
Metropolitan Washington Council of Governments

Emergency Preparedness Council

2008 Senior Leaders Seminar

**AFTER ACTION REPORT/
IMPROVEMENT PLAN**

Publication Date: December 21, 2008



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EMERGENCY PREPAREDNESS COUNCIL
2008 SENIOR LEADERS SEMINAR
After Action Report/Improvement Plan (AAR/IP)

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EXECUTIVE SUMMARY

This After Action Report (AAR) provides a summary of discussions, issues and recommendations from the Emergency Preparedness Council (EPC) Senior Leaders Seminar (SLS) held October 21, 2008, in Washington, D.C. This Seminar provided an opportunity for National Capital Region (NCR) leaders involved in emergency planning and response to discuss their respective roles, responsibilities, and interests in the context of a facilitated, scenario-based session. The Seminar was designed to build awareness of the unique regional challenges a pandemic influenza event presents, and provide the participants with an understanding of the differences between managing a pandemic influenza event and responding to other all-hazards emergencies and disasters.

The EPC SLS Planning Committee was composed of numerous and diverse agencies, including: D.C. Department of Health; D.C. Homeland Security and Emergency Management Agency; Federal Emergency Management Agency Office of National Capital Region Coordination; City of Fairfax Office of Emergency Management; Joint Force Headquarters National Capital Region; Maryland Emergency Management Agency; Metropolitan Washington Council of Governments; and Virginia Department of Emergency Management. The SLS Planning Team developed the following objectives for the seminar:

- Increase the awareness of the EPC concerning the decision-making process for pandemic influenza and how NCR leadership will communicate with the public during a pandemic event.
- Develop an understanding, within the EPC, of coordination and communication processes among the private sector, public sector and non-profit organizations and their impacts upon the NCR.
- Develop an understanding of the interdependencies between private sector enterprise and the public sector during a pandemic and their effects in the NCR.
- Explore the economic impact a severe pandemic event will have upon businesses and commercial operations within the NCR over an extended period of time.

The scenario for the Seminar involved a pandemic influenza event with regional, national and global impacts. The scenario was comprised of three Game Periods, each focusing on different stages of a pandemic influenza event: Emerging Pandemic, Peak Pandemic, and Declining Pandemic. Situation Briefings described the progress of events, as well as federal, state, local, and private sector activities that would be underway. Additionally, Special Topic Briefings were presented in each Game Period to educate participants or clarify identified new concepts.

The purpose of this AAR is to analyze Seminar results, identify strengths to be maintained and

built upon, identify potential areas for further improvement, and support the development of corrective actions. Issues identified during the exercise are provided in Section 3 *Analysis of Capabilities* and Appendix C *Issues Submitted by Participants (Issues Cards)*.

Major Strengths

The major strengths within the NCR jurisdictions identified during this seminar are as follows:

- **Strong Leadership Communication and Coordination:** NCR leadership communicates and coordinates regularly. Thus, at the onset of a pandemic influenza event, the NCR will begin coordinating preparation and response actions.
- **Consistent Coordination through Pandemic Influenza Plans:** Jurisdictions in the NCR coordinate pandemic preparedness and response efforts under existing Pandemic Influenza Plans.

Primary Areas for Improvement

Throughout the exercise, several opportunities for improvement in the NCR jurisdictions were identified. The primary areas for improvement are as follows:

- **Mutual Aid:** There is potential for reluctance by neighboring jurisdictions to provide mutual aid during a pandemic influenza event.
- **Health and Medical Pandemic Funding:** The NCR health and medical community has not received the same amount of preparation and funding as other emergency response sectors in the NCR.
- **Pre-declaration Protocols:** There are lack of protocols for pre-declarations for pandemic influenza in the NCR, and lack of knowledge about what provisions a federal public health emergency declaration provides.
- **Prophylaxis Distribution:** There is a lack of clarification in the NCR regarding protocols for prophylaxis distribution.
- **Telecommuting:** There may be issues involving technological capacity associated with high numbers of private and public sector employees telecommuting during a pandemic influenza event.
- **Maintained Workforce:** There is a lack of standard operating procedures and other

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policies in both the public and private sectors to ensure the availability of key personnel to support continuity of business and essential operations when these sectors are experiencing high absenteeism rates during a pandemic event.

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SECTION 1: SEMINAR OVERVIEW

Seminar Details

Seminar Name

Emergency Preparedness Council Senior Leaders Seminar

Type of Exercise

Seminar

Seminar Start Date

October 21, 2008

Seminar End Date

October 21, 2008

Duration

Five hours

Location

Metropolitan Washington Council of Governments
Board Room, Third Floor
777 North Capitol Street, NE
Washington, D.C. 20002

Sponsor

Metropolitan Washington Council of Governments
National Capitol Region Exercise and Training Operations Panel

Scenario Type

Pandemic Influenza Event

Seminar Planning Committee

Name	Organization
Don Amos	Virginia Department of Emergency Management
Kelley Coyner	Senior Policy Group
Christina Crue	Maryland Emergency Management Agency
Rita Daye	District of Columbia Department of Health
Colonel Daniel Fisher	Joint Force Headquarters National Capital Region
Merni Fitzgerald	Fairfax County Public Affairs

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Joe Henderson	Federal Emergency Management Agency, Office of National Capital Region Coordination
Lt. Col. Cathy Huley	Joint Force Headquarters National Capital Region
Dave McMillion	Metropolitan Washington Council of Governments
Beverly Pritchett	District of Columbia Department of Health
Jamie Quarrelles	District of Columbia Homeland Security and Emergency Management Agency
Nancy Rea	Metropolitan Washington Council of Governments
Cheri Roe	Office of National Capital Region Coordination, Federal Emergency Management Agency
Ken Rudnicki	City of Fairfax Office of Emergency Management
Vincent Scannelli	Joint Force Headquarters National Capital Region
Colonel Michael Youngblood	Joint Force Headquarters National Capital Region

Participating Organizations

Federal
Federal Emergency Management Agency, Region III
Federal Emergency Management Agency, Region IV
Federal Emergency Management Agency, Office of the National Capital Region Coordination
Joint Force Headquarters National Capital Region
U.S. Centers for Disease Control and Prevention
U.S. Environmental Protection Agency
U.S. General Services Administration
U.S. Health and Human Services
U.S. Health and Human Services, Office of the Assistant Secretary for Preparedness and Response (ASPR)
U.S. Office of Personnel Management

State
Maryland Department of Health and Mental Hygiene
Maryland Department of Transportation
Maryland Emergency Management Agency
Maryland Emergency Medical Services

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Maryland Governor’s Homeland Security Advisor
Virginia Department of Emergency Management
Virginia Department of Health
Virginia Governor’s Office of Commonwealth Preparedness

Regional
Health and Medical Regional Programmatic Working Group
Metropolitan Washington Council of Governments
National Capital Region Emergency Support Function 16
National Capital Region Senior Policy Group
National Capital Region State Administrative Agent
Washington Metropolitan Area Transit Authority

Local
Alexandria City Manager
Alexandria Office of Emergency Management
Arlington County Office of Emergency Management
Arlington County Fire Department
D.C. Department of Health
D.C. Homeland Security and Emergency Management
Fairfax County Executive
Fairfax County Health Department
Fairfax County Office of Emergency Management
Fairfax County Office of Public Affairs
Fairfax City Emergency Management
Frederick County Emergency Management
Frederick County Office of County Manager
Montgomery County Council
Montgomery County Office of Emergency Management and Homeland Security
Montgomery County Office of Technology Services
Prince George’s County Chief Administrative Officer
Prince George’s County Health Department
Prince George’s County Office of Emergency Management

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Local
Prince William County Emergency Services
Takoma Park Council

Private/Nonprofit
American Red Cross of the National Capital Area
American Trucking Association
Consortium of Universities
D.C. Board of Funeral Directors
Greater Washington Board of Trade
Fairfax Water
Metropolitan Washington Airports Authority
Nonprofit Roundtable of Greater Washington
Northern Virginia Hospital Alliance
PEPCO Holdings, Inc.
Washington Area School Study Council

Number of Participants

Total Attendees:

Participants: 85

Issues Team: 5

Facilitator: 1

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SECTION 2: SEMINAR DESIGN SUMMARY

Seminar Purpose and Design

The EPC SLS provided an opportunity for leaders in the National Capital Region to discuss their roles and responsibilities in the event of an influenza pandemic.

The SLS Planning Team identified the following overarching goals for the seminar:

- Build awareness of the unique regional challenges a pandemic influenza event presents.
- Provide the participants with an understanding of the differences between managing a pandemic influenza event and other all-hazards emergencies and disasters.
- Discuss how their respective roles and responsibilities intersect in the context of a pandemic influenza event with regional, national and global effects.

During the course of the Seminar, participants were led through a pandemic influenza scenario consisting of three Game Periods (Emerging Pandemic, Peak Pandemic, and Declining Pandemic) and five Special Topic Briefings. The Special Topic Briefings presented information on subjects of special interest to seminar participants, and included the following topics:

- Communications
- Anti-virals and Pre-Pandemic Vaccine
- Mass Fatality Planning
- First Responder Impacts
- Critical Infrastructure Impacts

Seminar Objectives, Capabilities, and Activities

To meet the overarching goals of the Seminar, the EPC SLS Planning Team identified the following objectives for the Seminar:

- **Objective 1:** Increase the awareness of the EPC concerning the decision-making process for pandemic influenza and how NCR leadership will communicate with the public during a pandemic event.
- **Objective 2:** Develop an understanding within the EPC of coordination and communication processes among the private sector, public sector and non-profit organizations, and their impacts upon the NCR.

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- **Objective 3:** Develop an understanding of the interdependencies between private sector enterprise and the public sector during a pandemic, and their effects in the NCR.
- **Objective 4:** Explore the economic impact a severe pandemic event will have upon businesses and commercial operations within the NCR over an extended period of time.

Scenario Summary

In Game Period One, a new strain of H5N1 emerges from Southeast Asia and slowly makes its way to the United States. First cases are identified in California and the strain is effectively transmitted across the country in an eastwardly pattern. The National Capital Region prepares for the pandemic by communicating with the public and implementing social distancing measures.

In Game Period Two, pandemic influenza hits the National Capital Region with a 35 percent attack rate and a two percent mortality rate. Healthcare sectors are overwhelmed. Public and private sector entities experience a 40 percent workforce reduction, requiring public and private sectors alike to implement Continuity of Operations and Continuity of Business plans.

In Game Period Three, the pandemic is declining in the National Capital Region. Effects on public and private sector entities are significant. Ongoing effects of absenteeism in public and private sector are still being felt. Assessments of critical infrastructure are conducted while recovery operations are about to begin.

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SECTION 3: ANALYSIS OF CAPABILITIES

This section of the AAR reviews the performance of the exercised capabilities, activities and tasks. In this section, observations are organized by capability and associated activities (see Appendix E *Target Capabilities List* for a complete list of the 37 Target Capabilities defined by the U.S. Department of Homeland Security). The capabilities linked to the seminar objectives of the EPC SLS are listed below, followed by corresponding definitions. Each capability is followed by related observations. Please note that observations are not ranked in order of importance, but listed in order of mission capability. Associated recommendations for corrective actions are included in Appendix A *Improvement Plan Matrix*. Observations denoted with an asterisk (*) are not included in the Improvement Plan Matrix per the EPC SLS Planning Committee.

COMMON MISSION CAPABILITY: PLANNING

Capability Definition

Planning is the mechanism through which Federal, State, local and tribal governments, non-governmental organizations (NGOs), and the private sector develop, validate, and maintain plans, policies, and procedures describing how they will prioritize, coordinate, manage, and support personnel, information, equipment, and resources to prevent, protect and mitigate against, respond to, and recover from Catastrophic events. Preparedness plans are drafted by a litany of organizations, agencies, and/or departments at all levels of government and within the private sector. Preparedness plans are not limited to those plans drafted by emergency management planners. The planning capability sets forth many of the activities and tasks undertaken by an Emergency Management planner when drafting (or updating) emergency management (preparedness) plans.

Outcome

Plans incorporate an accurate threat analysis and risk assessment and ensure that capabilities required to prevent, protect against, respond to, and recover from all-hazards events are available when and where they are needed. Plans are vertically and horizontally integrated with appropriate departments, agencies, and jurisdictions. Where appropriate, emergency plans incorporate a mechanism for requesting State and Federal assistance and include a clearly delineated process for seeking and requesting assistance from appropriate agency(ies).

The following observations refer to issues and themes discussed or recorded at the EPC SLS as they relate to specific preparedness and performance task measures.

- **Task ComA 2.3.3:** Develop regional coordination plans or activities that involve all Federal, State, local, territorial, tribal, NGO, and private stakeholders.

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Planning Observation 1: Participants identified issues involving the NCR health and medical community in that they have not received the same amount of preparation and funding as other emergency response sectors in the NCR.

Planning Observation 2: Participants noted that the role of and impact on the non-profit sector must be discussed more in-depth, as non-profit organizations will play a major role in education, preparedness, communications, treatment of patients, training, and recovery.

Planning Observation 3: Participants noted that elected officials are critical to decision-making, yet only one elected official participated in the seminar.

Planning Observation 4: Participants noted that individual jurisdictions in the NCR have existing pandemic influenza plans; however, these plans are in various stages of completion and all are currently under federal review. They also noted there is no regional pandemic influenza plan.

- **Task ComA 2.4:** Develop emergency operations/response plans that describe how personnel, equipment, and other governmental, nongovernmental, and private resources will support and sustain incident management requirements.

Planning Observation 5: Participants were unsure of the provisions a federal public health emergency declaration provides.

- **Task ComA 2.7:** Develop National, State/Local, and Non-Governmental Continuity Plans. All-level Continuity Plans will describe how personnel, equipment, and other governmental, non-governmental, and private resources will support the sustainment and/or reestablishment of essential functions. Plans shall identify the critical and time sensitive applications, processes, and functions, to be recovered and continued, following an emergency or disaster, as well as the personnel and procedures necessary to do so, such as business impact analysis, business continuity management, vital records preservation and alternate operating facilities.

Planning Observation 6: Participants discussed issues involving a lack of standard operating procedures and other policies in both the public and private sectors to ensure continuity of business and essential operations when experiencing high absenteeism rates during a pandemic influenza event.

Planning Observation 7: Participants discussed the potential lack of key personnel with critical skill sets, especially for emergency support functions, during a pandemic event when absenteeism rates are high and when there is a

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higher potential for opportunistic terrorist events as response systems are already taxed.

Planning Observation 8: Participants expressed concern about how states will address shortages in key personnel. A study shows that a high number will not show for work if their safety and the safety of families are not adequately or proactively addressed. Human resources concerns (i.e., long work hours, workers' compensation, insurance coverage, liability, etc.) are critical for key personnel and must be addressed to increase confidence in responding.

Planning Observation 9: Participants expressed concern about the technological challenges that could be posed when high levels of telecommuting by public and private sector employees places a high demand on telecommunications systems in the region.

***Planning Observation 10:** Participants identified issues involving a potential reluctance for neighboring jurisdictions to provide mutual aid during a pandemic, and discussed the need for coordinated federal response.

PROTECT MISSION CAPABILITY: CRITICAL INFRASTRUCTURE PROTECTION (CIP)

Capability Definition

The Critical Infrastructure Protection (CIP) capability enables public and private entities to identify, assess, prioritize, and protect critical infrastructure and key resources so they can detect, prevent, deter, devalue, and mitigate deliberate efforts to destroy, incapacitate, or exploit the Nation's critical infrastructure and key resources.

Outcome

The risk to, vulnerability of, and consequence of an attack on critical infrastructure are reduced through the identification of critical infrastructure; conduct, documentation, and standardization of risk assessments; prioritization of assets; decisions regarding protective and preventative programs; and implementation of protective and preventative plans.

The following observation refers an issue discussed or recorded at the EPC SLS as it relates to specific preparedness and performance task measures.

- **Task Pro.A1a 1.1.2:** Develop Sector-Specific Plans.

CIP Observation 1: Participants noted critical regional water supply issues such as power, chemical and transportation supply chains that will allow potable water to continue to flow. If there is a disruption in any component of the supply chain, there is a potential that only non-potable water will be available for basic sanitation and fire protection needs.

RESPOND MISSION CAPABILITY: VOLUNTEER MANAGEMENT AND DONATIONS (VMD)

Capability Definition

Volunteer Management and Donations is the capability to effectively coordinate the use of volunteers and donations in support of domestic incident management.

Outcome

The positive effect of using volunteers and donations is maximized to augment incident operations.

The following observation refers an issue discussed or recorded at the EPC SLS as it relates to specific preparedness and performance task measures.

- **Task Res.B1e 1.1.7:** Identify potential volunteer opportunities to expedite community involvement.

VMD Observation 1: Participants noted that volunteers are a critical resource during any disaster or public health emergency. There is a need to determine what specific roles volunteers will have during a pandemic influenza event, whether they will be prioritized for prophylaxis, and whether they will be covered for liability.

RESPOND MISSION CAPABILITY: RESPONDER SAFETY AND HEALTH (RSH)

Capability Definition

Responder Safety and Health is the capability that ensures adequate trained and equipped personnel and resources are available at the time of an incident to protect the safety and health of on scene first responders, hospital/medical facility personnel (first receivers), and skilled support personnel through the creation and maintenance of an effective safety and health program.

The Responder Safety and Health capability is a critical component of safe overall emergency management. First responders include police, fire, emergency medical services (EMS), and other

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emergency personnel, as well as emergency management, public health, clinical care, public works, and other skilled support personnel (such as equipment operators). This extended definition includes a very broad set of workers and a wide range of likely response-related activities, resulting in an increased number of potential hazards and exposures. Building the ability to protect all responders from all hazards is a substantial undertaking that involves prevention, preparedness, response, and recovery efforts.

Outcome

No illnesses or injury to any first responder, first receiver, medical facility staff member, or other skilled support personnel as a result of preventable exposure to secondary trauma, chemical/radiological release, infectious disease, or physical and emotional stress after the initial incident or during decontamination and incident follow-up.

The following observation refers to an issue discussed or recorded at the EPC SLS as it relates to specific preparedness and performance task measures.

- **Task Res.B1b 6.3:** Ensure the provision of appropriate safety and health equipment.

RSH Observation 1: Participants noted that there is a need to clarify priorities and protocols on prophylaxis implementation in the NCR.

**RESPOND MISSION CAPABILITY:
EMERGENCY PUBLIC INFORMATION AND WARNING (EPIW)**

Capability Definition

The Emergency Public Information and Warning capability includes public information, alert/warning and notification. It involves developing, coordinating, and disseminating information to the public, coordinating officials, and incident management and responders across all jurisdictions and disciplines effectively under all hazard conditions.

- (a) *The term “public information” refers to any text, voice, video, or other information provided by an authorized official and includes both general information and crisis and emergency risk communication (CERC) activities. CERC incorporates the urgency of disaster communication with risk communication to influence behavior and adherence to directives.*

- (b) *The term “alert” refers to any text, voice, video, or other information provided by an authorized official to provide situational awareness to the public and/or private sector about a potential or ongoing emergency situation that may require actions to protect life, health, and property. An alert does not necessarily require immediate*

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actions to protect life, health, and property and is typically issued in connection with immediate danger.

- (c) *The term “warning” refers to any text, voice, video, or other information provided by an authorized official to provide direction to the public and/or private sector about an ongoing emergency situation that requires immediate actions to protect life, health, and property. A warning requires immediate actions to protect life, health, and property and is typically issued when there is a confirmed threat posing an immediate danger to the public.*
- (d) *The term “notification” refers to any process where Federal, State, local, tribal, and nongovernmental organization, department, and/or agency employees and/or associates are informed of an emergency situation that may require a response from those notified.*

Outcome

Government agencies and public and private sectors receive and transmit coordinated, prompt, useful, and reliable information regarding threats to their health, safety, and property, through clear, consistent information-delivery systems. This information is updated regularly and outlines protective measures that can be taken by individuals and their communities.

The following observations refer to issues and themes discussed or recorded at the EPC SLS as they relate to specific preparedness and performance task measures.

- **Task Res.B1f 1.2:** Develop communication plans, policies, procedures, and systems that support required information sharing and communications across stakeholders to support public information, alert/warning, and notification.

***EPIW Observation 1:** Participants noted that the lack of agreement on a conceptual framework for escalating briefings risks making decisions without individual functional groups reaching consensus.

***EPIW Observation 2:** Participants noted that the lack of clear differentiation between internal information flow versus external information flow risks reducing quality of information available for decision makers and confusing the general populations due to their lack of expertise in the particular threat area. There is significant risk to mixing the information flows between educated, experienced officials who understand risk and uncertainty, and those that need to be appropriate for a broad audience with limited experience in responding to uncertain circumstances.

- **Task Res.B1f 3.1.2:** Coordinate external information programs

***EPIW Observation 3:** Participants expressed concern about federal officials who are not normally engaged in our region making statements on television that could undermine the confidence in regional activities already underway.

RESPOND MISSION CAPABILITY: MEDICAL SURGE (MS)

Capability Definition

Medical Surge is the capability to rapidly expand the capacity of the existing healthcare system (long-term care facilities, community health agencies, acute care facilities, alternate care facilities and public health departments) in order to provide triage and subsequent medical care. This includes providing definitive care to individuals at the appropriate clinical level of care, within sufficient time to achieve recovery and minimize medical complications. The capability applies to an event resulting in a number or type of patients that overwhelm the day-to-day acute-care medical capacity. Planners must consider that medical resources are normally at or near capacity at any given time. Medical Surge is defined as rapid expansion of the capacity of the existing healthcare system in response to an event that results in increased need of personnel (clinical and non-clinical), support functions (laboratories and radiological), physical space beds, alternate care facilities) and logistical support (clinical and non-clinical equipment and supplies).

Outcome

Injured or ill from the event are rapidly and appropriately cared for continuity of care is maintained for non-incident related illness or injury.

The following observations refer to issues and themes discussed or recorded at the EPC SLS as they relate to specific preparedness and performance task measures.

- **Task Res.C1b 1.5.1:** Establish a healthcare system to receive and appropriately treat incident specific casualties or illnesses. This system should be composed of multiple resources from State, sub-State and community resources.

MS Observation 1: Participants noted that pandemic influenza medical surge results in mismatch of demand and supply. Standards, laws, remuneration, rationing are all different in time of over-capacity. When do the commercial organizations go to “non-compete?”

- **Task Res.C1b 7.3.1:** Ensure adequacy of medical equipment and supplies in support of immediate medical response operations and for restocking supplies/equipment requested.

MS Observation 2: Participants expressed concern about how the region would handle the large amount of increased medical waste.

RECOVER MISSION CAPABILITY: ECONOMIC AND COMMUNITY RECOVERY (ECR)

Capability Definition

Economic and Community Recovery is the capability to implement short- and long-term recovery and mitigation processes after an incident. This will include identifying the extent of damage caused by an incident, conducting thorough post-event assessments and determining and providing the support needed for recovery and restoration activities to minimize future loss from a similar event.

Outcome

Economic impact is estimated; priorities are set for recovery activities; business disruption is minimized; and individuals and families are provided with appropriate levels and types of relief with minimal delay.

The following observation refers an issue discussed or recorded at the EPC SLS as it relates to specific preparedness and performance task measures.

➤ **Task Rec.C3b 1.4:** Coordinate recovery and mitigation planning

ECR Observation 1: Participants noted that the role of RESF 14 (Long-Term Recovery) should be addressed early on - in fact, with a second wave of pandemic influenza anticipated, recovery should be a priority early on in the duration of the event. There will be many long-term recovery issues in a pan flu event: 1) long-term health care recovery; 2) long-term mental health services/case management; and 3) long-term economic recovery.

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SECTION 4: CONCLUSION

The EPC SLS met its objective for increasing the awareness of the EPC regarding the decision-making process for pandemic influenza and how NCR leadership will communicate with the public during a pandemic influenza event. Participants discussed the need for individual jurisdictions within the NCR to better share information regarding their own jurisdiction's key decision-making processes and Continuity of Operations information for pandemic influenza to further strengthen regional information flow and coordination.

The EPC SLS also met its objectives for developing an understanding within the EPC of coordination and communication processes among private sector, public sector and non-profit organizations, and their impacts upon the NCR, and developing an understanding of interdependencies between private sector enterprise and the public sector during a pandemic, and their effects in the NCR. The EPC has demonstrated time and again its ability to communicate and coordinate at the leadership level. Although some improvements can be made to more effectively ensure coordinated public information release, NCR communications coordination is very strong. The participants also noted the need to better incorporate non-profit organizations and universities into pandemic influenza planning, and they will have major response roles in such a large public health emergency. Lastly, the role of and communication with the private sector was discussed among SLS participants. Participants agreed that more information needs to be shared between private and public sector entities to better ensure the most essential functions support NCR residents and businesses can be maintained during a pandemic influenza event.

The National Capital Region is making strides in preparing to respond to a pandemic influenza event. There is a great deal of planning for pandemic influenza occurring within each jurisdiction. Although the jurisdictions work together in their planning efforts, these efforts should be documented in each jurisdiction's pandemic influenza plan by: ensuring plans incorporate volunteer and non-profit organizations; ensuring appropriate protocols and policies are in place regarding priority tiers for prophylaxis; ensuring that all key personnel are adequately trained to support essential functions; and ensuring that the safety of key personnel and their families are proactively and adequately addressed.

Additionally, supporting technological systems should be assessed to ensure they are capable of handling a great increase in reliance upon them. When public and private sector employees are requested to telecommute during a pandemic, technology and communications systems could easily become overwhelmed with the increase in demand for their usage. The NCR should ascertain whether the current systems are capable of handling such surge.

The EPC should continue to explore the long-term economic impacts a pandemic influenza event will have, and create a recovery strategy to address them.

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APPENDIX A: IMPROVEMENT PLAN MATRIX

This Improvement Plan Matrix has been developed as a result of EPC Senior Leaders Seminar conducted on October 21, 2008. The EPC SLS Planning Committee has included only those observations detailed in the AAR with actionable improvement planning items in the Improvement Plan Matrix below. All observations have associated recommendation(s), descriptions of corrective actions to be taken in support of the recommendation(s), the responsible parties for each action, as well as start and completion dates. The information in this Improvement Plan Matrix draws on both the After Action Report and the After Action Conference.

Capability	Observation	Recommendation	Corrective Action Description	Primary Responsible Agency	Agency POC	Start Date	Completion Date
Common Area Capability: Planning	1. The NCR health and medical community has not received the same amount of preparation and funding as other emergency response sectors in the NCR.	The NCR should prioritize issues related to preparing the NCR health and medical community.	a. Conduct med surge gap analysis.	SPG/CAO	SPG/CAO	3/1/09	2/28/10
			b. Develop prioritized issues list.	Health and Medical RPWG	Beverly Pritchett	3/1/09	2/28/10
			c. Expand MMRS model throughout the NCR.	Health and Medical RPWG	Beverly Pritchett	3/1/09	2/28/10

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Capability	Observation	Recommendation	Corrective Action Description	Primary Responsible Agency	Agency POC	Start Date	Completion Date
	2. The role of and impact on non-profit sector must be discussed more in-depth as non-profit organizations will play a major role in education, preparedness, communications, treatment of patients, training, and recovery.	The NCR should better define the roles and responsibilities of non-profit organizations in pandemic influenza planning and response.	a. Host a conference of the non-profit sector and organizations to develop guidance on the roles and responsibilities of non-profit organizations in pandemic influenza planning and response.	SPG/CAO	SPG/CAO	3/1/09	2/28/10
			b. Examine the role of non-profits on the med surge gap analysis.	SPG/CAO	SPG/CAO	3/1/09	2/28/10
	3. Elected officials are critical to decision-making, yet only one elected official participated in the seminar.	Include at least four to five local elected officials in senior leaders' seminars.	Identify strategies to increase elected official participation in future exercises.	MWCOG	Dave Robertson	3/1/09	2/28/10
	4. Individual jurisdictions in the NCR have existing pandemic influenza plans; however, these plans are in various stages of completion, and all are currently under federal review. There is no regional pandemic influenza plan.	Jurisdictions in the NCR should work to update pandemic influenza plans based upon the federal review, and share key decision-making information within the NCR.	a. Each individual state should update their plans and share within the region.	State Public Health Departments	State Public Health Director	3/1/09	2/28/10
			b. Develop a regional matrix on pandemic influenza decision-making processes.	RESF 8	Beverly Pritchett	3/1/09	2/28/10
	5. There is lack of	Clarify the protocols for	a. Research and	U.S. Health	Glenn	3/1/09	2/28/10

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Capability	Observation	Recommendation	Corrective Action Description	Primary Responsible Agency	Agency POC	Start Date	Completion Date
	understanding regarding the provisions a federal public health emergency declaration provides.	and provisions of declaring a federal public health emergency and incorporate these findings into emergency operations plans.	provide guidance on a federal public health emergency declaration.	and Human Services	Blanchette		
			b. Incorporate details of the provisions that a federal public health declaration provides into state plans.	State Public Health Departments	State Public Health Directors	3/1/09	2/28/10
	6. There is a lack of standard operating procedures and other policies in both the public and private sectors to ensure continuity of business and essential operations when they are experiencing high absenteeism rates during a pandemic influenza event.	Agencies should share key COOP information within the NCR.	a. Share information regarding lines of succession with NCR jurisdictions.	State Emergency Management Agencies	State Emergency Management Directors	3/1/09	2/28/10
			b. Engage private sector organizations in COOP processes.	State Emergency Management Agencies and Public Information Officers	State Emergency Management Directors and State Public Information Officers	3/1/09	2/28/10
	7. There is lack of key personnel with critical skill sets, especially for emergency support functions, during a pandemic event when absenteeism rates are high and when there is a higher potential for opportunistic terrorist events as response systems are	Ensure organizations have adequate personnel depth to perform critical functions identified in their COOP plans.	Cross train staff to support multiple essential functions.	State Emergency Management Agencies	State Emergency Managers	3/1/09	2/28/10

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Capability	Observation	Recommendation	Corrective Action Description	Primary Responsible Agency	Agency POC	Start Date	Completion Date
	already taxed.						
	8. There is concern about how states will address shortages in key personnel. A study shows that a high number will not show for work if their safety and the safety of their families is not adequately and proactively addressed. Human resource concerns are critical for key personnel (e.g., long hours, workers' compensation, insurance coverage, liability, etc.) and must be addressed to increase confidence in responding.	Develop guidance on issues to consider when making policies to mitigate staffing shortages.	Each jurisdiction creates guidance.	Legal Workgroup	Appropriate Human Resources, Legal, and Emergency Management points of contact	3/1/09	2/28/10
		Develop template for family assistance planning and share within the NCR.	Develop and share family assistance template.	RESF 5	Jack Markey	3/1/09	2/28/10
	9. There is concern about the technological challenges that could be posed when high levels of telecommuting by public and private sector employees places high demand on telecommunications systems in the region.	Senior Leaders need to work with private sector providers to determine capacity and solution.	Conduct an IT survey to determine capacity within various areas for supporting telecommuting.	RESF 2 and CIO working group	George Denolavich	3/1/09	2/28/10

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Capability	Observation	Recommendation	Corrective Action Description	Primary Responsible Agency	Agency POC	Start Date	Completion Date
Protect Mission Capability: Critical Infrastructure Protection	There is the potential for key water supply issues in the region. If power, chemicals and transportation are continued then potable water will flow. If power but no chemicals are continued then non-potable water can flow for basic sanitation and fire protection.	Federal and state drinking water agencies would need to relax drinking water standards to provide legal framework to deliver non-potable water.	Develop recommendations for the NCR.	RESF 3	Jim Shell	3/1/09	2/28/10
Respond Mission Capability: Volunteer Management and Donations	Volunteers are a critical resource in any disaster or public health emergency. There is a need to determine what role volunteers will have, whether they will be prioritized for prophylaxis and whether they will be covered for liability.	Incorporate use of volunteers in pandemic influenza plans.	Verify that state pandemic influenza plans incorporate use of volunteers.	State Public Health Departments	State Public Health Directors	3/1/09	2/28/10
Respond Mission: Responder Safety and Health	There is a need to clarify priorities and protocols on prophylaxis implementation in the NCR.	The NCR should review priority tiers for key personnel on a regional basis and clarify protocols where necessary.	Review and discuss differences in priority tiers for anti-virals and vaccine within the NCR.	RESF 8	Beverly Pritchett	3/1/09	2/28/10

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Capability	Observation	Recommendation	Corrective Action Description	Primary Responsible Agency	Agency POC	Start Date	Completion Date
Respond Mission Capability: Medical Surge	1. Pandemic influenza medical surge results in mismatch of demand and supply. Standards, legal, remuneration, rationing are all different in time of over-capacity. When do the commercial organizations go to “non-compete?”	Review supply and demand logistics for medical surge capacity in the NCR.	Incorporate medical surge supply/demand logistics review into gap analysis.	SPG/CAO	SPG/CAO	3/1/09	2/28/10
	2. There is concern regarding how the region would handle the large amount of increased medical waste.	Coordinate for surge in the handling of medical waste.	Incorporate medical waste surge capacity into pandemic influenza plans.	RESF 3 and Health and Medical RPWG	Beverly Pritchett	3/1/09	2/28/10
Recover Mission Capability: Economic and Community Recovery	The role of RESF 14 (Long-Term Recovery) should be addressed early on. In fact, with a second wave of pandemic influenza anticipated, recovery should be a priority early on in the duration of the event. There will be many long-term recovery issues in a pan flu event: 1) long-term health care recovery; 2) long-term mental	Jurisdictional pandemic influenza plans should include systematic long-term recovery planning for mental health, economics, and restoration of infrastructure.	Verify whether jurisdictional pandemic influenza plans include systematic long-term recovery planning.	State Public Health Department and State Emergency Management Agency	State Public Health Director and State Emergency Management Director	3/1/09	2/28/10

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Capability	Observation	Recommendation	Corrective Action Description	Primary Responsible Agency	Agency POC	Start Date	Completion Date
	health services/case management; 3) long-term economic recovery.						

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APPENDIX B: EVALUATION SUMMARY

Participants from federal, state and local governments, and the private sector attended the EPC Senior Leaders Seminar held on October 21, 2008, in Washington, D.C. This document is a compilation of 23 evaluation forms received at the seminar, which represents 27 percent of the participants. Participants were asked to document observations and comments they had pertaining to the exercise, and below is a snapshot of what was submitted. A scale from 1, strongly disagree, to 5, strongly agree, was used to rank statements relating to the seminar objectives, seminar process, scenario used at the seminar, materials and other general topics. The percentages represent the percent of participants who responded with the corresponding number.

Seminar Goals and Objectives	Count of Responses Per Rating					Average
	1	2	3	4	5	
Provided an opportunity for seminar participants to discuss roles and responsibilities in the context of a pandemic influenza event with national, regional and global effects.	0	1	3	10	9	4.2
Became informed on the decision-making process for pandemic influenza and how the NCR leadership will communicate with the public during a pandemic event.	1	3	5	12	2	3.5
Gained awareness of the coordination and communication processes among the private sector, public sector and non-profit organizations and their impact upon the NCR.	1	4	3	14	1	3.4
Identified the interdependencies between private sector enterprises and the public sector during a pandemic event, and their potential effects on the NCR.	1	4	2	11	5	3.7
Emphasized and explored the economic impact a severe pandemic event will have upon businesses and commercial operations within the NCR over an extended period of time.	1	2	6	8	6	3.7

Additional Comments on Seminar Goals and Objectives:

- Needed clearer understanding of Federal Declaration of Public Health Emergency, how things work under a declaration.

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- There were opportunities to discuss these objectives, but we haven't used the opportunity to discuss these and determine gaps in our preparedness, response, and recovery for a pandemic.
- I think we addressed concerns and not so much the decision-making process.
- Appreciated the lessons learned from CI/KR Seminar. Would like to see series of seminars such as CI/KR that culminate in the SLS to discuss policy level decisions to deal with seminars' lessons learned.
- Good use of Subject Experts briefings: Communications and Messaging and Mass Fatality Plans
- The most critical people that need to be here were not! The elected leaders and more private sector folks need to be in the room!
- Jim Schwartz's presentation was well done and had very relevant information.
- Great interaction between all participants. A lot of great questions were posed. I particularly was interested in the COOP/Telework exchange of questions and ideas.
- Daunting Issue- Well prepared program. Current economy is distracting and real-so focus on this is important and difficult. I do remain concerned that regional emphasis will take a back seat to National decisions. Need to incorporate.
- Moderator gave lip service to private sector issues and instead seemed overly focused on COOP. No institutional role for private sector.
- During Game Period stove piped leaders had trouble identifying trigger, seemed to argue someone else pulled trigger. What happens during long lead time appeared to be wasted. What stovepipe orgs do to begin was vague and seemed to assume a "bang" rather than the expected asymmetric fast/slow surge that is possible in each sector or domain.

Seminar Process	Count of Responses Per Rating					Average
	1	2	3	4	5	
The use of a facilitator enhanced the seminar process.	0	2	3	7	11	4.2
The special topic briefings provided sufficient level of detail to enable meaningful discussion.	0	2	2	11	8	4.1
The hot wash was beneficial and productive.	0	1	1	6	4	4.1
The outcomes from this seminar will help to drive corrective actions for the following year.	2	0	2	10	6	3.9

How can the Seminar Process be improved?

- End on time. Shorten discussions slightly to allow for one or two breaks between sessions
- End at the stated time!

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- I know this is difficult but the discussion needs to be pushed toward discussion of the objectives and not concerns.
- Needed to have DHHS attend to outline Public Health Emergency Declaration as well as Plan Provisions.
- Interviews were useful opportunities for input into SLS scenario development.
- Questions for the players to be developed as shared to ensure all people were engaged in the process. Focus was on states and Feds. Little interaction with local governments.
- Use the crawl, walk, run approach. The scenario was a doomsday situation which could be better managed if we practice some less intensive ones.
- More directed questions.
- The facilitator was great! He kept to the schedule as best he could considering the topic and very complex environment of the NCR.
- Good to have all sectors here, but so high level and general that the “3 things” each person needs to do/remember were lost. Response and recovery and action oriented...most of all the exercise missed that reality.

Additional Comments on Seminar Process:

- I am concerned that we didn’t spend any time on any one issue to address gaps or to come to some resolution. The discussions seemed unstructured and included mostly individual anecdotes and issues that were never followed up on or discussed. Not sure what we as a region gained from this experience. Also, if individuals are invited they should have specific topics or questions to answer.
- I believe that issues were raised and I would hope that corrective actions and steps will be taken (Workers’ Compensation, Legal Issues, Hospital-Healthcare Concerns).
- I enjoyed the dot on the book routine and the questions arising from it. This personalized the experience and I think made people think about what they personally do.
- Excellent opportunity to build relationships which is key as well as to surface key issues—some of which have not been dealt with as of yet.
- What happens to lessons learned? Do they become the agenda for the next year’s work efforts?
- Having copies of the PowerPoint presentations would have been helpful.
- Overall Great Presentations!!
- Focused mostly on deficiencies. Seminar was useful for identifying areas of improvement. Facilitator clearly thought of critical infrastructure as buzz word, lacked factual understanding of its meaning in emergency management as defined in the NIPP and the NIMS.
- Recovery needs more detailed work. Perhaps in “recovery” we can understand “worse case” outcome that up-front planning can prevent (i.e. can’t lend money to high risk people at low rates forever).

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Seminar Scenario	Count of Responses Per Rating					Average
	1	2	3	4	5	
The scenario was realistic.	0	0	0	10	12	4.5
The scenario provided the right context through which participants could discuss issues and processes.	1	0	1	9	11	4.3
The scenario contained a sufficient level of detail.	1	0	2	10	9	4.2
The scenario briefings provided sufficient level of detail to enable meaningful discussion.	1	0	1	12	8	4.2

Additional Comments on Seminar Scenario:

- Topic was mile wide but inch deep. Focus more closely on topics where specific progress/goals can be achieved.
- Do we dumb these exercises down for elected officials? I am not sure that these need to be at a technically higher level.
- Scenario was catastrophic and unprecedented. Less than 10 percent contributed.
- Good use of personal (EPC) impacts to stimulate discussion on COOP Plans (i.e. yellow, green, colored dots)
- Recovery was a difficult section to address as it may be other groups to take the lead. However good discussion.
- Well done, logical sequence, scenario was tied into the phases!

Seminar Materials	Count of Responses Per Rating					Average
	1	2	3	4	5	
The Players' Guide was a useful product and contained sufficient level of detail to enable meaningful participation.	0	0	3	6	13	4.5
It was useful to receive the Players' Guide prior to the seminar in order to review issues and background information.	0	2	3	5	11	4.2
The Situation Manual was a useful product and contained sufficient level of detail to enable meaningful participation.	1	0	2	10	9	4.2

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Are the Players’ Guide and Situation Manual materials that you are likely to utilize after the exercise?

- Yes- 13 (93 percent)
- No- 1 (7 percent)

How can the Players’ Guide and/or the Situation Manual be improved?

- Topic was mile wide but inch deep. Focus more closely on topics where specific progress/goals can be achieved.
- Include PowerPoint.
- Take out pages that don’t say anything or are just place holders.
- Should list questions for all jurisdictions for all sectors, all ESF’s get more people involved!

Additional Comments on Seminar Materials:

- Participants approached this from a 100 percent affected point of view, lack of plan flexibility to range between activities for affected versus high-risk unaffected time periods.
- Section in back should contain briefings so participants can follow along.

General Topics	Count of Responses Per Rating					Average
	1	2	3	4	5	
The Issues Team provided an effective summary of the major issues discussed at the seminar.	0	0	2	9	5	4.2
Support Staff were well-organized and helpful.	0	0	0	4	16	4.9
Registration staff was well-organized and helpful.	0	0	0	3	17	4.9
Registration was a timely and efficient process.	0	0	0	2	17	4.9

Additional Comments on General Topics:

- Too much filtering (on Issues Team process)
- Was there an Issues Team?
- Could wrap up more quickly
- Recommend that there be additional discussion to specifically address or recognize the need to prepare the Healthcare inability to meet surge requirements (Alternate care facility, use of alternate providers)

I would recommend/attend a seminar like this one in the future.

- Yes- 19 (86 percent)

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- No- 3 (14 percent)

I would be willing to participate in a planning group for a similar seminar.

- Yes- 15 (71 percent)
- No- 6 (29 percent)

What was the most successful aspect of the exercise? Why?

- Issues identified that may be addressed by more effective public/private partnerships.
- That we met and talked.
- The entire seminar was of benefit.
- Considering the issue and impacts from many perspectives.
- Always useful to bring together people with diverse interests and responsibilities and talk on this important topic.
- The way the facilitator asked some direct questions of folks who had been previously questioned good ideas.
- Game period 2. Great discussion on impacts to service delivery, collaboration & communications.
- Discussions and interaction
- Engaging participants in discussion on organizational/sector impacts. Engaged discussion provided greater awareness of key issues and regional coordination priorities.
- Relationship building issues surfacing.
- Just having one.
- Networking with partners. Raising issues in other sectors that most folks don't think about unless they work in that sector.
- Helpful to have several federal agencies participate as well as state and local government agencies.
- I enjoyed the dot on the Book routine and the questions arising from it. This personalized the experience and I think made people think about what they personally do.
- Identified areas for improvement.

What aspects should be added or omitted from the next seminar?

- Skip lunch, end earlier.
- Too much reading of slides!
- Add more on effective message development- wording on messages to clearly communicate specific issues and answer questions from public.

General comments:

- Would like to see more robust discussions- so many seemed to reduce scope of exercise to specific phase or stage to have time to get into more detail.

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- We have done 4-5 Senior Leaders Exercises in the past 6-7 years and we are not hitting the target. The material is too basic for the Senior Leaders in the NCR.
- Senior Planners need to be better informed about the legal/Constitutional status of schools. School Boards are independent of city/county control therefore only a school board can open (or close) a school except the state's governor where ultimate authority/control over schools lies. Tony Griffin has it right; good proactive is a cooperative effort that maintains a healthy respect for the legal status of both the local jurisdiction and the school system.
- Overall very good program.
- Good discussion and better awareness of regional priorities and action items for a PanFlu scenario.
- BDR does a good job facilitating.
- Great seminar.
- Overwhelming scenario that questions many assumptions generated to date.
- Good Job!
- The game play briefs ended up briefing decisions that the SPG/CAO/EPC should have been discussing and deciding.

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APPENDIX C: ISSUES SUBMITTED BY PARTICIPANTS (ISSUE CARDS)

During the course of the seminar, participants were provided index cards on which they could capture issues, concerns, questions or ideas that they felt warranted notice, but were not able to highlight during the course of the seminar. Those comments are captured verbatim in the table below and have been organized by the relevant Target Capabilities.

Topic	Issue	Recommendation
Common Mission Capability: Planning		
Coordination of Medical Providers and Organizations	Pandemic Influenza medical surge results in mismatch of demand and supply. Standards, legal, remuneration, rationing are all different in time of over-capacity. When do the commercial organizations go to “non-compete?”	Local government emergency plan (all hazard) could organize Regional Healthcare Organizations to plan for over-capacity
Assumptions of number dead, sick, well, etc	Out of 102, you assume only five caring for another, 61 well evidently not caring. This is a faulty assumption.	Assume that most people who can help will help. Provide them with the knowledge to do so.
Transportation	Is it a planning assumption that in this phase people will stop using public transportation out of fear and is there then a plan for increased single commuters?	

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Topic	Issue	Recommendation
Add role of and impact on non-profit sector. There was almost exclusive emphasis on public and private sector with little reference to non-profit sector which will play a major role and will experience a substantial impact. Non-profit will play major role: educating, preparing, communicating, treating, training, recovery, etc.		
No elected officials participated.	Running a senior leadership forum without elected officials can only be so effective.	Should have at least 4 – 5 local elected officials.
Protect Mission Capability: Critical Infrastructure Protection		
Telecommunications	Will the telecom system in NCR hold up under pressure of 40 percent telecommuting?	Determine surge capacity of telecom system and most critical chokepoints; develop backups/redundancy at these points.
Key Water Supply Issues in a Pandemic	If power and chemicals and transportation are continued then potable water will flow. If power but no chemicals are continued then non-potable water can flow for basic sanitation and fire protection.	Federal and state drinking water agencies would need to relax drinking water standards to provide the legal framework to deliver non-potable water.
Respond Mission Capability: Critical Resource Logistics and Distribution		

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Topic	Issue	Recommendation
Turn-around time at the hospital will be twice as long due to decontamination effectively reducing ambulance availability by 50 percent.		
Respond Mission: Volunteers and Donations Management		
Use of volunteer groups (i.e., VOADS, Volunteer Centers, Citizen Corps) in a Pan Flu event.	Volunteers are a critical resource in any disaster or public health emergency. During a Pan Flu event, what role, if any, will volunteers have? Will volunteers be included in prophylaxis or vaccine priority group? What are liability issues?	RESF-16 and other regional volunteer groups engage RESF-8 and local health departments to discuss these issues. RESF-5 Emergency Managers also key.
Respond Mission Capability: Responder Safety and Health		
First Responders can work 16 hour days for a “normal” emergency but NOT for two years.		
Prioritization of prophylaxis and vaccine for regional first responders/volunteer groups.	What is prioritization for distribution of anti-virals and/or vaccine regionally? What is definition of first responders?	Needs to be greater education and awareness of how meds and vaccine will be prioritized for regional first responders...and even regional volunteer groups.
	Treatment protocol for medical personnel: doctors, nurses not only EMs.	
Respond Mission Capability: Emergency Public Information and Warning		

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Topic	Issue	Recommendation
Federal Officials who are not normally engaged in our region.	A federal official could make a statement on television that could undermine confidence in regional activities already underway. Either “the fundamentals of the health-care delivery system are sound” or the “Mayor Nagin/Katrina press conference” that horrible events are running wild and out of control.	Encourage federal officials to limit their comments to their broad areas of responsibility and their need to coordinate and lead, not dictate.
Sequencing of Briefings/Calls/Decisions	The lack of agreement on a conceptual framework for escalating briefings risks making decisions without individual functional groups reaching consensus.	The sequence of escalating briefing should be established conceptually to ensure that individual functional regional groups have had their discussions and can provide informed, regionally vetted-information to the cross-functional, cross-jurisdictional discussions that are held by the CAOs and SPG.

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Topic	Issue	Recommendation
Internal vs. External Information Flow	Lack of clear differentiation between internal information flow versus external information flow, risks reducing the quality of information available for decision makers and confusing the general populations due to their lack of expertise in the particular threat area.	There is significant risk to mixing the information flows between educated, experience officials who understand risk and uncertainty, and those that need to be appropriate for a broad audience with limited experience in responding to uncertain circumstances. A clear delineation should exist to ensure that they (the information flows) support each other, but are not co-mingled.
Respond Mission: Medical Surge		
Regulated Medical Waste	: Increase in amount. Will the system be able to handle the large increase due to the large number of patients?	Coordinate for surge in incineration capabilities in region.
Recover Mission: Economic and Community Recovery		

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Topic	Issue	Recommendation
<p>Role of RESF-14 (Long-Term Community Recovery) should be addressed early on – in fact, with a 2nd wave of Pan Flu, recovery should be a priority early on.</p>	<p>There will be many long-term recovery issues in a Pan Flu event:</p> <ol style="list-style-type: none"> 1. Long term health care recovery 2. Long term mental health services/case management 3. Long term economic recovery 	<p>The RESF-14 Committee has developed a regional framework for long-term community recovery with recommended structures or mechanisms to prioritize regional priorities for long-term recovery. Each individual county EOC (through local emergency managers) should establish an ESF-14 function or local recovery task force to address these issues.</p>

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APPENDIX D: ACRONYMS

A

ARC	American Red Cross
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C

CAO	Chief Administrative Officer
COG	Council of Governments
COOP	Continuity of Operations

D

DC	District of Columbia
DCDOH	District of Columbia Department of Health
DDOT	District of Columbia Department of Transportation
DHS	Department of Homeland Security
DMRT	Disaster Medical Response Team
DMRT	Disaster Mortuary Response Team
DoD	Department of Defense
DRP	District Response Plan

E

ECC	Emergency Communications Center
EMAC	Emergency Management Assistance Compact
EMS	Emergency Medical Services
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
EPC	Emergency Preparedness Council (of the National Capital Region)
ERP	Emergency Response Plan
ESC	Emergency Services Coordinators
ESF	Emergency Support Functions
EST	Eastern Standard Time

F

FEMA	Federal Emergency Management Agency
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H

HSEMA	Homeland Security and Emergency Management Agency (District of Columbia)
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J

JFHQ-NCR	Joint Forces Headquarters of the National Capital Region
JFO	Joint Field Office
JIC	Joint Information Center

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L

LFA Lead Federal Agency

M

MDHMH Maryland Department of Health and Mental Hygiene
MDOT Maryland Department of Transportation
MEMA Maryland Emergency Management Agency
MWCOG Metropolitan Washington Council of Governments

N

NCR National Capital Region
NDMS National Disaster Medical System
NIMS National Incident Management System
NOC National Operations Center
NRF National Response Framework

O

OCP Office of Commonwealth Preparedness (Virginia)
ONCRC Office of National Capital Region Coordination

P

PDD Presidential Decision Directive
PH Public Health
PHO Public Health Officer
PI Pandemic Influenza
PIO Public Information Officer
PL Public Law

R

RECP Regional Emergency Coordination Plan
RESF Regional Emergency Support Function
RICCS Regional Incident Communication and Coordination System
RPWG Regional Programmatic Working Group

S

SEOC State Emergency Operations Center
SLS Senior Leaders Seminar
SMA Statewide Mutual Aid
SOP Standard Operating Procedure
SPG Senior Policy Group

T

TSOC Transportation Security Operations Center

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U

US	United States
USDOT	U.S. Department of Transportation
USHHS	U.S. Health and Human Services

V

VDEM	Virginia Department of Emergency Management
VDH	Virginia Department of Health
VDOT	Virginia Department of Transportation
VEOC	Virginia Emergency Operations Center
VERT	Virginia Emergency Response Team

W

WMATA	Washington Metropolitan Area Transit Authority
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APPENDIX E: TARGET CAPABILITIES LIST

COMMON TARGET CAPABILITIES

1. Planning
2. Communications
3. Risk Management
4. Community Preparedness And Participation
5. Intelligence and Information Sharing and Dissemination

PREVENT MISSION AREA

6. Information Gathering and Recognition of Indicators and Warnings
7. Intelligence Analysis and Production
8. Counter-Terror Investigation and Law Enforcement
9. CBRNE Detection

PROTECT MISSION AREA

10. Critical Infrastructure Protection
11. Food and Agriculture Safety and Defense
12. Epidemiological Surveillance and Investigation
13. Laboratory Testing

RESPONSE MISSION AREA

14. On-Site Incident Management
15. Emergency Operations Center Management
16. Critical Resource Logistics and Distribution
17. Volunteer Management and Donations
18. Responder Safety and Health
19. Emergency Public Safety and Security Response
20. Animal Disease Emergency Support
21. Environmental Health
22. Explosive Device Response Operations
23. Fire Incident Response Support
24. WMD and Hazardous Materials Response and Decontamination
25. Citizen Evacuation and Shelter-In-Place
26. Isolation and Quarantine
27. Search and Rescue (Land-Based)
28. Emergency Public Information and Warning
29. Emergency Triage and Pre-Hospital Treatment
30. Medical Surge
31. Medical Supplies Management and Distribution
32. Mass Prophylaxis
33. Mass Care (Sheltering, Feeding, and Related Services)
34. Fatality Management

RECOVER MISSION AREA

35. Structural Damage Assessment
36. Restoration of Lifelines
37. Economic and Community Recovery

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