



# Our Experience with HSEEP Exercises

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## Objectives

- HSEEP Overview
- Florida's HSEEP Experience
  - Panel Discussion Exercise
  - Functional Exercise
- Mississippi's HSEEP Experience (FSE)
  - Laboratory perspective
  - Epidemiology perspective
- Questions and Answers



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## What is HSEEP?

Homeland Security Exercise and Evaluation Program

- A capabilities and performance-based exercise program
- Provides common exercise policy and program guidance
- The methodology of HSEEP was based on proven exercise design, development, and evaluation methods from other programs
- [https://hseep.dhs.gov/pages/1001\\_HSEEP7.aspx](https://hseep.dhs.gov/pages/1001_HSEEP7.aspx)



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## HSEEP Compliance

- Conduct an annual Training and Exercise Plan Workshop and develop and maintain a Multi-year Training and Exercise Plan
- Conduct exercises in accordance with the guidelines set forth in HSEEP
- Develop and submit a properly formatted After-Action Report/Improvement Plan (AAR/IP)
- Track and implement corrective actions identified in the AAR/IP



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## Why Do Exercises?

- Some Funding may be conditional upon HSEEP compliance
- It's important to practice
- It's the only way you'll know if your preparedness plan will work



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## What's Involved?

- HSEEP Documentation (Volume I – III)
  - ExPlan – Exercise Plan
  - Controllers Handbook
  - MSEL – Master Scenario Events List
  - EEG – Exercise Evaluation Guide
- Coordinating Players, Controllers and Evaluators
- AAR/IP's (After Action Reports and Improvement Plans)



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# Florida's HSEEP Experience

- Drills
  - CDC Proficiency Testing
  - Monthly Intralaboratory P&S Exercises
- 2008 CT Forum - Tampa
  - Panel Discussion Exercise
  - Functional Exercise



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# Panel Discussion Exercise

- Panel Members
  - FBI
  - CDC
  - County Sheriff's Office
  - Poison Information Center
  - Bureau of Epidemiology
  - Bureau of Laboratories
  - Division of Environmental Health
  - Department of Environmental Protection
  - Department of Agriculture and Consumer Services
  - EPA
  - Office of Communications
  - Tampa General Hospital Medical Mass Casualty Director



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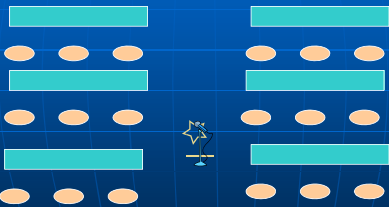
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FBI LEO EPA EH Poison CDC Labs Hospital Epi PIO DEP Agri



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## Panel Discussion Exercise (cont'd)

### ■ Scenario

- Agricultural Contamination
  - Patients arrive to hospital
  - Foodborne Outbreak
  - Symptoms similar to cholinesterase inhibitor
  - Laboratory Testing
  - Strawberries – Mevinphos
  - Over 5,000 exposed



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## Panel Discussion Exercise (cont'd)

### ■ After Action Report and Improvement Plan AAR/IP

#### • Strengths

- Stakeholders identified
- Plans activated
- Resources coordinated
- Partnerships enhanced

#### • Area for Improvement

- Disposal of contaminated food
- PHIN reporting of laboratory results
- Clarification of JIC



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## Panel Discussion Exercise (cont'd)

### Lessons Learned

- Predistribution of information
- Scout the venue
- Check microphones
- Collect Feedback forms



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## Functional Exercise

- Players
  - FDOH Bureau of Laboratories
  - LRN-C Laboratories
  - CDC



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## Functional Exercise (cont'd)

- Objectives
  - Coordination with CDC
    - DEOC – Directors Emergency Operations Center
    - CERT – Chemical Emergency Response Team
  - Packaging and Shipping clinical specimens
  - Analyzing clinical specimens for chemical agents



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## Functional Exercise (cont'd)

- Linked to the Panel Discussion Exercise
  - Same scenario
- Conference Call
  - Call to the DEOC at CDC in Atlanta – 4:10 AM



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## Functional Exercise (cont'd)

### ■ Packaging and Shipping

- CDC – Spiked blood and urine specimens
- Chemical Terrorism Laboratory Coordinators
  - P&S back to home laboratory
- CDC pick up specimens for Rapid Toxic Screen



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## Functional Exercise (cont'd)

### ■ Chemical Emergency Response Team (CERT)



Photograph by Eric Clark



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## Chemical Emergency Response Team (CERT)



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## Functional Exercise (cont'd)

- Laboratory Testing
  - Analysis for Nerve Agents (OPNA)
    - 10 urine samples each for 9 states
  - Results Reporting
  - Surge Testing by CDC
    - 5,000 samples to 10 Level 1 labs



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## Functional Exercise (cont'd)

- After Action Report and Improvement Plan AAR/IP
  - Strengths
    - Coordination between LRN-C laboratories and CDC
    - LRN-C laboratories able to use CDC methodologies
    - Results reporting to CDC
  - Area for Improvement
    - Time involved to package and ship specimens
    - Getting labels to stick to frozen samples



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## Functional Exercise (cont'd)

- Lessons Learned
  - Develop Evaluations First
  - Coach Evaluation Team
  - Collect Feedback Forms
  - Include a Photographer (Videographer)



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## Mississippi's HSEEP Experience

- 2008 CT Exercise - Statewide
  - Full Scale Exercise



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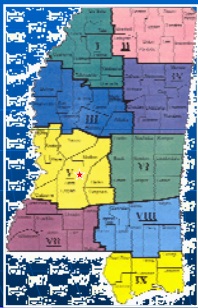
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## Mississippi State Dept of Health



- Centralized Health Department
- Nine public health districts
  - District health officers and field staff
  - County health departments
  - All report back to central office in Jackson



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## Mississippi's HSEEP Experience

- Full Scale Exercise
  - Collaboration between Public Health Laboratory (clinical and environmental services) and Office of Epidemiology
  - Involving district staff (DHO, on-call, environmental, ERCs, etc.)



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## Participating Agencies

- Mississippi State Department of Health
- Mississippi Band of Choctaw Indians
- Mississippi Department of Environmental Quality
- Mississippi Hospital Association
- Mississippi Poison Control Center



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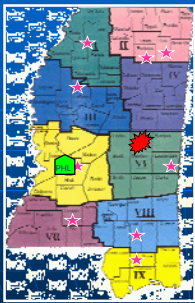
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## Participating Healthcare Facilities



- Tri-Lakes Medical Center
- North Mississippi Medical Center- Tupelo
- Greenwood Leflore Hospital
- North Mississippi Medical Center- Pontotoc
- Mississippi Baptist Medical Center
- Jeff Anderson Regional Medical Center
- Choctaw Health Center
- King's Daughters Medical Center- Brookhaven
- Forrest General Hospital
- Stone County Hospital



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## Exercise Scope

- Test emergency response plans during an all-hazards event
  - Involve multiple outside agencies and facilities that would play a key role in detection and response.
- Utilize Simulation cell
  - Initiate exercise operations
  - MSDH Campus
- No activation of emergency operations centers (EOCs)
- No law enforcement or Mississippi State Patrol was involved in play



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## Public Health Lab Objectives

- Evaluate MPHL response time during a chemical exposure event according to MPHL procedure
  - Receive
  - Analyze
  - Report clinical sample results to the Office of Epidemiology
- Evaluate MPHL response time during a chemical exposure event according to EPA methodology
  - Receive
  - Analyze
  - Report environmental sample results to MSDH Dept of Public Water Supply



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## Public Health Lab Objectives

- Evaluate the ability of the MPHL and the Office of Emergency Planning and Response (OEPR) during a chemical exposure event occurring on nights, **weekends** or holidays according to the MPHL emergency response plan for the CDC cooperative agreement
  - Effectively communicate proper sample transport procedures to hospital sentinel laboratories



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## Epidemiology Objectives

- Evaluate the capability of the 24/7/365 on-call reporting system during a chemical exposure event to effectively:
  - Receive phone calls
  - Properly disseminate information to essential public health personnel
  - All in accordance with the Office of Epidemiology's procedures



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## Epidemiology Objectives

- Evaluate the ability of the Epidemiology Program to share information on suspected or confirmed cases of immediately notifiable conditions during a chemical exposure event among:
  - Public health personnel
  - Key stakeholders
  - All in accordance with the Office of Epidemiology's procedures



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## Scenario Synopsis

- Utilize both the environmental and clinical MSDH after-hours response to a chemical exposure event
  - Arsenic contamination of a water supply system
    - Feeds Slippery Slides Water Park
  - Water ingested by a large group of people
    - Approximately 2,500 people visit the water park each season
    - Has a restaurant, snack bar and a golf course



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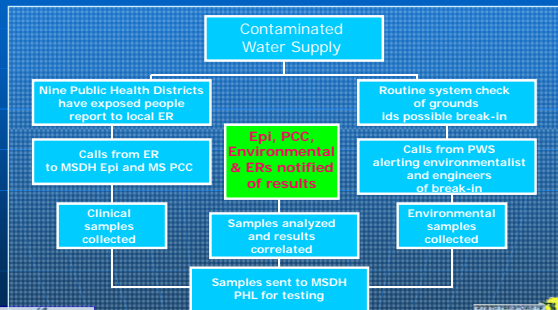
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## Scenario Synopsis



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## Scenario Synopsis

- MSDH after-hours response to a chemical exposure event
  - Environmental
  - Clinical



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## Development Tools

- Objectives
- Scenario
- EXPLAN
- MSEL
- EVALPLAN
  - C/E Handbook
- Conference minutes



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**ID Planning Team**

**Assign Responsibilities**

**Draft objectives  
Determine Scenario  
Develop:  
• EXPLAN  
• MSEL  
• EVALPLAN**



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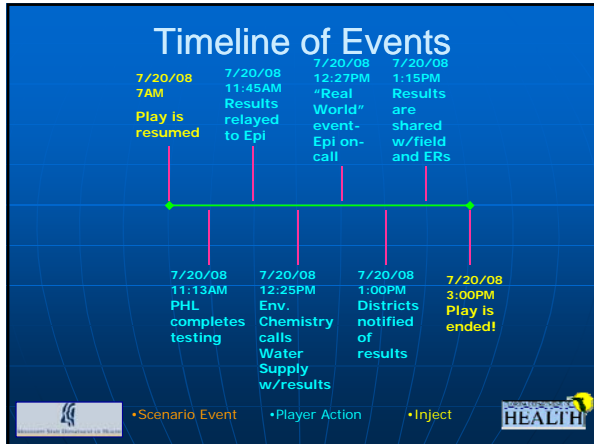
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- ## Exercise Evaluation
- Participant Feedback forms
  - Record of Events log
  - Debriefing of participants
  - Exercise Evaluation Guides (EEG)

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- ## Exercise Evaluation
- Gathered feedback forms and Events log from participants immediately following exercise
    - Asked forms and logs to be faxed if in the field
  - Called healthcare facilities and debriefed them
    - Expectations
    - Issues
    - Outcomes

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## After-Action Conference

- Invited all participants to After-Action Conference
- Pre-distributed documents to all attendees
  - After-Action Report (draft)
  - Improvement Plan Matrix
- Utilized teleconference equipment
  - Decrease time away from office
  - Limit travel and costs




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## After-Action Conference

- Presentation on exercise
  - Exercise Summary
  - Items Identified
  - AAR Review
  - Improvement Plan Development
  - Next Steps
- Broke into groups to discuss issues and suggestions for improvement




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## Improvement Plan Matrix

| Improvement Plan Matrix<br>Central Office On-call Staff                                 |                |                    |             |                          |                 |
|---|----------------|--------------------|-------------|--------------------------|-----------------|
| Improvement Area  | Recommendation | Corrective         | Improvement | Responsible Party/Agency | Completion Date |
|   |                | Action Description | Action      |                          |                 |
| 1. Need outbreak investigation training/education                                       |                |                    |             |                          |                 |
| 2. Identify role responsibilities   |                |                    |             |                          |                 |
| 3. Update resources/job aides for on-call (i.e. chain of custody forms/contact numbers) |                |                    |             |                          |                 |
| 4. Identify appropriate   |                |                    |             |                          |                 |

Illinois State Department of Health  
2008 Chemical Exposure Fall Study Exercise  
Improvement Plan  
September 2008




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## Key Strengths and Accomplishments

- Useful learning/training experience
  - Beneficial preparation for real-life event
- Identification of weak areas
- Fostered relationships and encouraged communication with staff in healthcare facilities
- Helped identify roles of MSDH staff and the parts they can play
- Briefings of staff to update of developing situation
- Redundant communication noted



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## Key Areas for Improvement

- Chain of Custody (COC) forms
  - Not all involved were familiar with COC forms and were unsure how to fill out
- Communication
  - Lapse in response of returning calls promptly
  - Cell phones worked intermittently and had bad connections
  - Limited access to after-hours contact numbers
- Roles of employees
  - Confusion as to who does what



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## Key Successes

- The ability of multiple agencies and facilities to work together to plan, develop and execute a large-scale exercise
- Hospitals used FSE to meet certification requirements



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## Key Challenge

- Learning to navigate and use the HSEEP toolkit and the required documentation that is needed in developing a full-scale exercise



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## Lessons Learned

- Delegate tasks to team members
- Use toolkit as a guide
  - Modify tools to suit exercise needs
- Ensure players understand their roles and time commitment
- Make scenario as realistic as possible
- Obtain contacts for all players/planners/agencies involved



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## Lessons Learned

- Have hospitals on planning team
- Know how many agency calendars exist
  - Ensure the exercise and related meetings/conferences are listed on all calendars
- Set **firm** invitation and acceptance deadlines for all participants/agencies involved



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## HSEEP Advantages

- Other states are able to build upon existing exercises
  - Reduces redundancy
  - Facilitates networking between states
- Provides framework for trainings up through exercises
  - Gives starting point
  - Provides templates for documents, presentations
- Logical process for training, exercising and testing plans
  - Provides a basis to build upon annually



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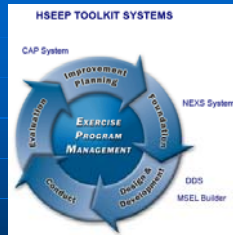
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## Up Next

- 2009 Florida
  - Full Scale Exercise - March
- 2009 Mississippi
  - Trainings
    - Epidemiology Teams
      - COC forms
      - After-hours communications workflow
      - Role responsibilities
    - Healthcare providers
      - Three regional workshops



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## Questions?



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- Exercise Planning Team
- MBCI
- MDEQ
- MHA
- MPCC
- Healthcare facilities
- Players
- Evaluators

# Special Thanks



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# Thank You!

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