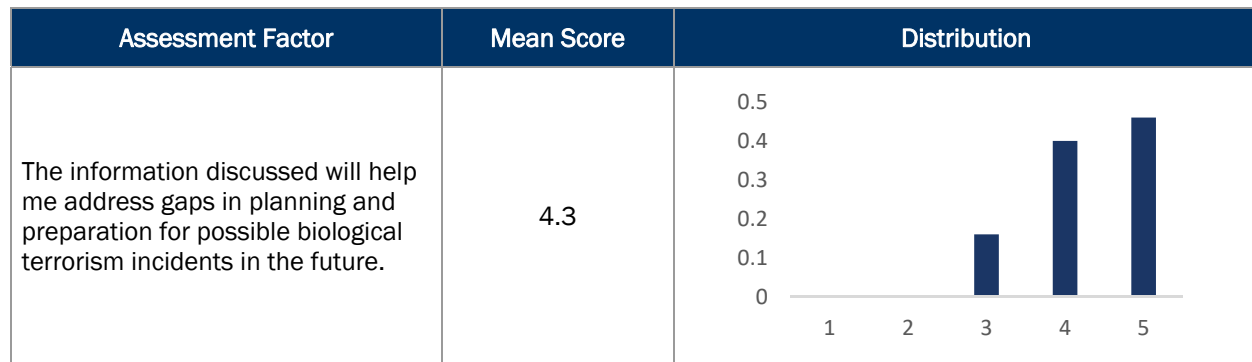
Assessment Factor	Mean Score (Excludes N/A)	Distribution														
Processes of Local Public Health Authorities (LPHAs) to assess incident conditions and conduct a Medical Countermeasures (MCM) response.	3.97	<table><thead><tr><th>Score</th><th>Percentage</th></tr></thead><tbody><tr><td>1</td><td>1%</td></tr><tr><td>2</td><td>4%</td></tr><tr><td>3</td><td>18%</td></tr><tr><td>4</td><td>38%</td></tr><tr><td>5</td><td>28%</td></tr><tr><td>N/A</td><td>10%</td></tr></tbody></table>	Score	Percentage	1	1%	2	4%	3	18%	4	38%	5	28%	N/A	10%
Score	Percentage															
1	1%															
2	4%															
3	18%															
4	38%															
5	28%															
N/A	10%															
Conducting a coordinated MCM Distribution and Dispensing (MCMDD) campaign in accordance with local MCMDD plans.	3.92	<table><thead><tr><th>Score</th><th>Percentage</th></tr></thead><tbody><tr><td>1</td><td>0%</td></tr><tr><td>2</td><td>2%</td></tr><tr><td>3</td><td>25%</td></tr><tr><td>4</td><td>40%</td></tr><tr><td>5</td><td>22%</td></tr><tr><td>N/A</td><td>10%</td></tr></tbody></table>	Score	Percentage	1	0%	2	2%	3	25%	4	40%	5	22%	N/A	10%
Score	Percentage															
1	0%															
2	2%															
3	25%															
4	40%															
5	22%															
N/A	10%															

Assessment Factor	Mean Score (Excludes N/A)	Distribution														
Gathering incident information, developing situation status (SitStat) reports, and distributing those reports to appropriate agency decision-makers.	3.54	<table><thead><tr><th>Score</th><th>Percentage</th></tr></thead><tbody><tr><td>1</td><td>2%</td></tr><tr><td>2</td><td>10%</td></tr><tr><td>3</td><td>28%</td></tr><tr><td>4</td><td>35%</td></tr><tr><td>5</td><td>15%</td></tr><tr><td>N/A</td><td>10%</td></tr></tbody></table>	Score	Percentage	1	2%	2	10%	3	28%	4	35%	5	15%	N/A	10%
Score	Percentage															
1	2%															
2	10%															
3	28%															
4	35%															
5	15%															
N/A	10%															
Requesting healthcare resources using the healthcare headquarters resource ordering model.	3.08	<table><thead><tr><th>Score</th><th>Percentage</th></tr></thead><tbody><tr><td>1</td><td>8%</td></tr><tr><td>2</td><td>16%</td></tr><tr><td>3</td><td>23%</td></tr><tr><td>4</td><td>17%</td></tr><tr><td>5</td><td>11%</td></tr><tr><td>N/A</td><td>25%</td></tr></tbody></table>	Score	Percentage	1	8%	2	16%	3	23%	4	17%	5	11%	N/A	25%
Score	Percentage															
1	8%															
2	16%															
3	23%															
4	17%															
5	11%															
N/A	25%															
Providing public information utilizing all platforms available.	3.39	<table><thead><tr><th>Score</th><th>Percentage</th></tr></thead><tbody><tr><td>1</td><td>7%</td></tr><tr><td>2</td><td>12%</td></tr><tr><td>3</td><td>17%</td></tr><tr><td>4</td><td>35%</td></tr><tr><td>5</td><td>12%</td></tr><tr><td>N/A</td><td>25%</td></tr></tbody></table>	Score	Percentage	1	7%	2	12%	3	17%	4	35%	5	12%	N/A	25%
Score	Percentage															
1	7%															
2	12%															
3	17%															
4	35%															
5	12%															
N/A	25%															

Impressions of the Full-Scale Exercise

Please rate each of the following:

Assessment Factor	Mean Score	Distribution												
Overall the exercise was productive and worthwhile, encouraging participants to engage on essential response issues.	4.39	<table><thead><tr><th>Score</th><th>Percentage</th></tr></thead><tbody><tr><td>1</td><td>0%</td></tr><tr><td>2</td><td>2%</td></tr><tr><td>3</td><td>8%</td></tr><tr><td>4</td><td>35%</td></tr><tr><td>5</td><td>55%</td></tr></tbody></table>	Score	Percentage	1	0%	2	2%	3	8%	4	35%	5	55%
Score	Percentage													
1	0%													
2	2%													
3	8%													
4	35%													
5	55%													



Qualitative Participant Feedback

Observed Strengths
<ul style="list-style-type: none"> ▪ Every section within the organizational structure within the EOC collaborated very well amongst each other in this no-fault learning environment. ▪ Exercise was well designed and provided opportunities for problem solving. ▪ All participants were focused on the exercise, participated fully, and were able to go along with the scenario as though the situation were real. ▪ Public messaging was notionally translated into multiple languages for the first time. ▪ Technology was available on a shared drive, and documents were available as tools. ▪ Good to have experienced/non-experienced personnel mix in the EOC to learn together. ▪ Participants were engaged. ▪ Exercise was not as overwhelming as past exercises, and participants liked this. ▪ Having two section chiefs was a benefit that personnel would like to see again. ▪ Players in the EOC did a good job responding to an event which required a new configuration of the operations section and an increase in operational responsibilities, as opposed to traditional coordination roles.

Observed Areas for Improvement

- Communication between groups was very challenging, and there were times when participants did not know where the information should go within the organizational structure.
- There is a need for increased medical expertise.
- Increase succession planning for signature authority (contracting, leases, etc.)
- For the second shift, include transition/training for Operations section
- Include information flow training at start of shift (paperwork, WebEOC).
- Use tools such as GIS, phone tree.
- Examine future EOC/DOC coordination
- Participants identified a need for more templates
- Need better definition of section roles
- Consider specialized resource requests and a team approach with subject-matter experts
- More collaboration between sections/county departments.
- There should have been statewide engagement with more information being shared with and between the health and emergency management authorities

APPENDIX B: PUBLIC POD FEEDBACK**Estacada High School Public POD***Qualitative Participant Feedback***Observed Strengths**

- Greeters were able to get people through the line quickly.
- Greeters asked each person the appropriate screening questions and were cross trained well.
- POD setup had a good flow.
- Interpreters were effective and helpful.

Observed Areas of Improvement

- Non-medical staff may require additional training.
- There is a need for additional interpreters to meet demand.
- Additional training on the algorithm is needed.
- Information sheets to answer frequently asked questions would be beneficial.

St. Helens High School Public POD*Qualitative Participant Feedback***Observed Strengths**

- Exercise was well planned and executed.
- Team leaders had good knowledge on POD operations and helped spread that knowledge.
- Just-in-Time training was well implemented and effective.
- POD manager corrected issues as they were presented.
- There was good attention given to security outside the POD and the use of triage stations at the entrance of the POD.
- The intelligence briefing brought everyone up to speed and provided players with relevant and useful information.
- Person in a screening role at the front of the POD was able to triage.
- Consult staff were well-equipped to answer questions.

Observed Areas of Improvement

- The screening station was redundant, and while it is useful to help meter the flow of people into the dispensing station, it should probably be cut out in the future to make sure the stations better match the regional plans.
- Consider putting POD signage on sandwich boards closer to the floor; they were posted high up and may not have been noticeable.
- Awareness for regional and state resource requests needs to be improved.
- Consider appointing a deputy POD manager so the POD manager can be posted in one spot to address issues that arise.
- No official POD opening announcement was made.
- POD flow staff needed to be more visible and attentive to assist people through POD stations and keep them away from dispensing tables for privacy reasons.

City of Beaverton Public POD*Qualitative Participant Feedback***Observed Strengths**

- The members were enthusiastic about the training and they were every interested in making the program succeed.
- Everyone was enthusiastic, which helped accommodate new information.
- Because of the exercise, we have 27 CERT members signed up for the POD duties.

Observed Areas of Improvement

- Being able to cross train on different positions
- There was some confusion about the differences between medical and non-medical POD and there were some members who were over analyzing medication interactions.
- It has to be emphasized that this is pretty much a “cookbook” deployment of medications
- The two different layouts for the City of Beaverton are large and can be adjusted to the amount of people who show up for prophylaxis medication. Our next plan is to be able to utilize the ability to drive through POD and train on both types of POD’s as well as the command structure during these deployments.

The Confederated Tribes of Grand Ronde POD

Qualitative Participant Feedback

Observed Strengths

- Exercise was overall well planned and good directions were given.
- There were plenty of staff to assist.
- The POD flow plan worked well for this exercise.
- Forms were easy to understand and follow.

Observed Areas of Improvement

- There was an insufficient number of translators.
- Consultation RV was not suitable for people with access and functional needs, while the layout of tents and cones could not accommodate wheelchairs.
- There was a lack of volunteers.
- Additional JITT training is needed, especially for new individuals.
- No Job Action Sheets were available.
- There should have been a dispensing staff member near the consult station so MCM recipients don't have to go back to the dispensing station after their consult, because this caused confusion and slowed down the process.

Newberg High School Public POD

Qualitative Participant Feedback

Observed Strengths

- Good actors and easy paperwork
- Appropriate staff for positions and a good blend of experience

Observed Areas of Improvement

- More Just in Time training
- Doctors on site for consult
- ADA compliant consult sector
- Create POD map plan
- First aid station

City of Tigard Public POD

Qualitative Participant Feedback

Observed Strengths

- Everything around the “medical” stations was well organized. There were great signs, good clear lines created. The volunteers were in vests and a good number had radios. The volunteers had clear procedures for checking in and most of the needed supplies were set up and ready for them
- Loved that they had comfort dogs on site
- Incredible volunteers
- Nice use of traffic posts and yellow caution tape to create stanchions
- Use of colored tape on the floor and door that should not be used to help in flow
- Great signs outside of the POD

Observed Areas of Improvement

- Just in Time training; key items were missing from the JITT like the use of tools that staff need to use to review the patient screening forms and pick the safest medication; when asked, team leads reported not receiving JIT that would have alerted them to these new (2-3) tools; they have been through MCM training in years past and that was the JIT training they cited.
- The shift change was done by having all staff leave their station and go to their second assigned station. This left nobody to train the second shift and there was quite a bit of confusion.
- The recommended shift change is one that overlaps so the incoming shift can shadow the outgoing shift until they are comfortable with their tasks.

Portland Community College Sylvania Public POD*Qualitative Participant Feedback***Observed Strengths**

- All staff did check-in upon arrival and were provided supplies (vests).
- The POD Manager did provide staff with an overview of the exercise purpose and scope.
- The POD Manager provided an overview to staff during their shift briefing of POD operations. Each position/responsibility was covered – greeting, screening, dispense, consult, egress.
- JITT was provided to staff effectively, as determined by the effective operations during open play.
- All staff did receive their own medication prior to the beginning of open POD operations.
- The different positions did have all the necessary supplies to complete operations.
- POD Manager did make a final check of the sections prior to announcing the POD was opening.
- Most of the intake forms were marked with a timestamp, however, there were errors. The POD Manager reviewed forms for completion and provided reminders to staff.
- Every client that came through the door was provided an intake form. Greeters were great at welcoming clients in, and ensuring they knew initial actions.
- Consult staff were very knowledgeable in the screening process from the JITT.
- The POD stationed individuals with language knowledge at the greeter table to assist with questions/concerns. The greeters were provided intake forms in various languages as well as pictogram guides for languages not represented. The POD Manager mentioned the language line, which would also be available in a real event.

Observed Areas of Improvement

- No safety briefing was provided to staff
- Team leads were assigned for the dispense/consult stations but did not complete managerial duties post-training. A Team Lead was not assigned for the greeting/screening station.
- The lack of true public participants provided an unreal expectation for POD operations.
- The exercise did not utilize the dispense assist voucher capability.

Liberty High School Public POD*Qualitative Participant Feedback***Observed Strengths**

- Exercise was well organized.
- They did not focus on the frills (exterior signage, vests) their core training and stations were well organized and worked well. They had a really good conversation /hotwash midway and identified even better flow structures for the POD.
- This highlighted the strength of having City lead PODs for their populations. There were CERT volunteers there as well as school staff (about 1/3 of the volunteers) and school nurses (6-7). EM and the SD have a strong relationship and it was very clear in this exercise
- Using the Gym as a place to fill out forms and giving each person a number so they do not need to stand in line. Numbers are called up in clumps depending on how backed up Dispensing is.
- Incredible corps of volunteers!

Observed Areas of Improvement

- Use of signage was not emphasized.
- Initially the meds were not put with the dispensers and a runner had to run the length of the cafeteria to deliver the “order” of meds for each client
- This was time consuming and would wear out runners very quickly

APPENDIX C: FULL SCALE EXERCISE PARTICIPATING ORGANIZATIONS

Table 1: Participating Organizations

State/Regional/County
Clackamas County Disaster Management
Clackamas County Public Health Division
Columbia County Emergency Management
Columbia County Public Health
Multnomah County Emergency Management
Multnomah County Health Department
Oregon Health Authority
Oregon Office of Emergency Management
Washington County Emergency Management Cooperative
Washington County Health and Human Services
Yamhill County Emergency Management
Yamhill County Health and Human Services
Cities
City of Beaverton
City of Estacada
City of Gresham
City of Hillsboro
City of Lake Oswego
City of Portland
City of Sherwood
City of Tigard
City of Tualatin
Other
CareOregon
Kaiser Permanente Northwest
Tualatin Valley Fire and Rescue
60+ Push Partner organizations throughout the region

APPENDIX D: ACRONYM LIST

Acronym	Definition
AAR	After-Action Report
CERT	Community Emergency Response Team
CRI	Cities Readiness Initiative
DMAT	Disaster Medical Assistance Team
DMORT	Disaster Mortuary Operational Response Team
ECC	Emergency Coordination Center
EEG	Exercise Evaluation Guide
EMS	Emergency Medical Services
EMTALA	Emergency Medical Treatment & Labor Act
EOC	Emergency Operations Center
FEMA	Federal Emergency Management Agency
FSE	Full-Scale Exercise
HAN	Health Alert Network
HOSCAP	Oregon Hospital Capacity Web System
HSIN	Homeland Security Information Sharing Network
HSL	Healthcare System Liaison
IAP	Incident Action Plan
JIC	Joint Information Center
JITT	Just in time training
LPHA	Local Public Health Authority
MAC-G	Multiagency Coordination Group
MCMDD	Medical Countermeasure Distribution and Dispensing
MCM	Medical Countermeasures
MSA	Metropolitan Statistical Area
MSEL	Master Scenario Events List
NED	National Exercise Division
PACE	Portland Area Capabilities Exercise
PIO	Public Information Officer
POD	Point of Dispensing
RSS	Receipt, Stage and Storage (Warehouse)