



Chemical Catastrophe: A Virtual Train Derailment Exercise

After-Action Report/Improvement Plan

Exercise: September 14 and 21, 2023

Document: October 16, 2023



The After-Action Report/Improvement Plan (AAR/IP) aligns exercise objectives with preparedness doctrine and related frameworks and guidance. Exercise information required for preparedness reporting and trend analysis is included; users are encouraged to add additional sections as needed to support their own organizational needs.

Throughout this document, you will find red boxes that include instructions for completing this After-Action Report/Improvement Plan for your organization. Delete the red boxes when you complete the After-Action Report.

Throughout this document you will also find highlighted text. This highlighted text should be replaced with information specific to your facility.

EXERCISE OVERVIEW

Exercise Name	Chemical Catastrophe: A Virtual Train Derailment Exercise
Exercise Dates	September 14, 2023 & September 21, 2023
Scope	This exercise was a virtual tabletop exercise, planned for up to 3.5 hours at each participating facility. Exercise play was limited to virtual participation via Zoom and was offered twice.
Focus Area(s)	Response
FEMA Core Capabilities	<ul style="list-style-type: none"> Operational Communications Operational Coordination Planning Intel and Information Sharing
Objectives	<p>Objective 1: Discuss your organization's ability to quickly activate plans, policies, and procedures to effectively respond to a chemical spill.</p> <p>Objective 2: Understand the key roles and responsibilities of response partners during the incident and in the aftermath of an incident.</p> <p>Objective 3: Discuss your organization's decision making and criteria for sheltering in place.</p> <p>Objective 4: Identify your organization's ability to implement shelter-in-place measures.</p>
Threat or Hazard	Train Derailment and Chemical Spill
Scenario	A train derailment has occurred in a rural area of Northeast Florida, resulting in a significant chemical release. The chemical release has created a greenish-yellow hazardous plume that poses potential risks to nearby communities and healthcare facilities.
Sponsor	Region 3 Healthcare Coalition Alliance
Participating Jurisdictions/	For a full list of participating organizations, please reference Appendix C .

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ANALYSIS OF CAPABILITIES

Aligning exercise objectives and capabilities provides a consistent taxonomy for evaluation that transcends individual exercises to support preparedness reporting and trend analysis. Table 1 includes the exercise objectives, aligned capabilities, and performance ratings for each capability as observed during the exercise and determined by the evaluation team.

Objective	PHEP Capabilities	HPP Capabilities	FEMA Core Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
<p>Objective 1: Discuss your organization’s ability to quickly activate plans, policies, and procedures to effectively respond to a chemical spill.</p>	<p>Capability 1: Community Preparedness</p>	<p>Capability 2: Health Care and Medical Response Coordination</p>	<p>Planning Operational Coordination</p>		S		
<p>Objective 2: Understand the key roles and responsibilities of response partners during the incident and in the aftermath of an incident.</p>	<p>Capability 3: Emergency Operations Coordination</p> <p>Capability 4: Emergency Public Information and Warning</p> <p>Capability 6: Information Sharing</p>	<p>Capability 2: Health Care and Medical Response Coordination</p>	<p>Operational Communications Intel and Information Sharing</p>		S		

Objective	PHEP Capabilities	HPP Capabilities	FEMA Core Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
Objective 3: Discuss your organization’s decision making and criteria for sheltering in place.	Capability 2: Community Recovery	Capability 2: Health Care and Medical Response Coordination Capability 3: Continuity of Health Care Service Delivery	Operational Coordination		S		
Objective 4: Identify your organization’s ability to implement shelter-in-place measures.	Capability 3: Emergency Operations Coordination	Capability 2: Health Care and Medical Response Coordination	Planning Operational Communication		S		

Table 1. Summary of Core Capability Performance

DEFINITION OF RATINGS

Performed without Challenges (P): The targets and critical discussions associated with the capability were completed in a manner that achieved the objective(s) and would not negatively impact the performance of other activities. Performance of this activity would not contribute to additional health and/or safety risks for the public or for emergency workers, and it was discussed as being conducted in accordance with applicable plans, policies, procedures, regulations, and laws.

Performed with Some Challenges (S): The targets and critical discussions associated with the capability were completed in a manner that achieved the objective(s) and would not negatively impact the performance of other activities. Performance of this activity would not contribute to additional health and/or safety risks for the public or for emergency workers, and it was discussed as being conducted in accordance with applicable plans, policies, procedures, regulations, and laws. However, opportunities to enhance effectiveness and/or efficiency were identified.

Performed with Major Challenges (M): The targets and critical discussions associated with the capability were completed in a manner that achieved the objective(s), but some or all of the following were observed: completion of discussed activities would have a negative impact on the performance of other activities; would contribute to additional health and/or safety risks for the public or for emergency workers; and/or was not identified as being conducted in accordance with applicable plans, policies, procedures, regulations, and laws.

Unable to be Performed (U): The targets and critical discussions associated with the capability were not performed in a manner that achieved the objective(s).

The following sections provide an overview of the performance related to each exercise objective and associated capability, highlighting strengths and areas for improvement.

EXERCISE SUMMARY

The Chemical Catastrophe tabletop exercise that was hosted by the Region 3 Healthcare Coalition Alliance was specifically designed to evaluate the key components of each organization's response to a chlorine chemical release. For this exercise, participants were placed into breakout groups to discuss their response to the presented scenario with other similar organizations. Each participant was provided with a Situation Manual (SitMan) consisting of discussion questions that were covered throughout the exercise. Prior to the exercise, participants were provided with education on the Chlorine and its impacts to health and safety.

For this exercise, each agency was asked to reference their existing emergency response plans to inform their discussion and responses as it related to the scenario. The purpose of this report is to analyze exercise results, identify strengths and best practices to be maintained and built upon, identify potential areas for further improvement, and support the development of corrective actions. This report contains identified areas of improvement for all participants as well as agency-specific areas for improvement and corrective actions.

MAJOR STRENGTHS IDENTIFIED DURING THE EXERCISE

Strength: Most organizations noted clear methods for communicating information internally and externally using internal paging system, ReadyOp, group texts, updating websites, social media use, and prerecorded phone messaging.

Strength: The Northeast Florida Healthcare Coalition has strong ties to the Local Emergency Planning Committee (LEPC) in their region which continues to be leveraged for training and education purposes.

Strength: Local first responders have a thorough understanding of incident management and can demonstrate a strong incident management structure that would be activated during a chemical incident.

PRIMARY AREAS FOR IMPROVEMENT IDENTIFIED DURING THE EXERCISE

Area for Improvement: Non-Hospital Partners Lack a Direct Line of Communication with Authorities - It was noted during the exercise that there is an absence of a direct line of communication between non-hospital partners and relevant authorities during a chemical spill which may result in delayed emergency response coordination.

Area for Improvement: Staff Need Training on Proper Shelter-in-Place Procedures - While participants were able to discuss their shelter-in-place procedures following the LEPC presentation, there was concern that other facility staff were unaware of what needed to occur to protect patients. (i.e., sealing off spaces).

Area for Improvement: Unvalidated Transportation Plan for Healthcare Facilities in the Event of a Full Evacuation - During the exercise, there was discussion on transportation plans for inpatient facilities needing to evacuate. It was noted that transportation plans were assumed but ultimately unvalidated and concerns were raised regarding the allocation of transportation resources.

OBJECTIVE 2: DISCUSS YOUR ORGANIZATIONS ABILITY TO QUICKLY ACTIVATE PLANS, POLICIES, AND PROCEDURES TO EFFECTIVELY RESPOND TO A CHEMICAL SPILL.

The strengths and areas for improvement for each capability aligned to this objective are described in this section.

If an objective is indicated as meeting the “full” capability level, there were no Areas for Improvement identified. If there were Areas for Improvement identified by the evaluators and participants, the capability level should be noted as being “partial.”

STRENGTHS

The partial capability level can be attributed to the following strengths:

Strength 1.1: Hospitals were able to identify methods for being notified of a large chemical spill or release in the area, allowing for quick activation of the EOP and standing up of the Incident Command. The functionality of this notification process can be sustained through periodic training and exercise with local response partners.

Strength 1.2: Most organizations noted clear methods for communicating information internally and externally using internal paging system, ReadyOp, group texts, updating websites, social media use, and prerecorded phone messaging. Providing clear, concise messaging decreases panic within the organization and community. It is recommended that organizations continue to train on and maintain the systems used to communicate.

Strength 1.3: Outpatient facilities effectively identified their critical services (i.e., patient surgeries) that needed to be maintained during the response, so as not to pose a risk to patients' lives. It is recommended that organizations ensure that these critical functions are included in emergency response plans and continuity of operations plans.

If you have additional strengths to note, please add lines and supporting information as needed.

AREAS FOR IMPROVEMENT

The following areas require improvement to achieve the full capability level:

Area for Improvement 1.1: Non-Hospital Partners Lack a Direct Line of Communication with Authorities

Analysis: It was noted during the exercise that there is an absence of a direct line of communication between non-hospital partners and relevant authorities during a chemical spill which may result in delayed emergency response coordination. Because non-hospital

partners are not included in the initial chain of communications, the timely dissemination of critical information and instructions can be hindered, potentially impeding the prompt implementation of necessary measures to ensure safety.

Recommendations for Improvement:

- **Meet with Local Authorities to Foster a Collaborative Relationship:** Establishing a relationship with local authorities through an initial meeting can be a crucial step in building a strong and effective partnership. This meeting can be used to identify processes for improving information sharing, providing clarity on roles and responsibility, and for aligning emergency response plans.
- **Establish a Designated Liaison:** Establish a designated liaison or communication officer within each non-hospital partner organization to serve as the primary point of contact with the local emergency response authorities and facilitate a direct line of communication.

Area for Improvement 1.2: Unvalidated Transportation Plan for Healthcare Facilities in the Event of a Full Evacuation

Analysis: During the exercise, there was discussion on transportation plans for inpatient facilities needing to evacuate. It was noted that transportation plans were assumed but ultimately unvalidated and concerns were raised regarding the allocation of transportation resources. In the absence of a validated transportation plan, healthcare facilities may face challenges in establishing efficient coordination with external agencies, and ultimately, those facilities may find themselves without access to transportation or without contingencies.

Recommendations for Improvement:

- **Conduct a County-Wide Full-Scale Evacuation Exercise:** A large-scale simulation could test the true effectiveness of transportation plans and availability of resources. The purpose of this exercise is to evaluate the county's ability to execute a timely and organized evacuation, identify potential weaknesses or gaps in the existing evacuation plans, and assess the overall response capabilities of the county's emergency management system.

If you have additional Areas for Improvement to note, please add lines and supporting information as needed. Additionally, ensure that “what was supposed to happen” and “what occurred” is accurately depicted for your organization in the following section.

OBJECTIVE 2: UNDERSTAND THE KEY ROLES AND RESPONSIBILITIES OF RESPONSE PARTNERS DURING THE INCIDENT AND IN THE AFTERMATH OF THE INCIDENT.

The strengths and areas for improvement for each capability aligned to this objective are described in this section.

If an objective is indicated as meeting the “full” capability level, there were no Areas for Improvement identified. If there were Areas for Improvement identified by the evaluators and participants, the capability level should be noted as being “partial.”

STRENGTHS

The partial capability level can be attributed to the following strengths:

Strength 2.1: Local Emergency Planning Committees are responsible for preparing a regional hazardous materials emergency response plan, serving as a repository for regional hazardous materials information, and performs outreach functions to increase hazardous materials awareness. The Northeast Florida Healthcare Coalition has strong ties to the LEPC in their region which continues to be leveraged for training and education purposes.

Strength 2.2: Local first responders have a thorough understanding of incident management and can demonstrate a strong incident management structure that would be activated during a chemical incident.

Strength 2.3: Overall, most participating healthcare organizations have a strong relationship with local first responders which provides for a more unified and coordinated response.

If you have additional strengths to note, please add lines and supporting information as needed.

AREAS FOR IMPROVEMENT

The following areas require improvement to achieve the full capability level:

Area for Improvement 2.1: Lack of Thorough Understanding of Specialized Expertise Related to a Chemical Spill

Analysis: Healthcare organizations demonstrated an insufficient understanding of specialized expertise as it relates to a large-scale chemical incident including available resources, equipment, or process for management as the incident escalates.

Recommendations for Improvement:

- **Coordination with Local Emergency Planning Committee (LEPC):** It is recommended that the team collaborates closely with the LEPC to gain a deeper understanding of the best practices and protocols relevant to chemical spill management.

If you have additional Areas for Improvement to note, please add lines and supporting information as needed. Additionally, ensure that “what was supposed to happen” and “what occurred” is accurately depicted for your organization in the following section.

OBJECTIVE 3: DISCUSS YOUR ORGANIZATION’S DECISION-MAKING CRITERIA FOR SHELTERING IN PLACE.

The strengths and areas for improvement for each capability aligned to this objective are described in this section.

If an objective is indicated as meeting the “full” capability level, there were no Areas for Improvement identified. If there were Areas for Improvement identified by the evaluators and participants, the capability level should be noted as being “partial.”

STRENGTHS

The partial capability level can be attributed to the following strengths:

Strength 3.1: Hospitals decontamination resources that were available in the event of a chemical response. Hospitals equipped with decontamination equipment can rapidly respond to incidents involving chemical exposure. This ensures that affected individuals, including first responders and civilians, can receive immediate treatment, minimizing the adverse effects of the chemical exposure.

Strength 3.2: During the exercise, organizations discussed the categories of information that they would need to decide whether to evacuate or shelter-in-place. Those categories included severity of chemical exposure, safety of the infrastructure, anticipated duration of incident, plume location, and anticipated health concerns.

If you have additional strengths to note, please add lines and supporting information as needed.

AREAS FOR IMPROVEMENT

The following areas require improvement to achieve the full capability level:

Area for Improvement 3.1: Lack of Specificity in Shelter-in-Place Trigger Points

Analysis: During the exercise it was evident that there was a lack of specificity in defining the trigger points for implementing shelter-in-place procedures, leading to confusion among healthcare organization staff and patients/residents. Vague or ambiguous language in the guidelines can result in delayed or inappropriate responses to potential chemical incidents, compromising the safety of the affected population.

Recommendations for Improvement:

- **Collaborate with Local Health Authorities:** Engage in collaborative planning sessions with local emergency management agencies and relevant stakeholders to establish clear and comprehensive trigger points specific to your organization.
- **Establish Response Plans:** Develop and regularly update response plans specific to sheltering in place within your facility during chemical incidents. Clearly outline the roles and responsibilities of staff, including designated personnel responsible for initiating shelter-in-place procedures, communicating with external partners, and coordinating patient care and safety measures to ensure a consistent and coordinated response in accordance with the established trigger points.

If you have additional Areas for Improvement to note, please add lines and supporting information as needed. Additionally, ensure that “what was supposed to happen” and “what occurred” is accurately depicted for your organization in the following section.

OBJECTIVE 4: IDENTIFY YOUR ORGANIZATION’S ABILITY TO IMPLEMENT SHELTER-IN-PLACE MEASURES.

The strengths and areas for improvement for each capability aligned to this objective are described in this section.

If an objective is indicated as meeting the “full” capability level, there were no Areas for Improvement identified. If there were Areas for Improvement identified by the evaluators and participants, the capability level should be noted as being “partial.”

STRENGTHS

The partial capability level can be attributed to the following strengths:

Strength 4.1: Following the presentation from the LEPC representative, participants felt as if they had a better understanding of sheltering-in-place and the process for sealing their facility.

Strength 4.2: In the event of a shelter-in-place scenario, organizations had access to essential supplies, such as extra food, water, medical supplies, and other necessary resources to support their patient/resident population until an “all clear” was announced.

If you have additional strengths to note, please add lines and supporting information as needed.

AREAS FOR IMPROVEMENT

The following areas require improvement to achieve the full capability level:

Area for Improvement 4.1: Staff Need Training on Proper Shelter-in-Place Procedures

Analysis: While participants were able to discuss their shelter-in-place procedures following the LEPC presentation, there was concern that other facility staff were unaware of what needed to occur to protect patients. (i.e., sealing off spaces).

Recommendations for Improvement:

- **Ensure Well-Defined Protocols and Procedures:** Clear and well-defined protocols and procedures for shelter-in-place measures ensure that all members of the organization understand their roles and responsibilities during an emergency.
- **Regularly Drill and Exercise:** Conducting regular drills and exercises to practice shelter-in-place procedures allows organizations to identify potential weaknesses and make necessary improvements. This process also allows staff an opportunity to practice response techniques using a hands-on approach.

If you have additional Areas for Improvement to note, please add lines and supporting information as needed. Additionally, ensure that “what was supposed to happen” and “what occurred” is accurately depicted for your organization in the following section.

APPENDIX A: IMPROVEMENT PLAN

This Improvement Plan was developed based on the results of the Chemical Catastrophe Tabletop Exercises which were held on September 14th and 21st, 2023. The Improvement Plan is the section of the AAR/IP that outlines the steps your organization can take to improve on the overarching Areas for Improvement identified during the exercise.

This improvement plan was prepared based on the results of this exercise. We invite you to personalize it by adding your specific areas for improvement and corrective actions in the blank space provided. You are also free to edit the entire chart to align with your needs or recommendations. **Remember to complete the highlighted sections of the improvement plan.**

- **Column 1: Exercise Objectives** – This is a list of all the objectives from the exercise.
- **Column 2: Issue \ Area for Improvement** – These areas for improvement are populated based on the analysis and recommendations sections from above. The areas for improvement were identified based on the results of the exercise and additional areas for improvement can be added based on your own personal notes.
- **Column 3: Corrective Action(s)** - For each area for improvement, the actions needed to address the area for improvement are listed. You can add your own corrective actions to this chart.
- **Column 4: Capability Element** – For each corrective action, a capability element is identified (Planning, Organization, Equipment, Training, Exercises) to assign a target for your corrective actions.
- **Column 5: Assigned To** - List here who is tasked with seeing the corrective actions through to completion.
- **Column 6: Start Date** - List the date that work on each corrective action will begin.
- **Column 7: Target Completion Date** - List the date on which you plan to have the corrective actions completed.

Tips and Tricks for Improvement Planning:

- This Improvement Plan was developed based on the cumulative results of the exercise. Not all areas for improvement may be applicable to your organization. Please feel free to delete or update the listed items as needed.
- It is a **GOOD THING** to have areas for improvement and action items in every exercise you conduct. Nothing will go perfectly – this is your opportunity to dig in and look for ways to improve.

Exercise Objective	Issue/Area for Improvement	Corrective Actions	Capability Element	Assigned To	Start Date	Target Completion Date
<p>Objective 1: Discuss your organization’s ability to quickly activate plans, policies, and procedures to effectively respond to a chemical spill.</p>	<p>Area for Improvement 1.1: Non-Hospital Partners Lack a Direct Line of Communication with Authorities</p>	<p>Meet with Local Authorities to Foster a Collaborative Relationship</p>	<p>Organizing</p>	<p>To be completed by participating organization</p>	<p>To be completed by participating organization</p>	<p>To be completed by participating organization</p>
		<p>Establish a Designated Liaison</p>	<p>Planning</p>	<p>To be completed by participating organization</p>	<p>To be completed by participating organization</p>	<p>To be completed by participating organization</p>
	<p>Area for Improvement 1.2: Unvalidated Transportation Plan for Healthcare Facilities in the Event of a Full Evacuation</p>	<p>Conduct a County-Wide Full-Scale Evacuation Exercise</p>	<p>Exercise</p>	<p>To be completed by participating organization</p>	<p>To be completed by participating organization</p>	<p>To be completed by participating organization</p>
	<p>[Use this space to add your own area of improvement related to objective 1.]</p>	<p>[Use this space to add your own corrective actions for your identified area of improvement.]</p>	<p>[Insert Capability Element]</p>	<p>To be completed by participating organization</p>	<p>To be completed by participating organization</p>	<p>To be completed by participating organization</p>
	<p>[Use this space to add your own area of improvement related to objective 1.]</p>	<p>[Use this space to add your own corrective actions for your identified area of improvement.]</p>	<p>[Insert Capability Element]</p>	<p>To be completed by participating organization</p>	<p>To be completed by participating organization</p>	<p>To be completed by participating organization</p>

Exercise Objective	Issue/Area for Improvement	Corrective Actions	Capability Element	Assigned To	Start Date	Target Completion Date
Objective 2: Understand the key roles and responsibilities of response partners during the incident and in the aftermath of an incident.	Area for Improvement 2.1: Lack of Thorough Understanding of Specialized Expertise Related to a Chemical Spill	Coordination with Local Emergency Planning Committee (LEPC)	Organizing	To be completed by participating organization	To be completed by participating organization	To be completed by participating organization
	[Use this space to add your own area of improvement related to objective 1.]	[Use this space to add your own corrective actions for your identified area of improvement.]	[Insert Capability Element]	To be completed by participating organization	To be completed by participating organization	To be completed by participating organization
	[Use this space to add your own area of improvement related to objective 1.]	[Use this space to add your own corrective actions for your identified area of improvement.]	[Insert Capability Element]	To be completed by participating organization	To be completed by participating organization	To be completed by participating organization

Exercise Objective	Issue/Area for Improvement	Corrective Actions	Capability Element	Assigned To	Start Date	Target Completion Date
Objective 3: Discuss your organization’s decision making and criteria for sheltering in place.	Area for Improvement 3.1: Lack of Specificity in Shelter-in-Place Trigger Points	Collaborate with Local Health Authorities	Organizing	To be completed by participating organization	To be completed by participating organization	To be completed by participating organization
		Establish Response Plans	Planning	To be completed by participating organization	To be completed by participating organization	To be completed by participating organization
	[Use this space to add your own area of improvement related to objective 1.]	[Use this space to add your own corrective actions for your identified area of improvement.]	[Insert Capability Element]	To be completed by participating organization	To be completed by participating organization	To be completed by participating organization
	[Use this space to add your own area of improvement related to objective 1.]	[Use this space to add your own corrective actions for your identified area of improvement.]	[Insert Capability Element]	To be completed by participating organization	To be completed by participating organization	To be completed by participating organization

Exercise Objective	Issue/Area for Improvement	Corrective Actions	Capability Element	Assigned To	Start Date	Target Completion Date
Objective 4: Identify your organization’s ability to implement shelter-in-place measures.	Area for Improvement 4.1: Staff Need Training on Proper Shelter-in-Place Procedures	Ensure Well-Defined Protocols and Procedures	Planning	To be completed by participating organization	To be completed by participating organization	To be completed by participating organization
		Regularly Drill and Exercise	Exercise	To be completed by participating organization	To be completed by participating organization	To be completed by participating organization
	[Use this space to add your own area of improvement related to objective 1.]	[Use this space to add your own corrective actions for your identified area of improvement.]	[Insert Capability Element]	To be completed by participating organization	To be completed by participating organization	To be completed by participating organization
	[Use this space to add your own area of improvement related to objective 1.]	[Use this space to add your own corrective actions for your identified area of improvement.]	[Insert Capability Element]	To be completed by participating organization	To be completed by participating organization	To be completed by participating organization

APPENDIX B: EXERCISE PARTICIPANTS

If your organization is not listed or is listed incorrectly, please make the necessary changes to your copy of this document. Please remember to delete this red box prior to finalization.

Participating Organizations for September 14, 2023	
Organization Name	Organization Type
Alachua county health department	Public Health
Ascension St. Vincent's Southside	Hospital
Department of Health	Public Health
Ed Fraser Memorial Hospital	Hospital
Florida Department of Health	Public Health
Florida Department of Health in Baker County	Public Health
Fresenius Medical Care - Lake City Home Therapies	Dialysis
Haven Hospice	Hospice
HCA Florida Putnam Hospital	Hospital
Interim Healthcare	Home Health Agency
Lake Butler Hospital	Hospital
Mederi Caretenders Home Health Care	Home Health and Hospice
Mental Health Resource Center	Community Mental Health Centers (CMHC)
Ocala Eye Surgery Center	Ambulatory Surgical Center (ASC)
Riverside Surgical Center	Ambulatory Surgical Center (ASC)
Tuscan Gardens of Palm Coast	Assisted Living

Participating Organizations for September 21, 2023	
Organization Name	Organization Type
American Renal	Dialysis
American Renal Associates	Dialysis
AmeriproEMS	Emergency Medical Services
Ascension St. Vincent's Southside	Hospital
Baker County Medical Services, INC	Hospital

Participating Organizations for September 21, 2023	
Baptist Medical Center Clay	Hospital
Baptist Medical Center South	Hospital
Florida Department of Health	Public Health
Florida Department of Law Enforcement	Other
Florida Emergency Medical Services for Children	Public Health
Fresenius Medical Care	Dialysis
Fresenius Medical Care - Lake City Home Therapies	Dialysis
Fresenius Medical Care of North America	Dialysis
HCA Florida Ocala Hospital	Hospital
Middleburg Rehabilitation and Nursing Center	Skilled Nursing Facility (SNF)
Regents Park of Jacksonville	Long Term Care (LTC)
River Garden Senior Services	Skilled Nursing Facility (SNF)
The Terrace of Jacksonville	Skilled Nursing Facility (SNF)
University of Florida Health	Hospital
Vicars Landing	Skilled Nursing Facility (SNF)
Wolfson Children's Hospital	Hospital

APPENDIX D: ACRONYMS

Acronym	Term
AAR/IP	After Action Report / Improvement Plan
ASCs	Ambulatory Surgical Centers
ASPR	Administration for Strategic Preparedness & Response
CMS	Centers for Medicare & Medicaid Services
COOP	Continuity of Operations
CORFs	Comprehensive Outpatient Rehabilitation Facilities
DHS	Department of Health and Human Services
EOP	Emergency Operations Plan
FEMA	Federal Emergency Management Agency
HHAs	Home Health Agencies
HICS	Hospital Incident Command System
HPP	Hospital Preparedness Program
HSEEP	Homeland Security Exercise and Evaluation Program
ICFs/IIDs	Intermediate Care Facilities for Individuals with Intellectual Disabilities
ICS	Incident Command System
LEPC	Local Emergency Planning Committee
LTCs	Long Term Care
PACE	Program for the All-Inclusive Care for the Elderly
PRTFs	Psychiatric Residential Treatment Facilities
TRACIE	Technical Resources, Assistance Center, and Information Exchange
TTX	Tabletop Exercise