

**NOTIFICATION OF PLANNED EXERCISE/DRILL AND AFTER ACTION REPORT
North Chicago VA Medical Center**

EXERCISE PLANNING INFORMATION

Name of Agency Reporting Exercise: North Chicago VA Medical Center		
Date(s) of Exercise: 14 JULY 2009	Location of Exercise: NCVAMC	Type of Exercise: <input checked="" type="checkbox"/> Functional <input type="checkbox"/> Table Top <input checked="" type="checkbox"/> Natural
Is a contractor/vendor involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, provide name of contractor/vendor:
List all public health and response entities that will participate in the drill: NCVAMC, Lake Forrest Hospital, NHCGL, GLNTC, VISTA Health Care.		Specify which entity will serve as the lead agency in planning and conducting the exercise/drill: N/A
Identify your agency's role during the exercise: <input type="checkbox"/> Lead Agency <input checked="" type="checkbox"/> Participating Agency		List the name and phone number of the point of contact for your agency: Gene Deener 224-610-3782

Identification of Plans/Systems to be exercised

Place an "X" in the first column below to identify the response plan/system to be exercised. List the objectives and criteria to be used to determine if objective(s) has been met during the exercise.

Selected Plan or System	Plan/System	Objectives MET	Evaluation Criteria
Standard EM.01.01.01	EP 2, 3,4,5,6,7,8	Yes	The hospital conducts a hazard vulnerability analysis (HVA) to identify potential emergencies that could affect demand for the hospital's services or its ability to provide those services, the likelihood of those events occurring, and the consequences of those events. Communications with Partner Facility established as well as with vendors.
Standard EM.02.01.01	EP 1, EP 3, EP4,EP 8	Yes	Leadership involved, EOP utilized to enable plan, EOP utilized for recovery, and response procedures.
Standard: EM.02.02.01	EP 1, EP4,	Yes	EOP utilized for notification of staff and patients. EOP used to contact GLFD,
Standard: EM.02.02.03	EP 12	Yes	EOP used for providing of back up of resources
Standard: EM.02.02.05	EP 7	Yes	EOP utilized for control of incident scene,

Standard: EM.02.02.07	EP 2 through 10	Yes	EOP used to conduct Incident Management during incident.
Standard: EM.02.02.09	EP 1-8	Yes	As part of its Emergency Operations Plan, the [organization] prepares for how it will manage utilities during an emergency.
Standard: EM.02.02.11	EP 1-8	Yes	The Emergency Operations Plan describes the following: How the hospital will manage the activities required as part of patient scheduling, triage, assessment, treatment, admission, transfer, and discharge.
Standard: EM.02.02.13	EP 3-11	Yes	The hospital grants disaster privileges to volunteer licensed independent practitioners only when the Emergency Operations Plan has been activated in response to a disaster and the hospital is unable to meet immediate patient needs.
Standard: EM.02.02.15	EP 1	Yes	The hospital assigns disaster responsibilities to volunteer practitioners who are not licensed independent practitioners only when the Emergency Operations Plan has been activated in response to a disaster and the hospital is unable to meet immediate patient needs.
Standard: EM.03.01.01	EP 3	Yes	The hospital conducts an annual review of its inventory process. The findings of this review are documented.
Standard: EM.03.01.03	N/A	N/A	N/A
Date After Action Report will be completed and submitted: 18 July 09			
Permission is given to NCVAMC to share this exercise notification with other jurisdictions that may wish to observe (if appropriate). <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

AFTER ACTION REPORT

Place a "Y" in the first column below to indicate that the objective(s) outlined above were successfully met during the exercise/drill. Place an "N" in the first column below to indicate that the objective(s) outlined above were not successfully met. For those objectives that were not met, list the gaps/weaknesses that were identified during the exercise, and the recommendations for improvement.

Selected Plan or System	Plan/System	Gaps/Weakness/Strengths	Recommendation for Improvement
Standard: EM.02.02.03	EOP used for providing of back up of resources	Defined areas of support needed.	Recommend better coordination of resources for personnel in overflow situation. Corrective Action: Disaster Cabinet to be placed in Ambulance Bay for ready access to initial response.
Standard: EM.02.02.05	EOP utilized for control of incident scene,	Need better flow of inbound /outbound casualties	Need defined staging areas for patients Corrective Action: Mass Casualty Panels on order for staging areas.
Standard: EM.02.02.07	EOP used to conduct Incident Management during incident	Mass Casualty plan needs refinement and direct assigned responsibilities during an incident.	Need identification of assigned personnel. Corps school students should not be actively involved in Patient treatment as a primary but used as secondary source. Corrective Action: 1. Command Vests to be utilized for Command and Control. 2. More Facility involvement. Classes should be conducted and EM is in talks with vendors for Mass Casualty software for inclusion into LMS system. This has also been addressed to 10N for future training proposals.

Specify the date the above recommendations will be incorporated into the plan(s) or system(s):

See Below for Navy Mission Essential Tasks

COMMENTS:

Overall, this was a successful exercise combining Federal, DOD and Local area partners to coordinate disaster response to an incident of significance. We are the first VA facility to test our capabilities using the Navy Mission Essential Task Lists for Emergency Management and had all Mission Essential Tasks completed successfully within a 13 state region for Navy Region Midwest.

All data has been entered into the Homeland Security Exercise Evaluation Program (HSEEP) for Corrective Action and has been accordingly credited to The North Chicago VA Medical Center.

NMET	Complete / Not Complete
4.4.1.2 Provide Personnel Accounting and Strength Reporting	ED Resources adequately manned, with resource pool established through Chief of Staff's Office. Navy Liaison involved with patient tracking. Complete
4.8.3 Provide Interagency Coordination	Coordination adequate with local EM agencies. Complete
4.10 Perform Resource Management	Supply resources not stressed. Bed capacity for ED, ICU and other wards manageable. Started discharge protocol as needed to free up beds, and All Hazards Cache. Complete
4.12.13 Provide Emergency Medical Services	ED capable of managing surge with minimal impact on capability. Had 3 actual patients during drill, but ED was capable of continuing mission. Complete
5.1.1 Communicate Information	Communication was good, but lagged a little from initial notification of incoming to actual arrive time. Complete
5.3.9 Prepare Plans/Orders	Emergency Operations Plan followed. Complete
5.4 Direct, Lead, and Coordinate Forces	Disaster Medical Officer coordinated with Incident Command for resources and staffing. Complete
6.1 Enhance Survivability	Security on scene to ensure scene management. Complete
6.5.3 Provide Emergency Assistance	Patients treated in accordance with standard treatment protocols, assistance provided by NHC for additional surgeons and staff as needed. Complete
6.5.4 Provide Emergency Management	Implemented and followed HICS protocol Complete.
6.5.5 Provide Fire and Emergency Services Programs	Met criteria of VHA protocols for Medical Surge/MCI as well as OSHA requirements for safety. Complete.
6.5.6 Provide Incident Command	Implemented and followed HICS protocol, VISN and VHA instructions. Complete.

AFTER ACTION REPORT

Navy Region Midwest

***** UNCLASSIFIED// *****

Subject: RELIANT MIDWEST 3-09 AFTER ACTION REPORT

Originator: COMNAVREG MW GREAT LAKES IL(UC)

DTG: 141359Z Aug 09

Precedence: ROUTINE

DAC: General

To: CNIC WASHINGTON DC(UC)

Cc: NAVSTA GREAT LAKES IL(UC), NAVSUPPACT CRANE IN(UC), NAVSUPPACT MID SOUTH MILLINGTON TN(UC)

UNCLASSIFIED//

UNCLAS//N03500//

MSGID/GENADMIN/COMNAVREG MW GREAT LAKES IL/N7/AUG// SUBJ/RELIANT MIDWEST 3-09 AFTER ACTION REPORT// REF/A/MSG/COMNAVREG MW/021530ZJUL09// NARR/REF A IS RELIANT MIDWEST 3-09 EXERCISE DIRECTIVE.// POC/MARK WEGGE/NRMW TRAINING AND READINESS PROGRAM DIRECTOR /N7/TEL: 847-688-3869 X387/EMAIL:MARK.WEGGE(AT)NAVY.MIL/ POC/SALLY MCGINTY/NRMW EXERCISE COORDINATOR/N72/TEL: 847-688-3869 X296/EMAIL:SALLY.MCGINTY.CTR(AT)NAVY.MIL/ GENTEXT/REMARKS/

1.OVERVIEW. PER REF A, EXERCISE RELIANT MIDWEST (RMW) 3-09 WAS CONDUCTED AT NAVSTA GREAT LAKES ON 14 JULY 2009. THE EXERCISE WAS DESIGNED TO SERVE AS AN INTEGRATED TRAINING EVENT FOR THE INSTALLATION, TENANT COMMANDS, AND AREA PARTNERS. ADDITIONALLY, THE NRMW RTT CONDUCTED AN ASSESSMENT OF THE NAVSTA GREAT LAKES ITT. THE ITT WAS FOUND TO BE FULLY CAPABLE OF MEETING ITS MISSION OF PLANNING, CONDUCTING, AND ASSESSING INTEGRATED TRAINING EVENTS.

A. GENERAL DESCRIPTION. RMW 3-09 SCENARIO WAS A TORNADO TOUCHING DOWN IN PPV HOUSING AT NAVAL STATION GREAT LAKES. APPROX 275 STUDENTS FROM TSC ROLE PLAYED VICTIMS AND DISPLACED FAMILY MEMBERS; NAVAL HEALTH CLINIC PERSONNEL APPLIED MOULAGE TO SIMULATE INJURIES. MASS NOTIFICATION AND WARNING SYSTEMS WERE USED TO WARN OF THE IMPENDING TORNADO. CHILD DEVELOPMENT CENTER PERSONNEL EXERCISED THEIR SEVERE WEATHER RESPONSE PLANS. AFTER THE TORNADO STRUCK THE HOUSING AREA, GREAT LAKES POLICE DEPARTMENT AND FIRE AND EMERGENCY SERVICES PERSONNEL RESPONDED. THE NAVSTA EOC AND THE NAVAL HEALTH CLINIC EOC WERE ACTIVATED. THE NAVAL HEALTH CLINIC RESPONSE TEAM WAS REQUESTED TO SUPPORT THE MASS CASUALTY EVENT. PATIENTS WERE ASSESSED AND TRANSPORTED TO THE NORTH CHICAGO VA MEDICAL CENTER, LAKE FOREST HOSPITAL, AND MIDWESTERN REGIONAL MEDICAL CENTER. ASF WAS ACTIVATED. FLEET AND FAMILY SUPPORT CENTER SET UP AN EMERGENCY FAMILY ASSISTANCE CENTER AND PROCESSED APPROX 80 FAMILIES REQUESTING SUPPORT. NAVY AND MARINE CORPS RELIEF SOCIETY PARTICIPATED IN THE EFAC. FFSC COUNSELORS RESPONDED TO CALLS FROM FAMILY MEMBERS AND COMMUNITY MEMBERS. THE EXERCISE WAS AN EXCELLENT OPPORTUNITY FOR THE INSTALLATION TO TEST RESPONSE PLANS AND WORK WITH LOCAL MEDICAL FACILITIES.

B. EXERCISE OBJECTIVES.

(1) EXERCISE DISASTER RESPONSE

(2) EXERCISE MASS CARE

(3) EXERCISE MASS CASUALTY

(4) EXERCISE PARTNERSHIPS WITH OTHER AGENCIES C. NAVY MISSION ESSENTIAL TASKS (NMETS) SUPPORTED.

FFR 4.4.2.1 PROVIDE BILLETING, BERTHING, FAMILY HOUSING, AND RELATED SERVICES

FFR 4.4.7 PROVIDE FLEET AND FAMILY SUPPORT FOR DEPLOYMENT, CRISIS RESPONSE AND CAREER SUPPORT AND RETENTION

FFR 4.12 PROVIDE HEALTH SERVICES

EP 4.8.3 PROVIDE INTERAGENCY COORDINATION

EP 4.10 PERFORM RESOURCE MANAGEMENT

EP 4.12.13 PROVIDE EMERGENCY MEDICAL SERVICES (EMS)

EP 5.1.1 COMMUNICATE INFORMATION
EP 5.2.1 ANALYZE MISSION AND CURRENT SITUATION
EP 5.3.9 PREPARE PLANS AND ORDERS
EP 5.4 DIRECT, LEAD, AND COORDINATE FORCES
EP 6.1 ENHANCE SURVIVABILITY
EP 6.5.3 PROVIDE EMERGENCY ASSISTANCE
EP 6.5.4 PROVIDE EMERGENCY MANAGEMENT
EP 6.5.5 PROVIDE FIRE AND EMERGENCY SERVICES PROGRAMS
EP 6.5.6 PROVIDE INCIDENT COMMAND
AT 6.3.1.2 PROTECT/SECURE INSTALLATIONS, FACILITIES AND PERSONNEL
AT 6.3.1.5 ESTABLISH AND ENFORCE PROTECTION PERIMETER
AT 6.3.1.6.1 EVALUATE BASE SECURITY PLANS
AT 6.3.2.2 MAINTAIN LAW AND ORDER
AT 6.3.2.2.2 REVIEW AND APPLY USE OF FORCE RULES

D. MAJOR PARTICIPANTS.

PRIMARY PLAYERS: NAVSTA GREAT LAKES FIRE & EMERGENCY SERVICES, POLICE DEPARTMENT, EOC, ASF, FFSC; NAVY AND MARINE CORPS RELIEF SOCIETY; GREAT LAKES NAVAL HEALTH CLINIC; NORTH CHICAGO VA MEDICAL CENTER; LAKE FOREST HOSPITAL; MIDWESTERN REGIONAL MEDICAL CENTER.

OBSERVERS: LAKE COUNTY EMA

EXERCISE CELL: NRMW N7 STAFF CONTROLLED THE EXERCISE AND PROVIDED WHITE CELL SUPPORT.

2. TOPIC/ISSUE: MASS NOTIFICATION

A. OBSERVATION: MASS NOTIFICATION SYSTEMS WERE NOT EFFECTIVE B. DISCUSSION: GIANT VOICE DID NOT WORK IN THE HOUSING AREA. RECENT MAINTENANCE ACTIONS PREVENTED BROADCASTING IN THAT AREA. COMPUTER DESKTOP NOTIFICATION SYSTEM (CDNS) ALERTS DID NOT REACH SOME DESKTOPS UNTIL WELL AFTER THE WARNING HAD EXPIRED AND THE TORNADO HAD STRUCK.

C. RECOMMENDATION: INSTALLATION HAS ALREADY REPROGRAMMED AND TESTED GIANT VOICE. INSTALLATION MUST RECOGNIZE LIMITATIONS WITH CDNS AND NOT RELY ON IT FOR SITUATIONS REQUIRING RAPID NOTIFICATIONS.

D. IMPLICATIONS: RELYING ON CDNS AS A PRIMARY MEANS OF TIME-SENSITIVE NOTIFICATION COULD PUT PERSONNEL AT RISK.

3. TOPIC/ISSUE: EXERCISE FUNDING

A. OBSERVATION: FUNDING WAS NOT AVAILABLE TO PAY FOR BUS DRIVERS TO TRANSPORT THE VOLUNTEER VICTIMS TO THE EXERCISE AREA.

B. DISCUSSION: THIS EVENT UTILIZED APPROX 275 STUDENT VOLUNTEERS FROM TRAINING SUPPORT CENTER. BUSES WERE RENTED FROM PW TO TRANSPORT THE VOLUNTEERS TO THE HOUSING AREA, BUT THERE WAS NO FUNDING FOR DRIVERS. VOLUNTEER DRIVERS WERE SOLICITED. THERE ARE POTENTIAL COSTS ASSOCIATED WITH USING VOLUNTEERS IN EXERCISE SCENARIOS (TRANSPORTATION, FOOD AND WATER, PORT-A-POTTIES, ETC.). FUNDING SHOULD BE AVAILABLE TO SUPPORT INTEGRATED EVENTS THAT USE VOLUNTEERS; WITHOUT THAT SUPPORT VOLUNTEERS MAY NOT BE AVAILABLE.

C. RECOMMENDATION: FUNDING BE MADE AVAILABLE TO SUPPORT EXERCISE-RELATED COSTS.

D. IMPLICATIONS: EFFECTIVENESS OF EXERCISES MAY BE COMPROMISED IF VOLUNTEER SUPPORT IS NOT AVAILABLE.

4. TOPIC/ISSUE: EXERCISE COMMUNICATIONS A. OBSERVATION: NOT ALL RTT AND ITT MEMBERS HAD COMMUNICATIONS DEVICES. PERSONAL CELL PHONES WERE USED AT TIMES.

B. DISCUSSION: COMMUNICATION AMONG ITT MEMBERS IS CRITICAL TO ENSURING EVENTS ARE EXECUTED IN A SAFE MANNER. ALL KEY ITT MEMBERS SHOULD BE ISSUED COMMUNICATIONS DEVICES FOR THE EXERCISE.

C. RECOMMENDATION: THE NEEDS OF THE TRAINING TEAMS SHOULD BE CONSIDERED IN THE ELMR ROLL-OUT.

D. IMPLICATIONS: LACK OF EFFECTIVE COMMUNICATION CAN NEGATIVELY IMPACT THE EXERCISE TIMELINE. IT COULD POTENTIALLY PUT PERSONNEL AT RISK IF A SAFETY TIME OUT IS NOT COMMUNICATED.//