ACCREDITATION DOCUMENT COVER PAGE

Measure #	Required Document #	Example #	Document Date:
2.3.4	2	2	5/28/2014

Document Page #	Required Element
10-11	Regional functional exercise participants demonstrating a joint exercise, working together to test shared resources to build capacity.

Document Description:

The West Central Ohio Radio-logical Functional Exercise After-Action Report and Improvement Plan documents a our participation in a region wide joint exercise which included a variety response partner. Participating organizations and agencies are listed on pages 10and 11 of the document. This report also includes an improvement plan for creating a more efficient response to public health emergencies.

West Central Ohio

Radio-Logical Functional Exercise

AFTER ACTION REPORT/IMPROVEMENT PLAN

May 28, 2014

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HANDLING INSTRUCTIONS

1. The title of this document is the West Central Ohio Radio-Logical After-Action Report/Improvement Plan.

2. The information gathered in this AAR/IP is considered **confidential** (non-classified). The information contained here is **sensitive, and close-hold**. This document is a security record under section 149.43 of the Ohio Revised Code. It is not a public record and is not subject to mandatory release or disclosure under that section.

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CONTENTS

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EXECUTIVE SUMMARY

This After-Action Report (AAR) was produced with the assistance of many county and local departments and agencies. An AAR is used to document effectiveness and overall exercise performance. It serves as a compendium of lessons learned, outlines recommended improvement plans, and provides the basis for planning future exercises. This AAR will contribute to improving preparedness for Hospitals, Public Health, Emergency Management Agencies (EMA) and Public Safety agencies throughout the West Central Ohio (WCO) Region. Exercises serve as "final accountability" of collective preparedness.

The West Central Ohio Radiological Functional Exercise titled "Radio-Logical" was conducted on May 28, 2014. It focused on developing a coordinated response to a Radiation Dispersal Device and Dirty Bomb incident involving multiple hospitals, county health departments, county EMAs and other area response partners.

The exercise planning team was composed of numerous agencies/individuals, including multiple representatives from Hospitals, Public Health and Public Safety departments. The exercise planning team met on a monthly basis beginning with the first meeting in January 2014. It was decided that 6 objectives would be tested over the entire length of the exercise.

Based on the exercise planning team's deliberations, the following objectives were developed for Radio-Logical:

Exercise Objective	Core Capability
Demonstrate the capability to coordinate the formulation and dissemination of accurate information and instructions to the public.	• Public Information & Warning
Exhibit the adequacy of the equipment, procedures, supplies, and personnel of medical facilities responsible for treatment of contaminated, injured or exposed individuals.	• Medical Surge
Validate the need for opening or not opening of a congregate location and/or shelter in response to a radiological incident.	• Mass Care
Demonstrate the ability to direct and support a radiation incident by establishing a scalable system of oversight under the National Incident Management System (NIMS).	• Emergency Operations and Coordination
Validate the ability to continuously monitor and control radiation exposure to emergency workers.	• Responder Safety and Health
Exhibit the ability to provide multiple methods of decontamination of patients and the general population.	• WMD/HAZMAT Response and Decontamination

The purpose of this report is to analyze exercise results, identify strengths to be maintained and built upon, identify potential areas for further improvement, and support development of corrective actions.

Major Strengths

The major strengths identified during this exercise are as follows:

- The Draft DMMRS/WCO RMRS Regional Radiological Response Plan was very helpful to agencies participating in the response.
- Hospital Incident Commands, Department Operations Centers and Emergency Operations Centers continue to show strong cooperation within the ICS structure.
- Organizations throughout the region continue to improve and benefit from the coordination and collaboration efforts during these exercises, proactively contacting one another and sharing information.

Primary Areas for Improvement

Throughout the exercise, several opportunities for improvement in West Central Ohio's ability to respond to the incident were identified. The primary areas for improvement, including recommendations, are as follows:

- **A better understanding of roles and responsibilities under HICS/ICS.**
  - Identify an overall command structure that would be used during a similar incident.
  - Ongoing training in the roles and responsibilities of HICS/ICS. This should not be ongoing training for both primary and backup staff.
  - Continue to rotate individuals through HICS/ICS during these exercises to gather more experience.
  - Allow more individuals to participate under HICS/ICS to reduce load to staff at certain locations.
- **Improve external/internal information sharing processes.**
  - Develop protocol for sharing of information between key partners, other WCO counties and the public during a large scale event.
  - Work with WCO partners to create a robust Joint Information System.
  - WebEOC discussed as a means to share and update information.
- **Better coordination and understanding of decontamination resources in the WCO region.**
  - Educate partners on the definition of a Community Reception Center.
  - Pre-identify radiation experts that could assist during a similar incident.
  - Clarify with county response partners where and what radiation decontamination equipment is available to the region.

  - Better understanding of when decontamination is needed and to what extent for different radiological incidents.
- **Understanding of roles and responsibilities of agencies.**
  - Need better understanding of what the County EOC can assist with during an event, whether radiological, hazmat, natural disaster or other.
  - Satellite hospitals and care centers are still under used and need to be included in county plans.
- **A better understanding for use of Social Media for public information and information gathering.**
  - Learn how to monitor and track trends in social media outlets.
  - Protocols should be in place for dealing with social media during a large scale event.

This exercise was successful in addressing the six design objectives described above. It helped in improving the region's overall response capabilities. It identified gaps or shortfalls in areas such as information sharing, social media, agency coordination, understanding of roles, and decontamination. By providing suggested corrective actions to be taken it will improve these capabilities with in the region.

One of the lessons learned by agencies involved in the exercise is the need for clearer understanding of the roles of other response agencies. There is a lack of clear understanding by response agencies of what each does and does not do. It creates confusion and sometimes frustration during an incident when expectations are not met. Finding ways to clarify roles between agencies on a regular basis will help response move more quickly in an actual event. It will also be beneficial to get the hospitals and satellite hospitals together for long term planning to address the assistance that these agencies can provide during an emergency.

Future exercises should focus on decontamination issues in the event of a radiological incident. Mass Casualty Incidents (MCI) needs more training and exercises to help the planning for all agencies across the board. It will also benefit the region to work on the plans and procedures to open and staff a Community Reception Center (CRC) as soon as possible. Finally, exercises should incorporate the use of social media and information sharing so agencies within WCO can continue to improve those skills.

SECTION 1: EXERCISE OVERVIEW

Exercise Details

Exercise Name
West Central Ohio Radio-Logical

Type of Exercise
Functional Exercise

Exercise Start Date
May 28, 2014

Exercise End Date
May 28, 2014

Duration
4 Hours

Locations
Champaign Co., Clark Co., Darke Co., Greene Co., Miami Co., Montgomery Co., Preble Co., Shelby Co., WPAFB

States: Ohio

Sponsor
Ohio Department of Health

Greater Dayton Area Hospital Association/ Greater Dayton Area Health Information Network

Program
Assistant Secretary for Preparedness and Response (ASPR) Grant

Mission
Prevention, Protection and Response

Capabilities
Public Information & Warning, Medical Surge, Mass Care, Emergency Operations and Coordination, Responder Safety and Health, WMD/HAZMAT Response and Decontamination

Scenario Type
Radiological dispersal device and a dirty bomb.

Exercise Planning Team

Name	Agency
Larry Cleek	Public Health-Dayton & Montgomery (Lead Planner)
Tracy Clare	Public Health-Dayton & Montgomery (Lead Controller)
Suzy Cottingam	Preble County Public Health
Patricia K. Bernitt	Greater Dayton Area Hospital Association
Mary Porter	Good Samaritan Hospital
Tim Walker	Ohio Department of Health/Bureau of Radiation Protection
Heather Thomas	American Red Cross (ARC)
Bill Burkhart	Regional Emergency Preparedness Coordinator
David Gerstner	Dayton MMRS/WCO RMRS/Dayton Fire Department
Steve Jez	Greater Dayton Area Hospital Association
John Flach	Wright State University (WSU)
Drew Hampton	WSU
Ryan McEwan	Montgomery County Office of Emergency Management
Dan Baker	WSU/PHDMC Intern
Angela Snyder	WSU/ARC Intern

Participating Organizations

Participating Organizations
Federal
Federal Bureau of Investigation
Wright Patterson Air Force Base (WPAFB)
State
Ohio Department of Health
Ohio Emergency Management Agency
Ohio Homeland Security
Local
American Red Cross Dayton Chapter
Bethany Village – Graceworks Lutheran Services
Champaign Health District
Children's Medical Center of Dayton
Clark County Combined Health District
Darke County EMA
Darke County General Health District
Darke County Sheriff's Department
Dayton Fire

Dayton MMRS/West Central Ohio MMRS
Dayton Rehabilitation Unit
Eaton Fire/EMS
Eaton Police Department
Fairborn Fire Department
German Township Fire Department
Grandview Medical Center
Good Samaritan Hospital
Greater Dayton Area Hospital Association
Greene County EMA
Greene County Combined Health District
Greene County Sheriff's Department
Greene Memorial Hospital
Greenewood Manor
Indu & Raj Soin Medical Center
Kettering Medical Center
Kindred Hospital Dayton
Liberty of Jamestown
Miami County EMA
Miami County Health District
Miami Valley Hospital
Miami Valley Hospital South
Montgomery County Office of Emergency Management
Montgomery County Sheriff's Department
Montgomery County Regional Dispatch Center
Oakwood Village
Public Health – Dayton & Montgomery County
Preble Combined General Health District
Preble County EMA
Preble County Sheriff
Red Cross of Miami County
Shelby County ARC
Shelby County EMA
Sidney Fire Department
Sidney Police Department
Sidney-Shelby County Health Department
Silvercreek Township Fire Department
Springfield Regional Medical Center
St. Leonard

Tipp City EMS
Trinity Community of Beavercreek
Upper Valley Medical Center
Urbana Fire Department
Warren County Combined Health District
Wayne Health Care
Wilson Memorial Hospital

Number of Participants

- Players - 500+
- Controllers/Evaluators - 60+
- Simulation Cell - 30

SECTION 2: EXERCISE DESIGN SUMMARY

Exercise Purpose and Design

The purpose of this Functional Exercise (FE) was to evaluate West Central Ohio's response to a terrorist related radiological incident. It focused on developing a coordinated response involving multiple agencies, jurisdictions, and the various resources available to assist in responding to a radiological incident. The FE had one day of play on May 28, 2014.

The Radio-Logical FE was designed to establish a learning environment for players to exercise emergency response plans, policies, and procedures as they pertain to a terrorist related Radiological attack. The multi-discipline planning team began preparing for this exercise in January 2014. It was funded through a Department of Health and Human Services, Assistant Secretary for Preparedness and Response (ASPR) grant provided by the Ohio Department of Health (ODH).

Exercise Objectives, Capabilities, and Activities

Capabilities-based planning allows for exercise planning teams to develop exercise objectives and observe exercise outcomes. Based upon the identified exercise objectives below, the exercise planning team decided to demonstrate the following capabilities during this exercise:

Exercise Objective	Core Capability
Demonstrate the capability to coordinate the formulation and dissemination of accurate information and instructions to the public.	• Public Information & Warning
Exhibit the adequacy of the equipment, procedures, supplies, and personnel of medical facilities responsible for treatment of contaminated, injured, or exposed individuals.	• Medical Surge
Validate the need for opening or not opening of a congregate location and/or shelter in response to a radiological incident.	• Mass Care
Demonstrate the ability to direct and support a radiation incident by establishing a scalable system of oversight under the National Incident Management System.	• Emergency Operations and Coordination
Validate the ability to continuously monitor and control radiation exposure to emergency workers.	• Responder Safety and Health
Exhibit the ability to provide multiple methods of decontamination of patients and the general population.	• WMD/HAZMAT Response and Decontamination

Scenario Summary

Over 5,000 parents and children attend the Banana Splits reunion tour in Troy, Ohio. Unbeknownst to them a- radioactive dispersal device (RDD) is released the night of the event. The following morning children show up to a few local emergency departments for nonrelated radiation issues, promptly setting off portal units. Twenty minutes after portal units are set off there an explosion at Hara Arena during Hamvention. Five minutes after the detonation there is a YouTube release from a terrorist group known as R-Cubed taking credit for the detonation of a dirty bomb at Hara Arena as well as the release of a RDD at the Banana Split's reunion tour. Over 25,000 individuals have been directly attacked during these two incidents.

SECTION 3: ANALYSIS OF CAPABILITIES

This section of the report reviews the performance of the exercised capabilities, activities, and tasks. Observations are organized by capability and associated activities. The capabilities linked to the exercise objectives of Radio-Logical Functional Exercise are listed below, followed by Strengths and Areas for Improvement. Each activity is followed by related analysis and recommendations.

CAPABILITY 1: PUBLIC INFORMATION & WARNING

Capability Summary: Demonstrate the capability to coordinate the formulation and dissemination of accurate information and instructions to the public.

Strength: Agencies were very proactive in gathering appropriate information to be disseminated to the public in response to the radiological attack

Analysis: *Safety of citizens was very quickly addressed by agencies involved in the exercise. Planning and coordinated efforts between agencies in the region continue to make quick dissemination of information possible.*

Recommendations: All agencies should continue to work together to create robust ways to get the word out to the public in an emergency.

Area for improvement: Individual counties as well as the region would benefit from a set protocol or plan on when to enact a JIC.

Analysis: *Multiple media releases went out during the duration of the exercise however, there did not appear to be a unified approach to putting out a similar message. Media releases were sent out from numerous locations that did not communicate with other Public Information Officers (PIO) from within their county. This could be an artificiality of the exercise based on the length of time allocated towards play.*

Recommendations: Local health departments were using a virtual JIC to share and

provide similar releases. However this information was not available to all participants, county and hospital PIO's specifically. The virtual JIC is a good starting point and is something that can be built upon to improve the system overall within the county and the region.

Area for improvement: Social media aspect of response still needs to be addressed by agencies in WCO.

Analysis: *The use of social media is an area that has not been tested in our region until now. What Social Media can help with during a disaster and how it can be used by responding agencies can be a benefit or it can back-fire if not monitored and addressed quickly.*

Recommendations: Hospitals and responding agencies should begin working on training PIOs and others on the use of and tracking of Social Media during events that can occur in our region. Protocols and policies should be created to ensure everyone knows how and when to use social media outlets for dissemination of information, and for rumor control if needed.

CAPABILITY 2: MEDICAL SURGE

Capability Summary: Exhibit the adequacy of the equipment, procedures, supplies, and personnel of medical facilities responsible for treatment of contaminated, injured, or exposed individuals.

Strength: WCO hospitals were quick to begin decontamination planning and set up following standard procedures and looking for ways to expand as needed.

Analysis: *Hospitals in WCO have done appropriate planning and training for decontamination of patients entering the facilities. It was apparent that protocols were in place at many hospitals and they are aware that the protocols exist.*

Recommendations: Continue to train and practice on decontamination procedures to be used in a large scale event. Work to flesh out procedures to include an all hazard approach so any time decontamination needs to happen, the facility and staff are prepared to handle it.

Strength: Multiple hospitals from throughout the region did use OHTrac as a method for tracking incoming patients involved with the terrorist attack

Analysis: *Even though not required to use during the exercise there were nearly 300 patients entered into OHTrac for the four hour duration of the exercise.*

Recommendations: Continue to train and practice on the use of OHTrac to better prepare, both primary and backup individuals on the patient tracking system. Every

available opportunity should be used to train additional individuals.

Area for improvement: Radiological Subject Matter Experts (SME) needs to be readily accessible to hospitals during a radiological event. Access to expertise and information was limited by location of SME during the event.

Analysis: *Hospitals in the WCO region share Radiation Safety Officer RSOs between campuses. This creates a lag for the non-resident hospital during a large-scale radiological event.*

Recommendations: Work with respective hospital organizations to incorporate RSO responsibilities into the command staff during an event. Look for ways to have RSO easily accessible by phone/e-mail during an event so that non-resident and resident hospitals can get timely information.

Area for Improvement: While hospitals have a solid grasp of Medical Surge procedures within their facilities, there is still a need to understand the ways in which satellite or non-emergency surgery centers can be of assistance during a large scale event.

Analysis: *Surgery centers and non-emergency medical facilities are available to assist during large scale events. As has happened in the past, they are underutilized when hospitals start looking for ways to make room for those affected by the incident.*

Recommendations: Hospitals and smaller satellite facilities should start planning together and take the time to better understand each other's roles during a large-scale event. Procedures should be put in place and plans should have numbers for contacting those facilities in a time of need.

CAPABILITY 3: MASS CARE

Capability Summary: Validate the need for opening or not opening of a congregate location and/or shelter in response to a radiological incident.

Strength: The WCO agencies were quick to begin discussing long-term protective actions for the citizens of the affected counties.

Analysis: *Sheltering of citizens and activation of Community Reception Centers (CRC) for response were addressed quickly in DOCs and EOCs. Discussion was held among the WCO Health Commissioners and a regional CRC was the consensus among the group. The WCO Regional Response Plan assisted with the discussions for where and when to stand up a CRC.*

Recommendations: WCO agencies should continue to look at their plans and procedures for sheltering and CRC activations, ensuring they meet the needs of the communities they serve. As lessons learned are applied to plans, ensure the information is

shared throughout the agency.

Area for Improvement: While there was quick discussion for the opening of a CRC it was evident that many organizations are unaware of the role of a CRC.

Analysis: *Multiple locations were contacting local health departments to have them open CRCs with the expectation that the CRCs would take care of all their contaminated individuals, meaning they wanted to send folks somewhere to be decontaminated. CRCs are generally opened to ease the mind of the general populace. They are opened to decrease the run on hospitals by taking care of the worried well for the most part.*

Recommendations: Trainings should be conducted with organizational partners on the roles and responsibilities of a CRC.

Area for Improvement: There is a need to pre-identify professional staff to assist with both monitoring and decontamination within a CRC.

Analysis: *Trying to find SME's and support staff to assist with monitoring and decontamination at CRCs was an uphill battle. While there was talk of opening a regional CRC to support the incident it would have been lacking sufficient staff to meet the need of what this location would be dealing with.*

Recommendations: A DMMRS/WCO RMRS Radiological Issues Committee should be formed to address where the staffing and SME's on radiation would be available to support a CRC. Pre-identification of key personnel beforehand will ensure a timely and efficient opening of a CRC. Staffing will need to be provided from multiple organizations.

CAPABILITY 4: EMERGENCY OPERATIONS AND COORDINATION

Capability Summary: Demonstrate the ability to direct and support a radiation incident by establishing a scalable system of oversight under the National Incident Management System (NIMS).

Strength: Hospitals and Response agencies in the WCO Region have trained well on how to incorporate NIMS into their respective command and control centers.

Analysis: *Hospitals were quick to set up the HICS system to handle the event. Agencies throughout the region are well trained on the ICS system and how it works.*

Recommendations: Hospitals and Agencies should continue to use and train on the NIMS systems. It would also be beneficial to make sure several people are trained for each position in the ICS structure of the agency. This will ensure all individuals will be able to address the event well.

Area for improvement: Hospitals and response agencies failed to establish a common operating picture with coordinating agencies, and failed to systematically share need to know information with other response agencies.

Analysis: *It was noted that agencies worked at response in their area of expertise and were comfortable with that role. What was also noted was a lack of agency-to-agency sharing of information. This led to hospitals and other agencies not having a clear picture of what was happening during the incident.*

Recommendations: Hospitals and other response agencies need to make sure plans include processes to inform appropriate agencies of actions they are taking or information they have that may help another agency better respond to the incident.

Area for improvement: Training on ICS roles needs to be ongoing. Multiple agencies stated that even after ICS roles were assigned everyone continued to respond instead of doing their assigned position.

Analysis: *When the roles are not followed it creates confusion in the command center. Multiple people taking multiple calls can leave important information in the wrong hands…possibly never addressed. It also stops the planning process because everyone stays in response mode.*

Recommendations: Work on understanding ICS structure and how each role in the ICS structure is designed to create a seamless response and provide future responses goal setting by removing the planners from the operational section.

Area for improvement: Even though ICS was established at the majority of locations participating there was not a clear picture of who was in charge of the overall incident.

Analysis: *Being that there were two separate incident sites it was expected that the fire chiefs would take the lead as incident commander at each location. But that would be specific to the individual incident sites at both Troy and Trotwood. There was never an established command and control for the overall incident that affected all eight counties within WCO. Maybe this could be based on the exercise only being four hours long not allowing sufficient time for this to be addressed. Even if that is valid this issue needs to be addressed on how a similar wide-scale incident would be addressed from a control and command aspect.*

Recommendations: Decision makers from multiple response organization should sit down and discuss the options available to establish a command and control system within the parameters of NIMS. This could be unified command or another related area under NIMS.

CAPABILITY 5: RESPONDER SAFETY AND HEALTH

Capability Summary: Validate the ability to continuously monitor and control radiation

exposure to emergency workers.

Strength: Hospitals and other response agencies understood the need to protect workers and provide a means to make them feel safe while responding to the event.

Analysis: *All of the hospitals and agencies involved in the exercise discussed PPE and how they would manage radiation exposure times for their employees.*

Recommendations: All agencies should continue to keep radiation plans up to date, and make sure those responsible for response during an event understand the processes and procedures that are in place.

Area for improvement: It was noted that there was not a clear understanding of who to call to get information for protecting responders. Some calls were made to Incident Command, some to the State, and some to county agencies. This resulted in getting different answers and the answers were not always timely.

Analysis: *Radiation planning is still in progress in WCO. There is a solid draft plan and it was able to provide guidance. Because it was new, there was confusion on how to use it and what tools it could provide.*

Recommendations: Use the exercise lessons learned to create radiation plans specific to your facility and your response role as an addition to the WCO Radiation Plan. Find and record in the plan contact information and location of radiological response equipment.

CAPABILITY 6: WMD/HAZMAT RESPONSE AND DECONTAMINATION

Capability Summary: Exhibit the ability to provide multiple methods of decontamination of patients and the general population.

Strength: All participating recognized the need for decontamination. Also they recognized the need to reach out beyond WCO assets.

Analysis: *The agencies involved were quick to look at what the public would need and what they would want. In order to meet those worried well citizens fears, the agencies were quick to start looking for decontamination equipment both inside and outside the region.*

Recommendations: Work with your response agencies to gain a clearer understanding of what we as a region have for decontamination.

Area for improvement: Decontamination procedures were discussed at each location, but little or no coordinated decontamination discussions were had between agencies.

Analysis: *Agencies are prepared for small decontamination situations. The size of this event would tax any local or regional response. WCO agencies did not work with one another to leverage decontamination resources during the incident…instead being frustrated because decontamination units were not available when requested.*

Recommendations: Future regional planning needs to include details on how agencies in the WCO can work together to use decontamination resources efficiently to meet the needs of the largest number of affected individuals in the shortest amount of time.

Area for Improvement: Training for many organizations on radiation is sorely needed.

Analysis: *Numerous organizations have not received training in years or have not received training at all for radiation. Even an awareness level training would be found beneficial by many of the organizations that attended. Additionally, there were a number of individuals who were interested in a hands-on training with monitoring equipment for radiation.*

Recommendations: Schedule and offer awareness level training classes to organizational response partners on radiation hazards. Provide ongoing annual training for individuals who would either maintain or would use monitoring equipment for a possible radiation incident of any type. Training needs to be specific to a level of response/response role and needs to be consistent from training to training. In addition, some level of public education will prove beneficial.

SECTION 4: CONCLUSION

The exercise was a success in that it brought multiple organizations together to interact and to identify strengths and weaknesses in their preparedness. This exercise was conducted to identify shortcomings in order to fix them before an actual event. Key lessons learned are listed below:

- **A better understanding of roles and responsibilities under HICS/ICS.**
  - Ongoing training in the roles and responsibilities of HICS/ICS. This should not be something that is only done once a year during an exercise.
  - Continue to rotate individuals through HICS/ICS during these exercises to gather more experience.
  - Allow more individuals to participate under HICS/ICS to reduce load to staff at certain locations.
- **Improve external/internal information sharing processes.**
  - Develop protocol for sharing of information between key partners, other WCO counties and the public during a large scale event.
  - Work with WCO partners to create a robust Joint Information System.
  - WebEOC discussed as a means to share and update information.
- **Better coordination and understanding of decontamination resources in the WCO region.**
  - Clarify with county response partners where and what radiation decontamination equipment is available to the region.
  - Better understanding of when decontamination is needed and to what extent for different radiological incidents.
- **Understanding of roles and responsibilities of agencies.**
  - Need better understanding of what the County EOC can assist with during an event, whether radiological, hazmat, natural disaster or other.
  - Satellite hospitals and care centers are still under used and need to include in county plans.
  - The definition of what is a Community Reception Center.
  - Additional training for organizational partners on radiation.
- **A better understanding for use of Social Media for public information and information gathering.**
  - Learn how to monitor and track tends in social media outlets.
  - Protocols should be in place for dealing with social media during a large scale event.

Accomplishing this exercise has not only helped in preparing us for the possible event of a radiological incident such as a dirty bomb or dispersal device on our region, it continues to open up communication lines that did not previously exist. Exercises have been and continue to be the

best way to bring local partners together.

A vast majority of feedback shows that we should target our weaknesses and focus specifically on them. The WCO region will target the identified weak areas and work on improving them. This will be accomplished by additional local and regional trainings, improvements to SOGs and other plans, targeting specific exercises, and meeting with partners to upgrade plans and improve partnerships.

APPENDIX A: IMPROVEMENT PLAN

This IP has been developed specifically for WCO as a result of the WCO Radio-Logical Functional Exercise conducted on May 28, 2014. These recommendations draw on both the After Action Report and the After Action Conference.

Table A.1 *Improvement Plan Matrix*

Capability	Observations	Recommendations	Corrective Action Description	Capability Element	Primary Responsible Agency	Agency POC	Start Date	Completion Date
Emergency Operations and Coordination	Response agencies failed to establish a common operating picture with coordinating agencies, and failed to systematically share need to know information with other response agencies.	Response agencies need to make sure plans include processes to inform appropriate agencies of actions they are taking or information they have that may help another agency better respond to the incident.	Establish or modify in current plans on how and when, need to know information will be shared with partner agencies during similar man-made or naturally occurring disasters.	Planning	All hospitals, EMAs, and lhds	Preparedness POC	July 2014	Dec 2014
Emergency Operations and Coordination	Working within your assigned NIMS role needs continued concentration. Multiple agencies stated that even after ICS roles were assigned everyone continued to respond instead of doing their assigned position.	Work on understanding NIMS ICS structure and how each role in the ICS structure is designed to create seamless response and provide future responses goal setting by removing the planners from the operational section.	Ongoing training should continue to focus on overall ICS structure as well as position specific roles.	Training	All participating agencies	Preparedness POC	July 2014	June 2015

Capability	Observations	Recommendations	Corrective Action Description	Capability Element	Primary Responsible Agency	Agency POC	Start Date	Completion Date
Emergency Operations and Coordination	ICS structure was established at the majority of locations participating. However there was not a clear picture of who was in charge of the overall incident.	Decision makers from multiple response organizations should sit down and discuss the options available to establish a command and control system within the parameters of NIMS. Examples could include unified command or another related areas under NIMS.	Establish or modify current plans to address what type of command structure would be used during such a similar large scale incident in the future.	Planning	MMRS	David Gerstner	Sept 2014	June 2015
Medical Surge	While hospitals have a solid grasp of Medical Surge procedures within their facilities, there is still a need to understand the ways in which satellite or non-emergency surgery centers can be of assistance during a large scale event.	Hospitals and smaller satellite facilities should build on the planning already happening to better understand each other's roles during a large scale event. Plans should be modified and contact number updated.	Continue to promote outreach to medical facilities outside of hospitals through hospital coalitions involving them in the planning process.	Planning	GDAHA	Pat Bernitt	August 2014	June 2015
Medical Surge	Radiological Subject Matter Experts (RSME) need to be readily accessible to hospitals during a radiological event. Access to expertise and information was limited by location of SME during the incident.	Work with respective hospital organizations to incorporate RSME responsibilities into the command staff during an event. This could be done in person or via phone to ensure accurate and timely information is readily available.	Hospital Incident Command (HICS) should look at ensuring that their plans note the need to have a RSME readily available during a radiological related incident.	Planning	Hospitals	Safety Officer	July 2014	Dec 2014

Capability	Observations	Recommendations	Corrective Action Description	Capability Element	Primary Responsible Agency	Agency POC	Start Date	Completion Date
Public Information and Warning	While multiple media releases were released during the duration of the incident there was very little communication between PIOs at the county level, health departments, and hospitals. Increasing the possibility of different messages going out to the public.	Individual counties as well as within the region would benefit on when to actually enact a Joint Information Center (JIC). This could be done possibly through WebEOC or the PHDMC virtual JIC that was initially tested during this exercise.	Update current plans to ensure it is annotated when a JIC will open as well as who will be involved from PIO perspective, meaning which agencies with PIOs would be involved with a JIC.	Planning	Emergency Management Agency	County PIO	Aug 2014	Mar 2015
Public Information and Warning	The use of social media is an area that had not even been addressed in our region until now. It was noted that social media can help during a disaster or it can hinder you greatly if you are not quick to begin monitoring it.	Response agencies should begin working on training PIOs and others on the use of and tracking of social media during incidents within our region.	Begin identifying and training staff on the use of using and tracking information through social media. Update plans to show how and when to use social media outlets for dissemination of information.	Planning and Training	Emergency Management Agency	County PIO	Aug 2014	Mar 2015
Mass Care	Hospitals as well as other organizations were contacting local health departments to have them open CRCs with the expectation that the CRCs would take care of all their contaminated individuals.	Per the CDC a CRC should open within 24 hours of an incident. It is in place to handle the worried well to keep them from showing up at hospitals. It is not a decontamination line for incident site victims. Training should be conducted for all response partners on this information.	Conduct training on the overview of a CRC to all response partners.	Training	PHDMC	Larry Cleek	Jul 2014	June 2015

Capability	Observations	Recommendations	Corrective Action Description	Capability Element	Primary Responsible Agency	Agency POC	Start Date	Completion Date
Mass Care	Trying to find SMEs to support radiation related issues within a CRC was impossible to complete due to limited SMEs being available. SMEs within a CRC would be needed within the monitoring and decontamination stations. Running a CRC will not be accomplished by one organization it will require multiple organizations.	A regional sub-committee should be formed to address where the staffing and SMEs on radiation would be available to support a CRC. Pre-identification of key personnel beforehand will ensure a timely and efficient opening of a CRC.	Form regional sub-committee to address staffing concerns and support of organizational partners to open CRC.	Planning	MMRS (DMMRS/ WCO RMRS Radiological Issues Committee)	David Gerstner	Aug 2014	June 2015
Responder Safety and Health	There was not a clear understanding of who to call to get information for protecting responders. Calls were made to Incident Command, to the State, and some to county agencies. This resulted in different answers and the answers were not always timely.	Use the exercise lessons learned to create radiation plans specific to you facility and your response role as an addition to the WCO Radiation plan. Find and record in the plan contact information and location of radiological response equipment.	Develop or modify internal plans to supplement county and regional plans on who to communicate to gather information for protecting responders.	Planning	PHDMC	Larry Cleek	Aug 2014	June 2015
WMD/HAZMAT Response and Decontamination	Decontamination procedures were discussed at each location, but little or no coordinated decontamination discussions were had between agencies.	Future regional planning should focus on how agencies in the WCO can work together to use resources efficiently to meet the needs of the largest number of affected individuals in the shortest time.	Form regional sub-committee to discuss the processes available to use for decontamination of large numbers during a disaster.	Planning	MMRS (DMMRS/ WCO RMRS Radiological Issues Committee)	David Gerstner	Sept 2014	June 2015

Capability	Observations	Recommendations	Corrective Action Description	Capability Element	Primary Responsible Agency	Agency POC	Start Date	Completion Date
WMD/HAZMAT Response and Decontamination	Numerous organizations have not received training in years or have not received training at all in regards to radiation. Even an awareness level training would be found beneficial by many of the participants that were involved with this exercise.	Offer radiation related training classes to response partners based on their specific need. Awareness level classes for the basic organization all the way up to more detailed classes for those individuals who would be involved with actually using monitoring equipment during a radiation related incident. Again, training would vary depending on the need.	Develop, schedule, and offer assorted radiation level training courses to response partners.	Planning and Training	MMRS (DMMRS/ WCO RMRS Radiological Issues Committee)	David Gerstner	August 2014	June 2015

APPENDIX B: ACRONYMS

Table B.1: *Acronyms*

Acronym	Meaning
AAR/IP	After Action Report/Improvement Plan
ASPR	Assistant Secretary for Preparedness and Response
CDC	Centers for Disease and Control
CRC	Community Reception Center
DOC	Department Operations Center
EMA	Emergency Management Agency
EOC	Emergency Operations Center
EPC	Emergency Preparedness Coordinator
EPI	Epidemiology or Epidemiologist
FE	Functional Exercise
FOUO	For Official Use Only
GDAHA	Greater Dayton Area Hospital Association
HICS	Hospital Incident Command System
HSEEP	Homeland Security Exercise & Evaluation Program
IAP	Incident Action Plan
IC	Incident Commander
ICS	Incident Command System
JIC	Joint Information Center
JIS	Joint Information System
MMRS/RMRS	Metropolitan Medical Response System
MOU	Memorandum of Understanding
NECP	National Emergency communications Plan
NIMS	National Incident Management System
ODH	Ohio Department of Health
PHDMC	Public Health – Dayton & Montgomery County
PIO	Public Information Officer
POC	Point of Contact
PPE	Personnel Protective Equipment
RDD	Radioactive Dispersal Device
RMRS	Regional Medical Response System
SME	Subject Matter Expert

Acronym	Meaning
SOG	Standard Operational Guidelines
TCL	Target Capability List
WCO	West Central Ohio
WPAFB	Wright Patterson Air Force Base