

EXAMPLE  
**Exercise Critique/After Action Report**  
**(Exercise Name)**



## **Introduction/Purpose**

The (name) Medical Center has invested much time and effort in preparation for weapons of mass destruction (WMD) events that involve biological and chemical warfare agents. Policies, Standard Operating Procedures (SOPs) and training, as well as exercises, have been accomplished. Coordination and participation with Chemical, Stockpile Emergency Preparedness Program (CSEPP), responding to potentially real biological events, and being one of two VHA training sites for decontamination has helped prepare this Medical Center to respond to WMD and other emergencies. However, emergencies involving radioactive materials (also referred to as dirty bombs) have not received the same attention as biological and chemical emergencies. Emphasis on planning and training for radiological and nuclear emergencies has increased lately. It is now felt that an exercise emphasizing such a scenario is the next logical step.

The exercise date will be on (day/date). Exercise set-up and activation will occur in the (morning/afternoon) and will be expected to terminate by (time). Community involvement will include the Fire Department, Police Department, Office of Emergency Services, Emergency Medical System (EMS), local area Med Flight, and Department of Defense (DoD). Nursing students from the local Technical College, the Medical Center and Emergency Medical Response Teams (EMRT) have volunteered to participate. The exercise will involve testing and activating the (facility name) Emergency Recall System, establishing the Medical Center Incident Command System, setting up the mass casualty decontamination shelter, and evacuating sections of the Medical Center, which will include using the evacu-sleds.

## **Scenario**

Early in the morning of November 22, 2003, VA Police Service receives a call from the Federal Bureau of Investigation (FBI) of a serious/eminent threat (Homeland Security Threat Level 5/Severe Condition Red) to the community. This information is passed on to the Medical Center Director who decides to activate the Emergency Recall System (ERS) as a precaution, and to call in key individuals and the Emergency Medical Response Team (EMRT). The VA Police initiates lockdown procedures, and the EMRT starts setting up the decontamination shelter. The Medical Center Director activates the Emergency Operations Center (EOC); the Medical Coordinator will oversee decontamination and medical treatment and will coordinate with the NOD, Medical Officer of the Day (MOD), EMRT Leader and other key emergency responders.

Approximately 45 minutes after the alert was received, an explosion is reported from somewhere in downtown Little Rock. The External Disaster Code is sounded. The EMRT decontamination team starts dressing out; EMRT and the VA Fire Department assist dressing out both the VA Police and Triage Nurse who will be located at the perimeter entrance of the medical center. Radiation detectors arrive from the Little Rock Campus.

## **Assumptions**

1. Radiation detectors will be readily available.
2. Observers and medical media will be allowed access into disaster areas.
3. Signage will be placed to inform public and allow patients and visitors to proceed normally.

## **Planned Actions**

1. Phase I - Initial Alert and Recall.

- Simulate FBI contacting VA Police Service concerning serious/eminent threat.
- VA Police will contact Chief Engineer who will act as Incident Commander (IC). Contact number will be the normal EOC phone number (number).
- Incident Commander contacts Administrative Officer of the Day (AOD) to activate the Emergency Response System (ERS) and EMRT notification.
- AOD contacts telephone operator to activate EMRT page system, and both AOD and telephone operator(s) test the ERS.
- VA Police initiate lockdown procedures. The VA Police will announce over the fire alarm system speakers to initiate simulated lockdown procedures. Both Mental Health and Nursing Services will test locking unit doors to verify door key operation.

2. Phase II - Objectives and Critique (After-Action for each Objective).

- a. **Objective** - Exercise Set-up. Volunteers and Observers will be arriving from 0730 until 0900.



**Critique Item** - The local Technical College was to have supplied nineteen (19) nursing student volunteers. Fourteen (14) showed up, and did a great job by allowing the Medical Center to moulage and use them as injured victims.

- b. **Objective** - Emergency Operation Center (EOC) is set-up, phone number \_\_\_\_\_.

**Critique Item** - The EOC location can be fluid, and is placed at the most advantageous site for the emergency or exercise. For purposes of this drill, the EOC was located in Building 170, 3B-101. This allowed access to key response members, and was still remote enough not to be too close to the event.

- c. **Objective** - Decontamination Shelter is placed in service.



**Critique Item** - The Emergency Recall System was activated and tested. This test required calling all services to the supervisor level. In addition, the EMRT members were activated real time to set up as a precaution to a simulated event. The ERC activation and test went very well.

- d. **Objective** - IC/NOD/MOD/Mental Health/VA/Safety/EMRT Leaders and Senior Police Officer meet in EOC to discuss emergency status. Also coordinate with AOD.



**Critique Item** - Pictures above show key response members coordinating. The EOC did assemble key response members to evaluate the current situation, as well as plan for contacting outside assistance. Communication between the EOC and field response went well except for the Personnel Pool. This will require more training, and issuing a permanent radio to EMS.

- e. **Objective** - Simulate report of downtown explosion; Activate Disaster System and review status of Emergency Response Units (ERU's).

**Critique Item** - Once the EOC was set-up, the External Disaster Alarm was activated. The system worked as designed, and ERU's did communicate with the EOC.

- f. **Objective** - Activate EMRT decontamination team and provide PPE for perimeter Police and Triage.



**Critique Item** - Police and medical triage were set-up at the entrance of the hospital. The EMRT assisted with dressing them out in PPE.

- g. **Objective** - Verify with community operational readiness status of NLR Campus, e.g., NLR Fire Department/MEMS/NLR Office of Emergency Services.

**Critique Item** - The EOC did contact NLROES.

- h. **Exercise Actions** - Simulate explosion near downtown.



Coordinate with Community.



**Action Item:** Coordinate with local EMS.



**Critique Item** - Coordination went very well. The Medical Center and the local community worked well together. One item for improvement is to provide an additional radio frequency to the VA Fire Department so as to allow direct communications with EMS.

- i. **Objective** - Test hand off from emergency transport services.



**Critique Item** - The Medical Center used both EMS and its own patient transport vans to move simulated casualties. Transport involved moving patients from the event site to the decontamination shelter; and then after receiving hospital treatment, simulated transport to other area hospitals. In one case, movement required transport to the Medical Center ball field to meet local Med Flight. Overall, the process worked fine. One area for improvement is training on use of the stretchers.

- j. **Objective** - IC activates the use of Medical Cache, based on request from clinical services.

**Critique Item** - It was intended to simulate movement of the Medical Cache. This did not meet its full objective. This process will be tested more in-depth during the next WMD exercise.

- k. **Objective** - Receive contaminated victims and initiate decontamination procedures.



**Critique Item** - Past exercises primarily centered on biological or chemical emergencies. Decontamination procedures are very similar, and the EMRT has conducted quite a number of exercises involving these agents. It was decided to simulate a dirty bomb (radioactive source). Decontamination processes are slightly different, in that the injury is given priority over contamination. The Medical Center Radiation Safety Officer was on-site to assist with simulated radioactive surveys of both the event site and

decontamination processes. Decontamination procedures were implemented well, and education was provided for using radiation detection equipment.

- 1. **Objective** - Medical triage and treatment is provided.



**Critique Item** - Triage and medical treatment functioned well. Critique discussion centered on type of medical supplies needed and on hand from SPD. Both Medicine and Nursing Services will review supply needs.

- m. **Objective** - Request use of local Med Flight for transport of seriously injured. Use Baptist Med Flight to simulate air transport.





**Critique Item** - Using MEMS to transport patient to ball field for Baptist Med Flight pick-up went very well. There was good coordination among Medical Center/MEMS/Baptist Med Flight. One area noted for improvement centered on coordinating with VA Police Service earlier to secure the landing zone.



Upon completion of the exercise, a critique was conducted on-site. Additional written input on the exercise has been received, and is included with this report.

(Name)  
Emergency Planning Coordinator

***Exercise Community Contacts***

National Guard

Local Med Flight

Local Mass Transit

Fire Department/HAZMAT

City Office of Emergency Services

Emergency Medical System (EMS)

Local Technical College

***Other related items identified for improvement.***

1. EMRT Trailer equipment and use (see e-mail message - Dr.....).
2. Medical supply needs (see e-mail message - Dr. ....).
3. Patient transfer issues using litters (see e-mail message - Chief Nurse.....).