



# August 13, 2021 Region 5 Trauma Coordination Center Drill

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## After-Action Report/Improvement Plan Approved December 16, 2021

The After-Action Report/Improvement Plan (AAR/IP) aligns exercise objectives with preparedness doctrine to include the National Preparedness Goal 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.

# EXERCISE OVERVIEW

<b>Exercise Name</b>	Central Florida Boom
<b>Exercise Date</b>	August 13, 2021, 9 am to noon
<b>Scope</b>	This is an operations-based drill, planned for three hours and held virtually, with no actual patient movement.
<b>Mission Area(s)</b>	Response & Recovery
<b>Core Capabilities</b>	HPP Capability 4-Medical Surge, Objective 2-Respond to Medical Surge, Activity 7- Provide Trauma Care During a Medical Surge
<b>Objectives</b>	<ul style="list-style-type: none"><li>• Educate stakeholders on the trauma coordination center plan/process/roles</li><li>• Demonstrate, validate and improve the trauma coordination center plan/process/roles</li><li>• Recruit additional individuals to staff trauma coordination center roles</li></ul>
<b>Threat or Hazard</b>	Chemical facility explosion
<b>Scenario</b>	<p>At approximately 9 am multiple 911 calls received about an explosion in the 200 block of Central Florida Parkway. First arriving units find leveled buildings for several city blocks. The Florida turnpike has been shut down due to flying debris from the explosion. There are multiple reports of trapped victims inside buildings. Several buildings are on fire at what remains of the ABC Chemical plant which is thought to be the center of the damage zone. Smoke from the resulting fire has caused respiratory irritation to civilians and responders. News helicopters report a large crater is visible from the air. Multiple hospitals report victims self-transported. Many victims complain of difficulty breathing. Unknown chemical involved. Decon is occurring at the scene and at hospitals. Multiple reports of fatalities. Multiple buildings collapsed, search and rescue operations underway. Estimated 10 city blocks damaged.</p>

**Participating  
Organizations**

Includes but not limited to CFDMC, Region 5 Trauma Center Medical Directors and Clinicians, Region 5 EMS Medical Directors and EMS Agencies, Region 5 Acute Care Hospitals, Region 5 Emergency Management/ESF8 (See Appendix A for a full list)

**Point of Contact**

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**Executive Director**

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**Coalition**

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## EXECUTIVE SUMMARY

### Exercise Overview:

This after action report is focused on educating on, seeking feedback on, and improving the Region 5 Trauma Coordination Plan.

In the summer of 2020, the Region 5 Trauma Advisory Board (RTAB) Preparedness Committee reviewed the chemical explosion incident in Beirut and asked the question: “Are we ready to respond to an event like that, one which produces an overwhelming number of trauma patients?” The answer was NO!

The RTAB Preparedness Committee and Clinical Leadership Committee worked with the Central Florida Disaster Medical Coalition to develop a tabletop exercise to identify preparedness gaps. More than 70 Trauma stakeholders participated in this tabletop exercise, held in September 2020, exploring the management of trauma patients from a large chemical explosion in Orange County. The after-action report highlighted the need to develop and exercise a regional trauma coordination plan and to assure treatment and effective communication through the region.

Based on the AAR, the Trauma Preparedness Committee drafted the Region 5 Trauma Coordination Plan. We used a new federal concept called a MOCC (multi-organization coordinating center) in developing the plan. The Regional Trauma Coordination Center (RTCC) is designed to load balance large numbers of trauma patients. This is a resource that can be requested via Emergency Management. The plan was vetted with Trauma Center Medical Directors, EMS Medical Directors, Acute Care Hospitals, Emergency Managers and other Trauma stakeholders. The plan was approved in June 2021 by the Region 5 Trauma Advisory Board Executive Committee and the Coalition Board.

The next step was to educate stakeholders and do a preliminary test of the plan. The RTAB Preparedness Committee scheduled a functional drill of the plan on August 13, 2021. Preparing for the drill identified improvements to the plan and this after action report will also be used to update the plan. We will implement corrective action over the next six months and fully test the plan in the regional hospital mass casualty exercise scheduled for April 2022.

A special thank you to the exercise planning team members:

Eric Alberts  
Dr. Tracy Bilski  
Beverly Cook  
Rachel Driscoll  
Dr. Joseph Ibrahim  
Dr. John McPherson  
Matt Meyers  
Susan Ono  
Dr. Peter Pappas  
Rachel Reid  
Michelle Rud

## **KEY STRENGTHS & OPPORTUNITIES:**

Overall, the drill went well, and objectives were met.

### **Key Strengths:**

- Stakeholders felt this is a good baseline plan which we can enhance over time. The plan meets a critical need.
- The drill provided good information sharing and opportunities for input. Trauma stakeholders are committed to working together to improve trauma care. All key stakeholder groups were engaged in the drill.
- The drill identified improvements to the plan.

### **Key Opportunities for Improvement:**

- Continued education on the plan.
- Continue to recruit individuals for the RTCC roles.
- Integrate the new communication platforms (Juvare e-ICS and EMResource) into the process.
- Fully test the plan in a full-scale exercise.

**ANALYSIS OF OBJECTIVES**

Aligning exercise objectives and core capabilities provides for a robust and consistent evaluation. The National Healthcare Preparedness Program capabilities were used for this evaluation. Table 1 includes the objectives, aligned core capabilities, and performance ratings for each objective & core capability as reported by the Coalition and its members.

Objective	Core Capability	Performed without Challenges (P)	Performed with Some Challenge	Performed with Major Challenge	Unable to be Performed (U)
<b>Objective 1: Educate stakeholders on the trauma coordination center plan, process and roles</b>	HPP Capability 4-Medical Surge, Objective 2- Respond to Medical Surge, Activity 7- Provide Trauma Care During a Medical Surge		<b>S</b>		
<b>Objective 2: Demonstrate, validate and improve the trauma coordination center plan/process/roles</b>	HPP Capability 4-Medical Surge, Objective 2- Respond to Medical Surge, Activity 7- Provide Trauma Care During a Medical Surge		<b>S</b>		
<b>Objective 3: Recruit additional individuals to staff trauma coordination center roles</b>	HPP Capability 4-Medical Surge, Objective 2- Respond to Medical Surge, Activity 7- Provide Trauma Care During a Medical Surge		<b>S</b>		
<b>Ratings Definitions:</b>					

Objective	Core Capability	Performed without Challenges (P)	Performed with Some Challenge	Performed with Major Challenge	Unable to be Performed (U)
<ul style="list-style-type: none"> <li>• Performed without Challenges (P): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws.</li> <li>• Performed with Some Challenges (S): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. However, opportunities to enhance effectiveness and/or efficiency were identified.</li> <li>• Performed with Major Challenges (M): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s), but some or all of the following were</li> </ul>					

**Table 1. Summary of Objective / Core Capability Performance**

# ANALYSIS OF OBJECTIVES

**Objective 1: Educate stakeholders on the trauma coordination center plan, process and roles**

## Strengths

**Strength 1:** The drill provided the opportunity to educate stakeholders on the plan, process and roles. Stakeholders were engaged during the drill, asked questions, and provided feedback.

## Areas for Improvement

**Area for Improvement 1:** Not all key stakeholders participated in the drill. We need to continue to educate all key stakeholders on this resource.

**Area for Improvement 2:** Identify additional stakeholders who need to be involved. For example, law enforcement.



**Objective 2: Demonstrate, validate and improve the trauma coordination center plan, process and roles.**

**Strengths:**

**Strength 1:** Each of the roles were demonstrated and the players articulated how the process would work.

**Areas for Improvement**

**Area for Improvement 1:** Clarify who will serve as the RTCC Medical Officer (impacted county EMS Medical Director may want to be on scene).

**Area for Improvement 2:** Need to strengthen communications process. Detail how e-ICS and EMResource will be used during this process. For example, clarify how communication will occur between the RTCC and the on-scene incident command.

**Area for Improvement 3:** Identify existing hospital transfer centers and points of contact. Ensure that those filling this role understand that the focus on doing the right thing for each patient without regard to their hospital system.

**Area for Improvement 4:** Identify existing transportation assets within the region and the state. Identify transportation centers/POCs.

**Area for Improvement 5:** Burn centers in the region/state would be quickly overwhelmed. Integrate the national burn center coordination process into the plan.

**Objective 3: Recruit additional individuals to staff the trauma coordination center roles.**

**Strengths**

**Strength 1:** Some individuals have volunteered to serve in these roles.

**Areas for Improvement**

**Area for Improvement 1:** We need to identify a large pool of volunteers for each role.

**APPENDIX A: EVENT PARTICIPANTS**

**AdventHealth Central Florida Division  
AdventHealth Daytona & North Region  
AdventHealth New Smyrna Beach  
Air Care  
American Red Cross  
AMR  
Brevard County Fire Rescue  
Canaveral Fire/Rescue  
Central Florida Regional Hospital  
Central Florida Disaster Medical Coalition  
CFDMC Regional Medical Assistance Team  
Cocoa Beach Fire Department  
Deltona Fire & Rescue  
Department of Homeland Security (DHS)  
DOH-Indian River  
DOH-St. Lucie  
East Central FL LEPC  
Federal Bureau of Investigation (FBI)  
Halifax Health Medical Center  
Indialantic Fire Rescue  
Kindred Hospital Melbourne  
Lake County BCC Office of EMS  
Lake County EMS Medical Director  
Lake County Office of Emergency Management  
Lawnwood Regional Medical Center  
LYNX  
Martin County Emergency Management Agency  
Martin County Fire Rescue  
Northland Church  
Orange County 311  
Ornge County EMS, Office of the Medical Director  
Orange County Office of Emergency Management  
Orlando Fire Department  
Orlando Health, Inc.  
Osceola County Emergency Management  
Osceola County EMS Office of the Medical Director  
Osceola County Fire Department  
Osceola Regional Medical Center  
Oviedo Medical Center  
Seminole County EMS Medical Director  
UCF Lake Nona Medical Center  
UF College of Pharmacy / ORMC  
Winter Park Fire Department**

**APPENDIX B: IMPROVEMENT PLAN**

This IP has been developed specifically for The Region 5 Trauma Coordination Center Plan and drill held August 13, 2021. .

Objective	Issue/Area for Improvement	Corrective Action	Primary Responsible Organization	Organization POC	Start Date	Completion Date
<b>Objective 1: Educate stakeholders on the trauma coordination center plan, process and roles</b>	Not all key stakeholders participated in the drill. We need to continue to educate all key stakeholders on this resource.	Develop and record training on RTCC.  Develop mission ready package.	CFDMC	Lynne Drawdy	10/1/21	12/31/21
	Identify additional stakeholders who need to be involved. For example, law enforcement	Identify all stakeholders to the process and add these to the plan and training.	RTCC Preparedness Committee	Lynne Drawdy	10/1/21	12/31/21

Objective	Issue/Area for Improvement	Corrective Action	Primary Responsible Organization	Organization POC	Start Date	Completion Date
<b>Objective 2: Demonstrate, validate and improve the trauma coordination center plan/process/roles</b>	Clarify who will serve as the RTCC Medical Officer (impacted county EMS Medical Director may want to be on scene).	EMS Medical Directors decide.	RTAB Clinical Leadership Committee	Dr. John McPherson	10/1/21	12/31/21
	Strengthen communications process.	Outline in plan how e-ICS and EMResource are used in this process, including how communication will occur between the RTCC and on-scene incident command.	RTAB Preparedness Committee	Matt Meyers	10/1/21	3/31/22
	Identify and engage existing hospital transfer centers and points of contact.	Develop list of all hospital transfer centers/coordinator and include in plan Provide training	CFDMC	Matt Meyers	10/1/21	3/31/22
	Identify existing transportation assets within the region and the state.	Develop a list and include in plan	CFDMC	Matt Meyers	10/1/21	3/31/22
	Identify and engage transportation centers and points of contact	Develop list of all transport centers / coordinators and include in plan Provide training	CDMC	Matt Meyers	10/1/21	3/31/22

	Burn centers in the region / state would be quickly overwhelmed	Integrate the national burn center coordination process into the plan.	CFDMC	Matt Meyers	10/1/21	12/31/21
	Exercise the RTCC	Integrate the RTCC into the regional mass casualty full scale exercise.	CFDMC	Lynne Drawdy	1/1/22	4/30/22

Objective	Issue/Area for Improvement	Corrective Action	Primary Responsible Organization	Organization POC	Start Date	Completion Date
<b>Objective 3: Recruit additional individuals to staff trauma coordination center roles</b>	Identify a large pool of volunteers for each role.	Identify and reach each group that can fill role (e.g., hospital transport and transfer coordinators) to recruit volunteers	CFDMC	Lynne Drawdy	10/1/21	12/31/21

**APPENDIX C: EEG**

**Central Florida Boom (Region 5 Trauma Coordination Center Drill)**

**August 13, 2021**

**Exercise Evaluation Guide:**

**Capability Description: Capability 4, Medical Surge, Objective 2, Respond to Medical Surge**

Activity 7. Provide Trauma Care during a Medical Surge Response

The HCC and its members should coordinate a response to large-scale trauma emergencies with all trauma system partners. All hospitals should be prepared to receive, stabilize, and manage trauma patients. However, given the limited number of trauma centers, an emergency resulting in large numbers of trauma patients may require HCC and ESF-8 lead agency involvement to ensure those patients who can most benefit from trauma services receive priority for transfer. Health care facilities should ensure sufficient availability of operating rooms, surgeons, anesthesiologists, operating room nurses, and surgical equipment and supplies to provide immediate surgical interventions to patients with life threatening injuries.

**Capability 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.

<b>Jurisdiction or Organization:</b> CFDMC	<b>Name of Exercise:</b> Central Florida Boom
<b>Location:</b> Virtual Drill	<b>Date:</b> August 13, 2021
<b>Evaluator:</b> Michelle Rud	<b>Evaluator Contact Info:</b> michelle.rud@hcahealthcare.com

1	<p>Objective 1: <b>Educate stakeholders on the trauma coordination center process/roles</b></p> <p>Stakeholders are engaged, ask questions, provide feedback</p>	<p>Observations:</p> <ul style="list-style-type: none"> <li>• This objective was met in the beginning of the drill and was repeated throughout the drill</li> <li>• Stakeholders were engaged during the entire drill</li> <li>• Plenty of questions were asked during the drill</li> <li>• A lot of feedback and clarification was provided regarding the goal of establishing the Region 5 Trauma Coordination Center</li> </ul>



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**Objective 2: Demonstrate, validate and improve the trauma coordination center plan/process/roles**

*Tasks:*

*RTCC Director:*

- *Onboard personnel*
- *Expand/contract based on incident*
- *Identify objectives*
- *Status updates to IC, personnel, others*
- *Liaison with local, regional/state/federal partners*
- *Demobilize*

*311 Call Center:*

- *Capture information*
- *Transmit information*

*Medical Officer:*

- *Assess available placement resources (county, regional, state, federal)*
- *Evaluate clinical acuity of patients and designate placement type*
- *Provide emergency consultation to referring facilities/other EMS medical directors*

Observations:

RTCC Director

- Personnel were predetermined for this drill
- The original team was created, and it was quickly identified that additional personnel would be needed
- I do not recall hearing the objectives clearly communicated to all parties
- Status updates – I believe this was not done due to the continuum of the drill vs real life
- Communication with other partners – Due to the limitation of the continuum of the drill this was not done
- Demobilize - I do not recall hearing a definitive end to the drill, so demobilization did not occur

311 Call center

- Captured information – This was done through the 311 electronic system
- Transmit information – This was completed quickly

Medical officer

- Available placement – This information could be obtained using EM resource and was identified quickly
- Clinical acuity – This was identified that our resources would outweigh central Florida's resources

	<p><i>Medical Officer continued</i></p> <p><i>Transfer Coordinator</i></p> <ul style="list-style-type: none"> <li>• Find appropriate bed placements</li> <li>• Communicate to receiving, referring facilities &amp; transport coordinators</li> </ul> <p><i>Transport Coordinator</i></p> <ul style="list-style-type: none"> <li>• Find appropriate transportation</li> <li>• Communicate to receiving &amp; referring facilities</li> </ul>	<ul style="list-style-type: none"> <li>• Shared Trauma Triage – Patients who met criteria and what type of center they should be transferred to.</li> <li>• Emergency consultation – It was noted that where the incident happened that it would be likely that Medical Director would be on scene vs in the center. Other medical directors would have to be pulled to maintain the trauma coordination center.</li> </ul> <p>Transfer Coordinator</p> <ul style="list-style-type: none"> <li>• Find appropriate beds – This coordinator would have to work with pre-established system transfer centers</li> <li>• Communicate to receiving facilities – Reminder that the person in charge of this needs to do what is right for the patient and not for “their” system</li> <li>• Need to figure out a contact person for each systems transfer center, so not doubling case load</li> </ul> <p>Transport Coordinator</p> <ul style="list-style-type: none"> <li>• Appropriate transportation – Noted coverage needed for incident versus needed normal daily coverage</li> <li>• Creative thinking regarding BLS transfers (shuttles, bus, vans)</li> <li>• Communicate to receiving facilities – Noted that system transfer centers would be heavily involved</li> </ul>
3	<p><b>Objective 3: Recruit additional individuals to staff trauma coordination center roles:</b></p> <p><i>Communicate/recruit for each role within that module of the exercise</i></p>	<p>Observations:</p> <p>Information was provided that additional roles would be needed based on the length of the incident</p>

## Observations Summary

Overall, this drill went well. There are areas for improvement; there is a definite need for this type of coordination in the event a large incident like this would occur. A lot of coordination would need to take place prior to the incident, I am glad that we are trying to have this established prior to an incident occurring.

However, there needs to be guidelines versus must within these guidelines since not all EOC's operate the same way (311, EM resource, etc.,).

### Strengths:

- Virtually was difficult, however a lot of good information and idea sharing was put out there
- A lot of points were brought forward regarding to real life vs a drill (example: Medical Directors)
- Understanding the level of care that can be transported via each type of vehicle (BLS, ACLS, ICU)

### Opportunities for Improvement:

- Work on point of contacts for each system transfer centers (Advent, HCA & Orlando) and read them into this plan
- Have job action sheets for each officer within this system
- Communication between this center and incident command on scene

**Appendix D**  
**Participant Feedback Results**  
**13 Respondents**

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pre-exercise information provided was informative and provided the necessary information for my role in the exercise.	7.69% 1	0.00% 0	30.77% 4	23.08% 3	38.46% 5	13	3.85
The exercise scenario was plausible and realistic.	7.69% 1	0.00% 0	30.77% 4	30.77% 4	30.77% 4	13	3.77
Exercise participants included the right people in terms of level and mix of disciplines.	7.69% 1	7.69% 1	15.38% 2	46.15% 6	23.08% 3	13	3.69
Participants were actively involved in the exercise.	7.69% 1	7.69% 1	30.77% 4	15.38% 2	38.46% 5	13	3.69
Exercise participation was appropriate for someone in my field with my level of experience/training.	7.69% 1	0.00% 0	23.08% 3	38.46% 5	30.77% 4	13	3.85
The exercise increased my understanding about and familiarity with the capabilities and resources of other participating organizations.	7.69% 1	0.00% 0	7.69% 1	46.15% 6	38.46% 5	13	4.08
After this exercise, I am better prepared to deal with the capabilities and hazards addressed.	7.69% 1	0.00% 0	38.46% 5	23.08% 3	30.77% 4	13	3.69
Overall, I am satisfied with this exercise.	7.69% 1	7.69% 1	23.08% 3	30.77% 4	30.77% 4	13	3.69

## Participant Comments (verbatim):

Please provide any recommendations on how this exercise or future exercises could be improved or enhanced:

- I think it would have been helpful to generate the entire process based on actually locating a victim, making contact with 311 the team receiving the victim transport request and actually how they dispatch to pick-up and move the victim would help.
- Given the short time frame to transition to a virtual exercise, I think you all did a wonderful job coordinating and pulling this together.
- Really seemed more hospital based scenario. In Volusia county do not really feel connection with all big players in Orange county
- The time on the webinar was not spent efficiently. We should have spent less time talking about the why and more time spent discussing the process, the rolls regionally, and discussing the progression of events. I do not feel prepared for the full scale.
- As a DHS Master Exercise Practitioner the exercise conducted fit the definition of a workshop on a building block approach rather than a Functional, the intent of a Functional Ex is to test the ability to communicate emergency information and communication assets and systems between partners. The exercise presented those systems and procedures but it was conducted on a way of discussion rather than a way of testing the systems and processes in a way that provides participant feedback on what's needed to execute.
- I believe that this exercise was presented in the proper manner. Everything was well thought out and all appropriate material was distributed prior to the exercise. I also believe that we had a great mix of players involved that would be present during a real world scenario.
- There was a lot of talk re transporting patients via aircraft. Something to consider for future exercises and plans would be what the teams would do if rotor wing flights were grounded due to inclement weather..
- I believe that should we have an incident to this magnitude, I think it would be beneficial to have more participation from outlying counties, i.e Lake.
- Great decision to move to virtual considering the spike, but I would recommend re-visiting again in person.
- Outstanding exercise.

Please provide any recommendations to improve the trauma coordination center plan:

- The group that organized the event kept great communication and a clear project scope. I really appreciate Lynne and her team! Job well done!
- I think more presentations and details on how this will work in a disaster is needed for better understanding throughout the region.
- Not sure, but perhaps broken down into field personnel vs. hospital
- Stay on point. We can see everyone's accolades on the screen. We should not spend our time with long introductions. Introduce yourself with your name and roll and let's get into the details. I wanted to discuss timelines, event progression and participant expectations. I honestly left the webinar without any more insight as to what my roll would be, what my expectations would be nor do I understand how the drill will start or end.
- Conduct a building block approach process towards a better learning experience.
- I understand that due to the COVID-19 pandemic this exercise had to be presented virtually, but once we can meet again in person, I feel these exercises go better in person rather than virtually.
- Continue to encourage engagement and feedback from stakeholders. Consider creating scenarios based on actual mass casualty events our Region 5 EMS agencies have dealt with in the past. I believe this should be at least a yearly exercise event if not once every six months.

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***Or***

***Contact us at [info@centralfladisaster.org](mailto:info@centralfladisaster.org)***

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