

**EMERGENCY MANAGEMENT STRATEGIC HEALTHCARE GROUP
VETERANS HEALTH ADMINISTRATION
DEPARTMENT OF VETERANS AFFAIRS**

NATIONAL DISASTER MEDICAL SYSTEM

QUAKEX 2001

TRAINING EXERCISE



Table of Contents

Table of Contents	2
I. Training/Exercise Information/New Madrid Overview.....	3
A. Purpose	
B. Background	
C. Concept	
D. Objectives	
E. Themes for Exercise Play	
II. Exercise Simulations, Artificiality's & Assumptions.....	10
III. Responsibilities.....	12
IV. Exercise List of Events.....	14
V. Acronyms/Abbreviations.....	18
Annex A	Levels of Participation, Exercise Areas
Annex B	Exercise Evaluation
Annex C	Communications
Annex D	Security
Annex E	Public Affairs
Annex F	Statistical Information
Annex G	Flight Schedules, Patient Air Flow
Annex H	Logistics/Menu
Annex I	Federal Coordinating Centers, Reception Areas
Annex J	Training Schedules
Annex K	References

EXERCISE QUAKEX 2001

A COORDINATED FEDERAL/STATE MEDICAL RESPONSE TO A SIMULATED EARTHQUAKE ALONG THE SOUTHERN END OF THE NEW MADRID FAULT

EXERCISE PLAN

Scientists agree that during the next 50 years the Central United States can expect at least one significantly destructive earthquake along the New Madrid Seismic Zone, which extends from Cairo, Illinois to Marked Tree, Arkansas. This area of the United States was the scene of the most severe earthquakes to occur in the history of our nation. Not only were the magnitudes of the earthquakes large, but the low rate of attenuation of earthquake energy extended their damage 25 times greater than similar events in the western United States.

In the winter of 1811-1812, the New Madrid Fault was the site of multiple earthquakes with exceptional awesomeness. In less than two months, three events occurred, with surface-wave magnitudes of 8.6, 8.4 and 8.7. The Modified Mercalli Intensity scales of the events were determined to be XI, X-XI, and XI-XII, respectively, at the epicenters. In addition, there were five earthquakes of magnitudes 7-8, and ten with magnitudes of 6-7 on the Richter Scale. All eighteen earthquakes were felt in Washington, D. C. Devastation of an area about 150 miles long and 50 miles wide occurred. Water, sand, and other materials were ejected from the earth in large quantities. Two thousand (2000) earthquakes occurred during this period and were felt about 200 miles away from the epicenter. During the 1800s, the area was sparsely populated, people lived in simple wood houses, and they were experienced in accommodating hardships. In comparison, the area today is a crowded urban center, with building types susceptible to collapse with resulting injury to inhabitants. Dependence on ground transportation, utilities, and communication systems that would be disrupted would cause panic, and would make life harsh to unbearable for most, especially when the population will not be able to provide for their own food and drink. Injured inhabitants will rapidly exceed area and state resources, since a large percentage of health care facilities will be damaged or destroyed.

The Federal government is committed to a total and rapid response to a major earthquake in the central United States in order to save as many lives as possible, reduce suffering of the injured, control contagious diseases, and protect property. To reduce error and speed response, Federal and State agencies established the Central United States Earthquake Consortium (CUSEC), consisting of seven states likely to be affected by an earthquake in the central United States, and have undertaken intensive planning and conducted several exercises in the area. QUAKEX 01 is part of the on-going efforts to improve medical response posture.

A. PURPOSE

1. The purpose of QUAKEX 01 is to provide an opportunity for local, state, and federal agencies to test the medical policies and concepts in response to a catastrophic event. This exercise will allow testing of the State Emergency Operation Plan (EOP), enhance

coordination and communications within federal departments and agencies involved in the response efforts, and provide realistic federal-state-local interface.

2. This Exercise Plan (EXPLAN) provides definitive guidance to all concerned participants in order for them to prepare and respond to QUAKEKEX 01, which will be played September 18 – 23, 2001.

B. BACKGROUND

1. The Federal Response Plan and the National Disaster Medical Systems (NDMS) Operations Manual outlines the policies, planning assumptions, concept of operations, organizational structures, and specific assigned responsibilities that form the Federal medical response effort to supplement State and local efforts.

2. QUAKEKEX 01 is one of several federally sponsored exercises (past and present) to test all medical elements and procedures regarding the federal medical response to a catastrophic event. Local area NDMS exercises have been conducted for several years, including regional exercises.

3. Issues to be addressed will focus on the prioritization of response operations and resources, and the establishment of a Federal Coordinating Officer (FCO) support structure and a Management Support Team (MST) to interface with and support the Arkansas state and local authorities responding to a catastrophic event.

4. Exercise problems will focus on collection of accurate and timely data, analysis of medial problem areas, and the movement of casualties from local disaster areas to definitive care sites by all levels of participants. State and local response in Arkansas will consist of establishment of field care, Casualty Collection Points (CCPs), and movement of casualties to Regional Evacuation Points (REPs), once their resource capability is exceeded. Federal response will consist of establishment of the Management Support Team and Regional Evacuation Points (REPs); with deployment of Disaster Medical Assistance Teams (DMATs) and military AELT and MASF teams. Success of the exercise will be dependent on effective and accurate communications and the ability of all players to network together and perform group problem solutions.

5. An exercise MST will be activated at the Stuttgart Municipal Airport, to operate in conjunction with the State EOC. This office will be responsible for coordination of all federal medical support. Emergency Support Function #8 (ESF 8) will support this exercise. Communication units will be activated and deployed to the degree necessary to support headquarters and field functions, and to assist exercise play.

C. EXERCISE SCENARIO

Tuesday, September 18, 2001, is a typical day in South Central United States. The temperature is 75 degrees in Eastern Arkansas, with moderate humidity and wind from the South

at 15 miles per hour. The area highways are filled with traffic, and cities and towns in the area are busy with the normal workday routine. Students are on their way to school.

Suddenly, at 10:15 PM, throughout the entire seven (7) state New Madrid Seismic Zone (NMSZ) the ground begins to tremble. As the seconds tick, the shaking becomes more violent. Plaster walls begin to crack, ceiling tiles crash down, dishes shatter as they are knocked off shelves, and power lines begin to snap. The roaring gets louder. Bricks fall off homes and fences are knocked down. Many public housing projects collapse, as they cannot withstand the tremors. Liquefaction occurs in many areas, especially along and near riverbanks. Roads begin to collapse and bridges are destroyed. Many hospitals suffer extensive damage and begin plans to evacuate. Most school buildings in Eastern Arkansas suffer severe damage. Fires and explosions begin as underground pipelines burst. Flooding becomes a serious problem as levees crumble. Electrical power is off in many areas. Phone services are inoperative.

Population of the area is in a state of panic; a 6.8 earthquake has just occurred. The major concern is the unknown number of people trapped in collapsed structures in the area, particularly in the hospitals and schools. Survivors are confused and unorganized, but have begun searching through the wreckage to rescue the trapped and injured. Local fire rescue, police, and other emergency agencies have been trying to reorganize and respond to the overwhelming number of problems and requests for response. Based on the limited data coming from the disaster zone, the following picture emerges:

HOSPITALS

The West Memphis Hospital has extensive damage and seems to be in danger of collapsing. Four other hospitals in Eastern Arkansas have major structural problems and no utilities.

SCHOOLS

Because earthquake resistant construction had not been used, most schools are in unsafe conditions and have suffered extensive damage. Most lack electrical power, and since this is a normal school day, an unknown number of students have been trapped due to several schools that have totally collapsed.

FREEWAYS/OTHER ROUTES

All major freeway routes from the East and South across the fault are ruptured in some fashion. Most overpasses have collapsed. Gridlock due to debris and abandoned autos have set in on these routes and the few remaining usable roads.

BRIDGES

Most area bridges are unusable because they have collapsed sections, or are inaccessible due to the collapsed access roads, or they appear to be structurally unsound.

AIRPORTS

All airports in the area are being inspected before use; loss of navigation systems and runways are being identified.

RAILROADS

Ground failures and damaged bridges have disrupted all rail traffic in the area.

UTILITIES

Communications in the area are completely disrupted with no estimation of when they will be up.

OTHER

Hundreds of fires are adversely affecting reconnaissance efforts. Medical facilities are damaged (hospitals 35%, nursing homes 40%, outpatient ambulatory care centers 45-50%) and unusable; expect 35% loss of fire and ambulance vehicles; and 45% loss of police and safety vehicles. Air ambulances will require complete inspections prior to use. A 50% damage rate is expected.

D. PARTICIPANTS

1. Participants in QUAKEKEX 01 will include all federal departments and agencies involved in the National Disaster Medical System.

2. Specified State Operation Center(s) (SOCs), as designated by the impacted state(s), will be operational and interface with the Federal Disaster Field Office.

E. CONCEPT

1. The format of QUAKEKEX 01 follows that of previous earthquake exercises involving mass casualties that exceed local/state capability and is designed to build upon lessons learned from previous mass casualty exercises. Local and state response units will not be deployed, except for the medical/rescue units required to establish casualty flow from the site of injury to CCPs, to hospitals, and/or to REPs.

2. Operations will be conducted in accordance with NDMS Operational Plans (regional supplements and local agency plans). QUAKEKEX 01 is focused on NDMS MST Operations and the FCO's medical coordination efforts. Therefore, the key elements to be examined are: the movement of response resources (such as personnel, equipment and supplies); the supplement of medical responses to state(s); the establishment of Regional Evacuation Points (REPs); the regulation of medical casualties; and, movement of casualties to the participating FCCs.

3. Exercise play for QUAKEKEX 01 will take place on September 21-22 with the training being conducted September 19-21. Check-in and orientation session for participants will be held September 18. For purposes of EXERCISE play, the simulated earthquake will have occurred at 10:15 am CDT on September 18, 2001.

4. Exercise play will begin at 10:00 on Sept. 21, and will continue until 13:00 the 22nd, with exercise time coinciding with real world time. Play will be suspended for review/evaluation with all players at 18:00 (21st) and will restart at 06:00 (22nd). Exercise controllers will inject simulated events during exercise.

5. Training will be conducted for all participants prior to exercise play starting on the 18th.

F. OBJECTIVES

1. The primary objective of QUAKEX 01 is to evaluate the adequacy and feasibility of Federal, State, and local coordination mechanisms to execute emergency medical support functions among elements in the Disaster Field Office, at remote sites (CCPs, MST, REPs), and among the various agency headquarters.

2. Supporting Mutual Objectives of this exercise are to:

a. provide training and experience for officials who will have a key role in managing and coordinating medical response operations.

b. identify issues, policies, resource requirements, and problem areas that impact on response capabilities.

G. GENERAL THEMES FOR EXERCISE PLAY

1. The general themes for exercise play provide a focus for selected supporting ESF objectives of the medical exercise. The exact sequencing of the themes introduces a level of artificiality, since most problems will be ongoing from the moment of disaster. However, the use of themes will allow players to consider and handle problems while gaining a perspective on how the issues presented affect their agency and the entire disaster response effort. Implementers, e.g., simulated messages and phone calls, are the methods for accomplishing events.

2. The themes are apportioned between the training/exercise days as:

DAY ONE

-- Getting organized

-- Training

DAY TWO

-- Training

-- Setting up a Federal response support structure

- Establishing interfaces with State and local counterparts
- Determining where resources are
- Establishing temporary relief and support facilities
- Determining the status of Federal and other facilities in the impacted area
- Alerting medical units for deployment to supplement state and local resources

DAY THREE

- Training
- Identifying, prioritizing, and allocating scarce medical resources and commodities
- Operating temporary medical relief and support facilities
- Managing restoration of critical medical facilities and services
- Coordinate additional medical needs requirements with DoD assets in the area

DAY FOUR

- **Training**
- **STARTEX 10:00**
- Operation of Regional Evacuation Point
- Interfacing of Federal, State, and local medical elements
- Establishment of communications systems between MST, NDMSFCC, involved state(s), and local agencies
- Coordinate additional medical need requirements of affected state(s)
- Coordinate additional Federal medical resources needs to adequately support operations
- Movement of casualties to primary reception sites and then to NDMS hospitals

DAY FIVE

-- STARTEX 0600

- Operation of Regional Evacuation Point
- Interfacing of Federal, State, and local medical elements
- Establishment of communications systems between MST, NDMS FCC, involved state(s), and local agencies
- Coordinate additional medical need requirements of affected state(s)
- Coordinate additional Federal medical resources needs to adequately support operations
- Movement of casualties to primary reception sites and then to NDMS hospitals

**1300
ENDX**

1400

Critique and Exercise Evaluation

EACH DAYS EVENTS

- Obtaining and processing damage information that affects medical operations
- Conducting selected ESF-unique activities for medical operations
- Dealing with miscellaneous external offers of assistance
- Identifying and controlling hazardous situations which could affect casualty rescue and populace health

Exercise Simulations, Artificiality's and Assumptions

A. SIMULATIONS

1. The QUAKEKEX 01 Exercise Control Group (ECG) at the Disaster Support Staging Areas will establish a response cell to simulate non-participating damage information collection means, including ground based teams and overhead reconnaissance, to determine impact on casualty collection, movement, and evaluation.

2. State and local government participation will also be stimulated by their own organizations to the level that the state desires. Medical play for casualty management will be in accordance with exercise scenario.

3. Information normally available from public media will be accomplished through the use of pre-scripted or ad hoc announcements or messages injected by exercise controllers during exercise play.

4. The ECG will provide simulation of White House and Congressional participation.

5. Controller instructions will provide for the simulation of the actions of other non-participating organizations and government officials, as needed.

6. The MST, at its discretion, will simulate: deployment of a Fatality Management DMAT, with equipment and supplies, and a CISD team; selection and deployment of EMTs/EMT-Ps; and coordination with private sector airlines for aircraft assistance.

7. The deployment of Urban Search and Rescue Teams to assist in casualty recovery will be simulated in some areas.

B. ARTIFICIALITY'S

1. Since local non-medical field response organizations will be deployed, communications into and within the disaster area will not be simulated.

2. The start of the exercise (STARTEX) is at 10:00 hours 09-21-01. Federal notification systems will be tested through a presentation of a chronology of significant events and response actions.

3. The MST will be staffed and operational by 07:30 hours 09-21-01.

4. Actual non-medical staging areas and forward disaster assistance sites will be determined by state/local agencies, and may not be deployed.

5. Direct Federal response assets, such as construction personnel, equipment and supplies, will not be deployed, but medical response resources will be deployed.

C. ASSUMPTIONS

1. The simulated damage caused by a catastrophic earthquake will result in a Presidential disaster declaration and implementation of the Plan in about three hours after the event.

2. Simulated casualties and damage will exceed the capabilities of State resources in Arkansas, thereby requiring immediate Federal support and implementation of regional and national response plans.

3. The exercise will accommodate suitable concurrent drills and exercises conducted by cooperating agencies and State and local governments.

4. The exercise will evaluate the potential usefulness of communications, information display, and data processing systems.

5. To permit realistic pacing of the exercise and testing of the exercise and testing of headquarters units, a telephone system will be established at the exercise MST to facilitate exercise play. The MSU will also have direct radio communications with NDMS REPs, NDMS FCCs, and involved state agencies.

6. Exercise players will use real-world systems and procedures whenever possible to support response actions.

7. Real-world response actions will take priority over exercise actions; emergency exercise call-off procedures will be included in the Players Handbooks.

8. The Federal Emergency Management Agency, Department of Defense, Department of Health and Human Services, and Department of Veterans Affairs, with their subordinate elements, will participate in the medical response exercise as much as possible.

Responsibilities

A. PARTICIPATING DEPARTMENTS AND AGENCIES

1. Departments and agencies will designate exercise planners to assist in preparing supporting documents.
2. Departments and agencies will designate players to participate at the exercise DSA, the NDMS REP, and other locations, as desired.
3. Involved departments and agencies will make knowledgeable personnel available to act as exercise evaluators, and will make these individuals available for scheduled evaluator operational training.
4. Departments and agencies will provide input into the Exercise Evaluation Report subsequent to the exercise.

B. QUAKEX 01 PARTICIPANTS

1. Players will:
 - a. Become familiar with the exercise scenario and situation following the simulated earthquake.
 - b. Attend the pre-exercise player training and orientation sessions.
 - c. Be thoroughly knowledgeable of plans, policies, procedures, and systems that are applicable to the assigned player position.
 - d. Become familiar with exercise reporting requirements.
 - e. Become familiar with the exercise place of duty and its administrative support facilities.
2. Evaluators will:
 - a. Become familiar with the exercise scenario, with special emphasis on the exercise objectives and sub-objectives.
 - b. Attend the pre-exercise evaluator training and orientation sessions.
 - c. Become familiar with the player organization and evaluator work area.

- d. Become familiar with exercise control organization and all control elements.
- e. Become familiar with the exercise place of duty and its administrative support facilities.

EXERCISE LIST OF EVENTS

September 18, 2001

Tuesday

- _____ 6.8 magnitude earthquake
Epicenter: Marked Tree, Arkansas
- _____ Local emergency operations activated.
- _____ ADEM Emergency Operations Center (EOC) activated.
- _____ Arkansas National Guard activated.
- _____ Initial reports show extensive damage in Northeastern Arkansas.
- _____ Request for medical assistance is received by the State EOC from the disaster area.
- _____ CAP personnel have been activated by ADEM EOC to fly disaster assessment flights.
- _____ Initial road report received by the ADEM EOC. Most roads leading into the damaged area are impassable. The National Guard has been dispatched to assist in clearing roads.
- _____ Medical personnel & transportation from Southern Arkansas have been alerted and are preparing to depart for the disaster area.
- _____ Governor of Arkansas has requested federal assistance for the 17 affected counties in Northeastern Arkansas.
- _____ Local DMAT was activated by State Department of Health and dispatched with equipment to Stuttgart.
- _____ State EOC requests federal medical assistance.
- _____ A disaster declaration is declared by the President and Federal Response Plan is activated along with ESF 8.
- _____ NDMS alerted to identified DMATs.

September 19, 2001

Wednesday

- _____ Identified DMATs receive formal notice for deployment.
- _____ Ham operators are establishing communications in all areas.
- _____ Start training
- _____ ADEM and ANG has identified Stuttgart as the Disaster Support Staging Area for Southern Arkansas Disaster Support Staging Area for North Arkansas. ADEM has set up in the area and designed the area as a regional evacuation point.
- _____ Local CCP's are sending patients to the REP due to medical capabilities being unable to give assistance in the area at this time.
- _____ Roads leading into Stuttgart are being cleared to accommodate emergency vehicles and personnel.
- _____ Casualties are arriving at Stuttgart.
- _____ Notification is received at the State EOC that 2 DMATs and 1 EMRT have been notified of activation and will be arriving later in the day.
- _____ REP area is readied for arrival of DMATs and EMRT.
- _____ The following information has been received from various areas:

Jonesboro: Three hospitals: Two unable to use due to structural damage & no utilities; a total of 75 patients need to be evacuated; others can be used; they are on emergency power, have a low water supply, and are treating minor injuries. When transportation is available they will start evacuating the major injuries. They have set up 5 CCPs; number of patients that need evacuation from that area is 375.

West Memphis: One hospital: Unable to use except for emergencies. 15 patients need to be evacuated from the hospital. They have 3 CCP's set up; 285 patients need to be evacuated.

Forrest City: One hospital: Two CCPs set up; 200 patients from area need to be evacuated.

Wynne: One hospital: 3 CCPs set up. Casualties are arriving from the area and are unable to treat due to exhausted medical supplies and

equipment. They are requesting medical personnel and supplies and are unable to give a good count of casualties to be evacuated, but they have reported 300 casualties from around the area have been sent to the CCPs.

_____ A Communications Command Post has completed set up at the Stuttgart Airport.

_____ Arkansas National Guard has set up a Combat Control Team and is awaiting arrival of A/C and DMATs/EMRT.

_____ First A/C arrives, equipment and personnel unloaded. EOC gives Situation Briefing.

_____ Second and third A/C arrives; all equipment and personnel unloaded. EOC gives Situation Briefing.

_____ Treatment areas are set up and patients are being treated.

_____ An aftershock of 5.5 has just occurred. Some damage of the REP has occurred.

EMRT/DMAT TEAM ARRIVAL

September 18, 2001
Tuesday

Safety and exercise briefings for DMAT's/EMRT.

- Sleeping quarters set up

Other training will be conducted as time permits.

September 19, 2001
Wednesday

06:30 Breakfast

08:00 Training

TO BE COMPLETED

September 20, 2001
Thursday

06:30 Breakfast

08:00 Training

TO BE COMPLETED

September 21, 2001
Friday

06:00 Breakfast

07:30 Training

10:00 Startex

18:00 Exercise evaluation first day

September 22, 2001
Saturday

06:00 Exercise startex

13:00 **ENDX**

14:00 Exercise critique and evaluation

September 22/23, 2001
Saturday/Sunday

DEPART FOR HOME STATION

ACRONYMS/ABBREVIATIONS

A/C	Aircraft
ADEM	Arkansas Department of Emergency Management
ADP	Automatic Data Processing
AECC	Aeromedical Evacuation Control Center
AELT	Aeromedical Evacuation Liaison Team
AFB	Air Force Base
ANG	Air National Guard
AP	Aerial Port
ARC	American Red Cross
BSA	Base Support Area
CAP	Civil Air Patrol
CCP	Casualty Collection Point
CD	Civil Defense
CDT	Central Daylight Time
CISD	Critical Incident Stress Disorder
CP	Command Post (local)
CUSEC	Central United States Earthquake Consortium
DFO	Disaster Field Office
DHHS	Department of Health and Human Services
DMAT	Disaster Medical Assistance Team
DSA	Disaster Support Area
DVA	Department of Veterans Affairs
ECG	Exercise Control Group
EDT	Eastern Daylight Time
EMS	Emergency Medical Services
ENDEX	End of Exercise
EOC	Emergency Operation Center
EOP	Emergency Operation Plan
ESF	Emergency Support Function
EMRT	Emergency Medical Response Team
EMT	Emergency Medical Technician
EMT-P	Emergency Medical Technician - Paramedic
EST	Emergency Support Team
EVALPLAN	Evaluation Plan
EXPLAN	Exercise Plan
FAA	Federal Aviation Administration
FCC	Federal Coordinating Center
FCO	Federal Coordinating Officer
FEMA	Federal Emergency Management Agency
FIRCOM	Fire Department Communications Center (local)
GPMRC	Global Patient Movement Requirement Center
HAZMAT	Hazardous Materials
HERN	Hospital Emergency Radio Network

HF	High Frequency
ICS	Incident Command System
JIC	Joint Information Center
MAC	Military Airlift Command
MASF	Mobile Aeromedical Staging Facility
MARS	Military Amateur Radio Service
MDT	Mountain Daylight Time
ME	Medical Examiner
MEDCOM	Medical Communications Control Center (local)
MERS	Mobile Emergency Response Support (FEMA)
METTAG	Medical Emergency Triage Tag
Ms	Magnitude on the Richter Scale
MST	Management support Team
NCS	National Communications Control Center (local)
NDMS	National Disaster Medical System
NDMS MSU	NDMS Management Support Unit
NDMS FCC	NDMS Federal Coordinating Center
NDMS OSC	NDMS Operations Support Center
NDMS PRS	NDMS Primary Receiving Site
NDMS REP	NDMS Regional Evacuation Point
NMSZ	New Madrid Seismic Zone
OSC	Operations Support Center
PAC	Patient Airlift Command
PIO	Public Information Officer
PRS	Primary Receiving Site
PSA	Public Service Area
RACES	Radio Amateur Civil Emergency Services
REP	Regional Evacuation Point
SCO	State Coordinating Officer
SHARES	Shared High Frequency Radio Emergency Service
SITREP	Situation Report
SOC	State Operations Center
STARTEX	Start Of Exercise
TBD	To Be Determined
UHF	Ultra High Frequency
VA	Department of Veterans Affairs
VHF	Very High Frequency

ANNEX A
LEVELS OF PARTICIPATION

1. PURPOSE.

This annex establishes the levels of participation for each Federal and State agency for QUAKEKEX 01 at each site.

2. LEVEL OF PARTICIPATION.

A. Stuttgart Municipal Airport

(1) Expected Exercise Participants

Forrest City, AR, CCP

West Memphis, AR, CCP

Each CCP will develop their exercise plan to the extent they expect to participate. The CCP exercise plan will fold in with the QUAKEKEX 2001 exercise plan.

(2) Federal

DVA – Emergency Medical Response Teams.

Personnel for evaluation, administration, and other additional duties as required.

DHHS/OEP – Personnel to establish MST.

DMATs / DMORT

Personnel for other additional duties.

DOD – 433rd AES

RTS-MED, Fort Gordon, GA.

(3) State(s) (As desired)

SOC Director

Care, Shelter, and Feeding

Communications

Disease Intelligence

Fire, Rescue, Toxins

Health and Environment

Law Enforcement and Coroner

Regional Evacuation Points /CCPs

1. General Information

- a. Regional Evacuation Points for casualties will normally be designated by State and Federal Emergency Management Agency officials, in conjunction with the Department of Defense (DoD) and the Department of Health and Human Services (DHHS).
- b. Sites selected will be centrally located, in areas where large numbers of casualties exist, to assist in casualty consolidation from State/Local Casualty Collection Points (CCPs).
- c. For this exercise, NDMS REP will be co-located with an airfield (Stuttgart Municipal Airport) that can, at a minimum, accept C-130 aircraft traffic, and has buildings and/or a large (250 ft. X 200 ft.) cleared, grassy area, within 60-100 ft., of a parking ramp on the flight line. The building(s)/grassy area will be used by deployed personnel as an operations base.
- d. NDMS REP will serve as the federal interface with State/Local authorities to manage large-scale casualty evacuation from a given location. Casualties will be regulated to NDMS FCC's for definitive medical care.

2. Concepts of Operation

- a. Deployed federal forces at NDMS REPs (DHHS-PHS DMATs) will operate under guidance from the NDMS MST. Federal commanders/team leaders will maintain operational control over their resources in accomplishment of assigned duties for the NDMS MST.
- b. NDMS REPs will manage and stage casualties for aeromedical evacuation. Casualties available for air evacuation will be reported by HF radio to GPMRC, in the thirteen bed categories.
- c. HF radio communications will be available with the AELT at the NDMS REP. Amateur radio operators with HF/VHF units will also be available at the NDMS REP/CCP/FCC, to maintain communication links.

3. NDMS REP Unit Functions

- a. It can be assumed that state/local personnel will have already established casualty collection and holding at the REP prior to arrival of federal resources. As casualties are processed from the disaster site(s) at Casualty Collection Points (CCPs) to area medical care facilities, at some time, local resources will be expended. When the medical facilities are saturated and casualties are still arriving at CCPs, a backlog will develop, and state/local officials will move patients to REPs for evacuation.
 - b. The DMAT is the primary interface with state/local officials at REPs, and will receive casualties from that source for evacuation. The DMAT is responsible for providing medical management for casualty stabilization for evacuation. The unit will assign casualties to one of the thirteen GPMRC bed categories, and the first step of casualty regulation and administration will have been established. Casualty data will be collected to help streamline the process, and the number of casualties pending evacuation will be reported to the regulator by information to GPMRC through the AELT.
 - c. The MASF supervisor will assess casualties reported for evacuation and recommend additional aeromedical care protocols for patients to DMAT physicians. The MASF supervisor will arrange for some of the casualties to be moved to the MASF, pending arrival of inbound aircraft. The AELT will coordinate with MAC/PAC on the number of casualties pending evacuation. Once casualties have been regulated by GPMRC to NDMS FCCs, and the information relayed to MAC/PAC, airlift will be arranged. MAC/PAC will notify AELT of inbound aircraft, patient load by bed category, and aircraft destination (NDMS FCC). Casualties will be identified and an aircraft manifest completed.
4. Aircraft loading will be accomplished, under supervision of the flight crew, by the MASF, DMAT, and State/Local resources.

ANNEX B
EXERCISE EVALUATION

A. EVALUATORS

Evaluators drawn from national and regional elements will be positioned to cover each key element of QUAKEX 01.

B. PURPOSE OF EVALUATION

The purpose of the evaluation effort is to assess medical response to the Earthquake Plan, to include current policies, procedures, and supporting systems of participating organizations, and to provide a basis upon which to make recommendations for system enhancements, as well as, to improve current operations. The supporting mutual objectives based on the general exercise themes will form the baseline of the evaluation effort.

C. CRITIQUE SHEETS

As part of the evaluation effort, critique sheets will be distributed to all exercise element team chiefs for completion by the end of the exercise (ENDEX). A formal critique will be conducted at the National Guard Building, Stuttgart Municipal Airport.

D. EVALUATION PLAN

The QUAKEX 01 Evaluation Plan (EVALPLAN), published separately, provides a guide to be used in the evaluation effort. Evaluation forms will be contained within the EVALPLAN.

E. NO-FAULT EXERCISE

In keeping with a “no-fault” exercise philosophy, it is emphasized that the evaluation process of QUAKEX 01 does not seek to “grade” the exercise performance of either individuals or organizations. The goal is to identify system weaknesses so that appropriate corrective actions may be taken.

1 2 3 4 5

9. Conduct of exercise command and control was:

1 2 3 4 5

10. Organization and continuity of the exercise were:

1 2 3 4 5

11. Exercise timelines were:

1 2 3 4 5

12. Exercise "role play" was:

1 2 3 4 5

13. Safety during the exercise was:

1 2 3 4 5

14. Did you observe any problem area(s) in the exercise (be specific):

No

Yes (Utilize attached form to document issues/problems.)

15. Describe the greatest strengths/assets you observed in the exercise:
(Please use an additional sheet of paper, if needed.)

Additional Information (Optional) Exercise Evaluation Form	Instructions For Completing Form
Topic of Issue: (State Topic of Issue):	Service/Unit/Group:
Submitted By:	
Area of concern: PICK ONE AREA THAT BEST FITS THE ISSUE - () Exercise Organization, () Exercise Control, () Communications, () Logistics/Supplies, () Participation of Players, () Moulage, () Decontamination, () Triage, () Field Hospital, () Patient Tracking, () Transportation, () Media, () Safety, () Mental Health, () Security; () other	
Your position/job during the exercise:	
Telephone Number: (work)	
<p style="text-align: center;">Observation</p> <p>(Explain what was observed. Give some background on the issue, resources and the situation that exists. Give the reader enough information to understand what did or didn't happen. Remember the reader may not understand the issue or organization involved like you do. You are speaking to the person who must fix the problem, identify the issue and/or resource the solution.)</p> <p style="text-align: center;">Discussion</p> <p>(What caused the problem/issue? Cite the references. List the impact on this and other situations. Remember the reader needs the whole story. Explain it in detail here.)</p> <p style="text-align: center;">Lesson Learned</p> <p>(Explain how the problem was overcome. What did you or the group do to make it work? What innovation was necessary? What was fixed? What resources, (time, things) were necessary to solve it?)</p> <p style="text-align: center;">Recommended Action</p> <p>(Give a solution to the problem. Cite references. Remember that you are talking to the person/organization that you cited above that needs to solve the problem. Be specific. What must be done to ensure that this does not happen again? Do we need better instructions in SOPs, regulations, or other publications? Tell the reader what needs to change.)</p>	
(Optional) Exercise Evaluation Form	

Topic of Issue: (State Topic of Issue):	Service/Unit/Group:
Submitted By:	
Area of concern: () Exercise Organization, () Exercise Control, () Communications, () Logistics/Supplies, () Participation of Players, () Moulage, () Decontamination, () Triage, () Field Hospital, () Patient Tracking, () Transportation, () Media, () Safety, () Mental Health, () Security; () other	
Your position/job during the exercise: _____	
Telephone: _____	
Observation	
Discussion	
Lesson Learned	
Recommended Action	

10. How effective was communications during exercise:

1 2 3 4 5

11. Did your Team/Unit Communications Officer ensure adequate equipment and information was available in order for you to have effective communications for the exercise?

Yes No

12. Did you experience any problem areas/issues during the exercise?

No

Yes (Please comment utilizing the attached form.)

13. Describe the greatest strengths/assets of the exercise:
(Please use an additional sheet of paper, if needed.)

Additional Information (Optional) Exercise Evaluation Form	Instructions For Completing Form
Topic of Issue: (State Topic of Issue):	Service/Unit/Group:
Submitted By:	
Area of concern: PICK ONE AREA THAT BEST FITS THE ISSUE - () Exercise Organization, () Exercise Control, () Communications, () Logistics/Supplies, () Participation of Players, () Moulage, () Decontamination, () Triage, () Field Hospital, () Patient Tracking, () Transportation, () Media, () Safety, () Mental Health, () Security; () other	
Your position/job during the exercise:	
Telephone Number: (work)	
<p style="text-align: center;">Observation</p> <p>(Explain what was observed. Give some background on the issue, resources and the situation that exists. Give the reader enough information to understand what did or didn't happen. Remember the reader may not understand the issue or organization involved like you do. You are speaking to the person who must fix the problem, identify the issue and/or resource the solution.)</p> <p style="text-align: center;">Discussion</p> <p>(What caused the problem/issue? Cite the references. List the impact on this and other situations. Remember the reader needs the whole story. Explain it in detail here.)</p> <p style="text-align: center;">Lesson Learned</p> <p>(Explain how the problem was overcome. What did you or the group do to make it work? What innovation was necessary? What was fixed? What resources, (time, things), were necessary to solve it?)</p> <p style="text-align: center;">Recommended Action</p> <p>(Give a solution to the problem. Cite references. Remember that you are talking to the person/organization that you cited above that needs to solve the problem. Be specific. What must be done to ensure that this does not happen again? Do we need better instructions in SOPs, regulations, or other publications? Tell the reader what needs to change.)</p>	
(Optional) Exercise Evaluation Form	

Topic of Issue: (State Topic of Issue):		Service/Unit/Group:	
Submitted By:			
Area of concern: () Exercise Organization, () Exercise Control, () Communications, () Logistics/Supplies, () Participation of Players, () Moulage, () Decontamination, () Triage, () Field Hospital, () Patient Tracking, () Transportation, () Media, () Safety, () Mental Health, () Security; () other			
Your position/job during the exercise: _____			
Telephone: _____			
Observation			
Discussion			
Lesson Learned			
Recommended Action			

ANNEX C

COMMUNICATIONS

A. GENERAL

The Exercise Coordinator will provide on-site communications support for the exercise at the Disaster Support Staging Area. There will be no overall automated data processing (ADP) support provided. However, the use by players of personal computers and software that would be available in a disaster is encouraged.

B. COMMUNICATIONS NETWORK

The communications network to be established in support of QUAKEX 01 will be provided. Additional communications provided by participating agencies might also be used in the exercise. Users/owners of these additional communications should provide information for space requirements at the exercise site and a detailed description to allow inclusion into the total exercise communications network structure.

ANNEX D **SECURITY**

Purpose: The purpose of this plan is to ensure that the security of the exercise area is well maintained and all personnel are accounted for.

Stuttgart Municipal Airport:

1. For all exercise participants there will be a security check-in located at the (X). At that location you will be given an NDMS ID and your lodging location will be noted. You will keep this ID showing at all times.

2. The security of the exercise area will be the responsibility of the local police department.

3. All equipment will be locked or secured during the night. All buildings that we will be using will be locked and noted on the Security Log provided.

Parking:

Stuttgart Municipal Airport - All POCs will be parked in designated areas. GOV's will be signed in at the Operations Center and parked in the designated area.

Parking areas for the training and POV's will be away from the exercise area.

ANNEX E
PUBLIC AFFAIRS

I. PURPOSE

The vulnerability of eastern Arkansas to the widespread destruction and injury caused by a major earthquake necessitates the testing of medical response capabilities in the area and the surrounding region. This Public Affairs (PA) Annex provides guidelines for the conduct of public affairs during "Quakex 2001."

II. SITUATION AND ASSUMPTIONS

A. Situation:

1. Stuttgart, a small city in East Central Arkansas, will become the focus of area and Central United States media attraction during the period Sept. 18-23, 2001.
2. Numerous local, state and national officials will visit the "Quakex 01" site during the exercise period.
3. The local community is anxious to host the exercise and will welcome publicity.

B. Assumptions:

1. The electronic and print media will request frequent (daily) updates on activities at the exercise site through news releases, news conferences, tours, interviews, etc.
2. Officials visiting the exercise site will request operations briefings, tours and media opportunities.
3. Participating agencies and teams will request media advisories and news releases be sent to their hometown media outlets throughout the exercise.
4. The citizens of Stuttgart and the surrounding area will express a strong interest in the activities at the airport.

III. CONCEPTS OF OPERATIONS

- A. General:** Public Affairs efforts before, during and after "Quakex 01" will focus on the exercise and related components of Emergency Support Function 8 of the Federal Response Plan (FRP). Where possible, exercise information will begin with as much educational background time and current events permit.

B. Phases of Management:

1. Preparedness:
 - a. Coordinate PA activities with State and local Public Affairs officials and representatives of participating agencies.
 - b. Develop a public educational program for release to the media covering the high points of medical response, "Quakex 01."
 - c. Identify the media center/briefing room and stock with necessary supplies and equipment.
2. Responses:
 - a. Hold daily informational briefings for news media and officials (or as often as necessary).
 - b. Ensure media opportunities are used to fullest advantage.
 - c. Distribute news releases and media advisories to selected outlets.

IV. LOCATION

The Public Affairs Media/Briefing Center will be located at the Berry Administrative Building, Stuttgart Municipal Airport, Stuttgart Arkansas.

V. VISITOR/VIP INFORMATION

- A. Initial Contacts:** Initial contacts with Federal, State and local officials who plan to observe the exercise activities will be through the Exercise Coordinator. The Coordinator determines the visitor objectives and makes arrangements to fulfill those objectives.
- B. Logistics:**
 1. Transportation: Prior arrangements will be made with each arriving individual as to transportation requirements. Visitors driving to the exercise site may proceed directly to the Stuttgart airport.
 2. Lodging: Visitors will be lodged at the location of their choice.
 3. Exercise site: the Exercise Coordinator will greet VIPs or designee and the itinerary will be arranged.
 4. Briefings: Briefings will normally be held in the Berry Administrative Building. All VIPs will be given an executive summary of the exercise and given the opportunity to ask questions, tour the site, etc.
- C. Coordination:** A list of expected visitors will be produced and coordinated with all appropriate individuals prior to the exercise.

VI. PRESS CONFERENCES, BRIEFINGS AND OPEN MEETINGS

Conferences, briefings, and open meetings differ in the degree of formality with which each is carried out. The press conference is the most rigidly structured of the three. Opening statements may be read and a formal question and answer period can follow. The news briefing, usually intended to give the press an in-depth understanding of a situation, is less formal. Open meetings are the least formal of all. In open meetings, news reporters, cameramen and others actually watch an organization and its officials at work.

- A. News Conferences:** Calling a news conference is an excellent way of informing the media and the general public of a special detail, an event, or releasing a special statement. Because of the one time nature of news conferences, they pose disadvantages as the sole method for conducting an ongoing campaign to inform the public during and after an emergency. Calling a news conference should only be done when there is real news to disseminate. Thorough preparation is the key to conducting a successful news conference. The purpose for holding the conference must be clear. Officials should be briefed in advance on questions they can expect and on who will be present. If important newsmen cannot attend, every effort should be made to see they receive information given during the conference after the fact.

- B. News Briefings:** During the early period of an emergency when the event is receiving almost constant press attention, it may be advisable to hold daily briefings at your information center. Ten in the morning and 4:00 p.m. are good hours, although these times may be changed to accommodate local circumstances. Spokespersons at the briefings should vary, and may include any or all members of your Crisis Management Team, outside experts, such as the Fire Chief, rescue workers, town mayor, etc. The briefings should be moderated by the Public Relations Representative or Information Center Coordinator, and the Security Liaison should be present.

- C. Open Meetings:** In states which have "Sunshine Laws," state and local officials may not want to participate in any meeting at which citizens are not permitted to observe public business being conducted. This may not have a bearing on your organization's emergency public relations activities, but the contingency should be considered. Consider when the presence of reporters in an emergency meeting may be advisable. Consider also how such situations can boomerang on your organization.

With all three types of meetings one should pursue loose ends. Do not leave reporters with unanswered questions, if possible. Brief officials on your impressions of the event. Monitor the press handling of the session in the coverage that follows. Keep a file of stories, broadcast transcripts, and key issues.

VII. AREA/REGIONAL MEDIA OUTLETS

KARK-TV Channel 4
3rd and Louisiana Streets
P.O. Box 748
Little Rock, AR 72203
501-376-2481 fax: 501-376-2957

KATV-TV Channel 7
401 Main
P.O. Box 77
Little Rock, AR 72203
501-324-7777 fax: 501-324-7852

KTHV-TV Channel 11
8th and IZard Streets
P.O. Box 269
Little Rock, AR 72203
501-376-1111 fax: 501-376-1645

Arkansas Democrat-Gazette
East Capital and Scott Streets
P.O. Box 2221
Little Rock, AR 72203
501-378-3485 fax: 501-372-4765

Stuttgart Daily Leader
111 W. 6th Street
Stuttgart, AR 72160
870-673-8533

DeWitt Publishing Co.
326 Court Square
DeWitt, AR 72042
870-946-3241

KARN Newsradio
700 Wellington Hills Rd.
Little Rock, AR 72211
501-401-200 fax: 501-401-0362

KWAK/KDEW
P.O. Box 907
Stuttgart, AR 72160
fax: 870-673-8445

Pine Bluff Media Group
3900 Miramar Dr. #B
Pine Bluff, AR 71603
870-879-5450

ANNEX F
STATISTICAL INFORMATION

A. Listing of 24 Arkansas High Risk Counties and population.

Arkansas	21,653	Chicot	15,713
Clay	18,107	Craighead	68,956
Crittenden	49,939	Cross	19,225
Desha	16,798	Green	31,804
Independence	31,192	Jackson	18,944
Lawrence	17,457	Lee	13,053
Lincoln	13,690	Lonoke	39,268
Mississippi	57,525	Monroe	11,333
Phillips	28,838	Poinsett	24,664
Prairie	9,518	Randolph	16,558
St. Francis	28,497	Sharp	14,109
White	54,676	Woodruff	9,520

Total population for the 24 counties: **631,037**

B. Information summary: Based on the 1990 Census

1. Effects on People:

Richter Magnitude 5.0 – 5.9

	NIGHT	DAY
Receiving Serious Injury	108	1,206
Fatalities	22	233

Displaced Persons **46,365**

Richter Magnitude 6.0 – 6.9

Receiving Serious Injury	623	6,506
Fatalities	126	1,291

Displaced Persons **107,561**

Richter Magnitude 7.0 – 7.0

	NIGHT	DAY
Receiving Serious Injury	1,737	17,583
Fatalities	347	3,517
<i>Displaced Persons</i>	<i>210,696</i>	

Richter Magnitude 8.0 – 8.9

Receiving Serious Injury	3,852	38,492
Fatalities	770	7,697
<i>Displaced Persons</i>	<i>331,135</i>	

2. Effects on Buildings:

Approx. # of Buildings in area: **252,415**

Richter Magnitude 5.0 – 5.9

Architectural Damage	88,375
Slight Structural Damage	58,789
Moderate Structural Damage	14,702
Severe Structural Damage	4,333
Collapsed Buildings	430

Richter Magnitude 6.0 – 6.9

Architectural Damage	159,954
Slight Structural Damage	118,138
Moderate Structural Damage	36,547
Severe Structural Damage	12,112
Collapsed Buildings	2,492

Richter Magnitude 7.0 – 7.9

Architectural Damage	223,453
Slight Structural Damage	196,823
Moderate Structural Damage	79,555
Severe Structural Damage	29,255
Collapsed Buildings	6,952

Richter Magnitude 8.0 – 8.9

Architectural Damage	248,376
Slight Structural Damage	239,613
Moderate Structural Damage	134,070
Severe Structural Damage	58,718
Collapsed Buildings	17,545

Without a firm grasp of what could be expected from damaging quakes, an effective response can be greatly hampered.

With these estimates in place, officials can better prepare for damaging earthquakes by having an understanding of the expected.

Arkansas Department of Emergency Management

EMERGENCY MANAGEMENT STRATEGIC HEALTHCARE

Billy B. Conner, Emergency Manager, Little Rock Area

The following information is provided on the Veteran population (selected area) in the state of Arkansas.

Using the attached Maximum Predicted Earthquake Intensities (Modified Mercalli Scale) map and the VISN outline on the map, you will see this office (EMSHG/OEMP) in order to work with the state in earthquake preparedness or any other disaster, natural/man made will have to cross VISN lines.

VA MEDICAL CENTERS INVOLVED: LITTLE ROCK, AR. VISN 16
MEMPHIS, TN. VISN 9
POPLAR BLUFF, MO. VISN 15

VETERAN POPULATION:

RISK AREA 1 (XI)

COUNTY	VISN	VET. POP.
MISSISSIPPI	9	4684
CRITTENDEN	9	3519

RISK AREA 2 (X)

COUNTY	VISN	VET. POP.
CROSS	9	1491
LEE	9	748
POINSETT	9	1741
ST. FRANCIS	9	1969

RISK AREA 3 (IX)

COUNTY	VISN	VET. POP.
ARKANSAS	16	1841
JACKSON	16	1783
MONROE	16	899
PRAIRE	16	857
WOODRUFF	16	615
CLAY	15	1803
GREEN	15	3079
LAWERENCE	15	1688
CRAIGHEAD	9	6470
PHILLIPS	9	1722

RISK AREA 4 (VIII)

COUNTY	VISN	VET. POP.
CHILCOT	16	1200
DESHA	16	1258
INDEPENDENCE	16	3315
LINCILN	16	1507
LONOKE	16	4104
SHARP	16	2228
WHITE	16	5752
RANDOLPH	15	1895

TOTAL VET. POP. BY RISK AREA:

RISK AREA 1 (XI)	8203
RISK AREA 2 (X)	5949
RISK AREA 3 (IX)	20757
RISK AREA 4 (VIII)	21261
TOTAL	56170

NUMBER OF VETERANS IN COMMUNITY NURSING HOMES (CNH):

RISK AREA	COUNTY	VISN	CNH
3	ARKANSAS	16	3
3	WOODRUFF	16	1
3	CRAIGHEAD	9	1
4	INDEPENDENCE	16	1
4	LINCOLN	16	2
4	LONOKE	16	3
4	WHITE	16	4

12 of the 24 counties listed are outside VISN 16 boundaries.

30, 809 veterans, or 55% of the total veteran population for the selected area (East, Northeastern Arkansas) are located outside the boundaries of VISN 16.

The number of veterans currently in community nursing homes is not static. This number changes month to month.

Little Rock is only responsible for patients living in our PSA.

**ANNEX G
FLIGHT SCHEDULES, PATIENT AIR FLOW**

***AIR FLOW*
QUAKEX 2001
DAY 1**

21 September 2001 Friday

Chalk 1					
	<i>Local Time</i>	<i>Enroute</i>	<i>Location</i>	<i>Ground</i>	
Depart	0730	0:25	Little Rock AFB, AR		
Arrive	0755		Stuttgart, AR	2:00	
Depart	0955	1:45	Indianapolis, IN	2:00	Crew Day
Arrive	1140				11:35
Depart	1340	1:55	Stuttgart, AR	0:30	
Arrive	1535				
Depart	1605	0:30	Little Rock AFB, AR		
Arrive	1635				

Chalk 2					
	<i>Local Time</i>	<i>Enroute</i>	<i>Location</i>	<i>Ground</i>	
Depart	0730	0:25	Little Rock AFB, AR		
Arrive	0755		Stuttgart, AR	2:00	
Depart	0955	1:25	New Orleans, LA	2:00	
Arrive	1120				
Depart	1320	0:55	Jackson, MS	2:00	Crew Day
Arrive	1415				13:10
Depart	1615	0:55	Stuttgart, AR	:30	
Arrive	1710				
Depart	1740	0:30	Little Rock AFB, AR		
Arrive	1810				

* All aircraft will be configured AE-3 prior to departing LRF.

All flights subject to change.

Annex G
AIR FLOW
QUAKEX 2001
DAY 2

22 September 2001 Saturday

Chalk 1				
	<i>Local Time</i>	<i>Enroute</i>	<i>Location</i>	<i>Ground</i>
Depart	0730	0:25	Little Rock AFB, AR	
Arrive	0755		Stuttgart, AR	2:00
Depart	0955	0:30		
Arrive	1025		Little Rock, AR	2:00
Depart	1225	0:25		8:50
Arrive	1250		Stuttgart, AR	:30
Depart	1320	0:30		
Arrive	1350		Little Rock AFB, AR	

Chalk 2				
	<i>Local Time</i>	<i>Enroute</i>	<i>Location</i>	<i>Ground</i>
Depart	0730	0:25	Little Rock AFB, AR	
Arrive	0755		Stuttgart, AR	2:00
Depart	0955	1:35		
Arrive	1130		Fort Worth, TX	2:00
Depart	1330	1:25		10:55
Arrive	1455		Stuttgart, AR	:30
Depart	1525	0:30		
Arrive	1555		Little Rock AFB, AR	

* All aircraft will be configured AE-3 prior to departing LRF

All flights subject to change.

ANNEX H

LOGISTICS & ADMINISTRATION

A. The deployment of all medical personnel, supplies, and exercise casualties to support disaster operations will be coordinated with the Military Airlift Command (MAC) by NDMSOSC. MAC will develop a schedule for bringing assets into the disaster area and the evacuation of casualties to Primary Reception Sites (PRSs).

1. Deployment of DMAT will be coordinated by NDMS OSC with DHHS-PHS and MAC.
2. Deployment of AELT and MASF will be coordinated by MAC/SGRX.
3. Deployment of stress management teams will be coordinated with NDMS OSC.
4. Deployment of medical supplies and equipment to support state/local and/or DMAT operations will be coordinated by NDMS OSC with MAC.

B. The NDMS OSC will coordinate all other needs/requirements that input on medical disaster operations with the appropriate officials or agencies to ensure continuity of activities.

C. Normally deployed teams information:

1. Disaster Medical Assistance Team (DMAT): A medical team consisting of 30 - 50 personnel, with medical supplies and equipment, that can support disaster field casualty collection and perform clearing and staging operations at Regional Evacuation Points. Equipment/supplies for this team will consume 2-3 pallet positions. This unit has the capability to perform clearing/staging of 80 patients at one time. It can be housed in tents or a fixed site.
2. Aeromedical Evacuation Liaison Team (AELT): This team normally consists of three personnel (1 officer, 2 enlisted radio operators), but will include a GPMRC regulator for civilian disasters, bringing the total staff to four. The team can operate out of a GP small tent and has its own HF radio capability. It has the ability to coordinate with several MASF units, the AECC, and the NDMS REP.
3. Aeromedical Evacuation Control Center (AECC): This team provides the command and control of all aeromedical evacuation elements within a specified area. For this exercise, the AECC will be located at Scott AFB, IL.
4. Mobile Aeromedical Staging Facility (MASF): This team normally consists of 23 personnel, and can manage/hold approximately 25 casualties at one time. An augmented MASF unit has 30-35 personnel and the capability to stage 50 casualties at one time.


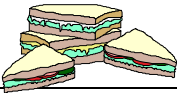

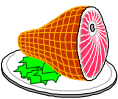


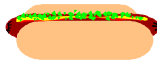
5. A Medical Regulator will coordinate casualty evacuation needs with REP officials. Upon receipt of information from responsible officials, the medical regulator will report to GPMRC, in the 13 bed categories, the casualties to be evacuated. Classification of casualties into the thirteen medical categories is the responsibility of medical personnel (Federal/State/Local) at the REP.

MEALS

QUAKEX 2001



LUNCHTIME

	September 18 Tuesday	September 19 Wednesday	September 20 Thursday	September 21 Friday	September 22 Saturday	September 23 Sunday
BRANDY		Scrambled Eggs Bacon Toast Hash browns Orange Juice	Biscuits/Gravy Sausage Hash browns Apple Juice	Scrambled Eggs Toast Bacon Hash browns Grape Juice	Biscuits/Gravy Sausage Hash browns Orange Juice	Biscuits w/Gravy Hash browns Assorted Juices
JOCE		Tuna Salad Bun Potato Salad L/T/O Yellow Cake 	Spaghetti w/ Meat Sauce Green Beans Tossed Salad Ranch Dressing Garlic Bread Chocolate Chip	Chicken & Dumplings Turnip Greens Roll Oatmeal Raisin Cookies 	Salisbury Steak Mashed Potatoes w/Gravy Green Peas Roll Assorted Cookies	
AMZ-D	Beef Stew Coleslaw Cornbread Cookies Milk	Baked Ham Macaroni & Cheese Black Eyed Peas Roll Chocolate Pudding 	Hamburger w/ Cheese Potato Chips L/T/O/P Angel Food Cake 		Chili Dog w/Cheese & Onion Coleslaw Corn Chips Brownies 	

ANNEX I
FEDERAL COORDINATING CENTERS
RECEPTION AREAS

The following areas will be receiving patients during the exercise:

Indianapolis, IN Barbara, Coyner 317-554-0000 X 2789

Local airport

Little Rock, AR Billy B. Conner 501-257-1015

Midcoast, local airport

New Orleans, LA Rex Oxner 504-589-5271

Military airport

Jackson, MS Ron Kirkpatrick 601-364-1339

Local airport, Military area

Dallas, TX Bill Bossart 214-875-1146

Military airport

ANNEX J

TRAINING SCHEDULES

An educational program sponsored by the
Department of Veterans Affairs Employee Education System.

In cooperation with:

Central Arkansas Veterans Healthcare System
VA Emergency Management Strategic Health Group
USAR Regional Training Site-Medical, Fort Gordon, GA
US Public Health Service, Office of Emergency Preparedness
Arkansas Department of Emergency Management
Arkansas National Guard
433rd Air Evacuation Squadron, USAFR
785th Medical Company, USAR
808th Medical Company, USAR
Arkansas County Emergency Management
American Red Cross
Stuttgart Municipal Airport

Grateful Appreciation to:

Phillips Community College of the University of Arkansas

PURPOSE:

To provide education and training to responders, healthcare providers, emergency managers and others who may be involved in managing the response to an earthquake that would take place in or near the New Madrid Earthquake Fault.

TARGET AUDIENCE:

Includes clinical staff providing direct patient care at VA and National Disaster Medical System (NDMS) healthcare facilities primarily in Arkansas or in direct support of these facilities and personnel involved in managing the emergency response.

LEARNER OBJECTIVES:

All Participants

At the conclusion of this program, the participant will be able to:

- Describe the levels of response in an earthquake or other incidents producing mass casualties from collapsed buildings in Arkansas.
- Define Incident Management and Comprehensive Emergency Management.
- Describe concepts of managing mass fatality incidents.
- Cite principles of assessing and managing care of patients impacted by collapsed structures.
- List principles of effectively working with the media.
- Demonstrate proper techniques to load/unload litter and ambulatory patients from ground ambulances, fixed wing aircraft, and helicopters.

- List measures to control stress in victims and responders.
- Demonstrate proper triage techniques to manage a mass casualty incident.

LEARNER OBJECTIVES:

Clinical Track

At the conclusion of this track, the participant will be able to:

- Describe roles of Emergency Medical Services (EMS) in a mass casualty incident.
- Explain the roles of local, state and Federal agencies in emergency response to an earthquake.
- Describe the Incident Management System.
- Cite principles of assessing and managing care of patients impacted by collapsed structures.
- Demonstrate ability to triage patients involved in an earthquake.
- List measures which could be taken in managing a mass fatality incident.

LEARNER OBJECTIVES:

Emergency Management Track

At the conclusion of this track, the participant will be able to:

- Describe Comprehensive Emergency Management (CEM) and All Hazards approach.
- Explain the roles of the Emergency Operations Center (EOC) in an earthquake response.
- List measures which could be taken in managing a mass fatality incident.
- Cite principles of successful stress management with individual and teams of responders.
- Describe the Incident Management System.
- Explain the roles of local, state, and Federal agencies in emergency response to an earthquake.
- Demonstrate effective methods of working with the media.
- Cite differences between Levels A, B, C, and D of personal protective equipment used in HAZMAT incidents.

**Accreditation/
Approval:**

The VA Employee Education System is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians. VA Employee Education System takes responsibility for the content, quality and scientific integrity of this CME activity.

The VA Employee Education System designates the “Clinical Track” of this educational activity for a maximum of 14 hours in category 1 credit towards the American Medical Association Physician's Recognition Award. Each physician should claim only those hours of credit that he/she actually spent in the educational activity.

The VA Employee Education System is accredited as a provider of continuing education in nursing by the American Nurses Credentialing Center's Commission on Accreditation.

The VA Employee Education System designates this educational activity for 16.8 contact hours as determined by the American Nurses Credentialing Center's Commission on Accreditation.

**Continuing
Education Credit:**

The Employee Education System maintains responsibility for the program. A certificate of attendance will be awarded to participants and accreditation records will be on file at the Employee Education System. In order to receive continuing education credit, participants must attend 100% of the program and complete an evaluation form.

Report of Training:

It is the program participant's responsibility to ensure that this training is documented in the appropriate location according to his/her locally prescribed process.

Americans with Disabilities Act Policy:

The Employee Education System wishes to ensure no individual with a disability is excluded, denied services, segregated or otherwise treated differently from other individuals attending the workshop because of absence of auxiliary aids and services. If you require any special arrangements to attend and fully participate in this educational workshop, please contact Richard Lussier, DrPH (562) 494-5952.

Training will be conducted using interest tracks.

- Emergency Management Track – limited to 40 participants.
- Within the Emergency Management Track, there is a one-day Public Affairs workshop – limited to 30 additional participants.
- Clinical Track – limited to 99 attendees.
- Information regarding the two separate American Red Cross Courses is listed at the end of this agenda.

Registration:

Wednesday, September 19, 2001

10:00 am – 12:30pm

Room B-101

Phillips Community College, 2807 Highway 165 South, Stuttgart, AR

Dave Teeter, Clinical Training Manager, VA Emergency Management Strategic Healthcare Group (EMSHG)

Wednesday, September 19, 2001

Clinical Track

Phillips Community College, Seminar Room

Track Leader: Dave Teeter, VA EMSHG

- | | |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1:00pm – 1:15pm | Welcome
Billy Conner, VA EMSHG |
| 1:15pm – 1:30pm | Safety
John Beatty, Central Arkansas Veterans Healthcare System |
| 1:30pm – 2:15pm | Local and State Emergency Management Plans
David Maxwell, Arkansas Department of Emergency Management |
| 2:15pm – 2:30pm | break |
| 2:30pm – 3:45pm | Federal Assistance (the Federal Response Plan and Military Assistance to Civilian Authorities)
LCDR Mick Cote, USPHS and LT COL Awilda Ciuro, USAF |
| 3:45pm – 4:30pm | Triage
G. Pierluisi, MD, University of Alabama, Birmingham and Alabama Disaster Medical Assistance Team (DMAT) |
| 4:30pm | Adjourn for the day. Bus transportation to those returning to the Stuttgart Airport |

Emergency Management Track

Phillips Community College, Room B-104

Track Leader: Bill Bossert, VA EMSHG

- | | |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1:00pm – 1:10pm | Welcome
Bill Bossert, VA EMSHG |
| 1:10pm – 2:25pm | Federal Assistance (the Federal Response Plan and Military Assistance to Civilian Authorities)
LCDR Mick Cote, USPHS and LT COL Awilda Ciuro, USAF |
| 2:25pm – 2:45pm | break |

2:45pm – 3:30pm	Local and State Emergency Management Plans David Maxwell, Arkansas Department of Emergency Management
3:30pm – 4:15pm	Working with the Media Angela Uekman, Central Arkansas Veterans Healthcare System
4:15pm – 4:30pm	Concluding Remarks Billy Conner, VA EMSHG
4:30pm	Adjourn for the day. Bus transportation to those returning to the Stuttgart Airport

Thursday, September 20, 2001

Clinical Track

Phillips Community College, Seminar Room
Track Leader: Dave Teeter, VA EMSHG

8:00am – 9:00am	Trauma and Crush G. Pierluisi, MD, University of Alabama, Birmingham and Alabama DMAT
9:00am – 10:00am	Burn Management LTC Lee Cancio, US Army Institute of Surgical Research
10:00am – 10:15am	Break
10:15am – 11:45am	Patient Assessment Ladonna Golden, RN, Eddie Warren, MD, and RTS-Med Fort Gordon
11:45am – 12:45pm	Lunch
12:45pm – 1:30pm	Managing Mass Fatalities Terry Edwards, Deputy Team Leader, Region VI Disaster Mortuary Team
1:30pm – 2:15pm	Managing Human Remains Contaminated with Hazardous Materials Chuck Smith, Deputy Team Leader, Region VI Disaster Mortuary Team
2:15pm – 2:30pm	Forensic Dentistry William Ricks, USARC
2:30pm – 2:45pm	Break
2:45pm – 3:30pm	Medical Considerations for Air Evacuation MAJ Sheryl Cobb, 433 rd AES, USAFR
3:30pm – 4:15pm	Exercise Overview Bruce Young and Billy Conner, VA EMSHG
4:15pm – 4:30pm	Safety John Beatty Central Arkansas Veterans Healthcare System

4:30pm Conclusion of Clinical Track
Bus transportation to those returning to the Stuttgart Airport

Emergency Management Track

Phillips Community College, Room B-104

Track Leader: Bill Bossert, VA EMSHG

8:00am – 9:00am Managing Mass Fatalities
Terry Edwards, Deputy Team Leader, Region VI Disaster Mortuary Team

9:00am – 10:00am Managing Human Remains Contaminated with Hazardous Materials
Chuck Smith, Deputy Team Leader, Region VI Disaster Mortuary Team

10:00am – 10:15am Break

10:15am – 11:00am Air Evacuation – Capabilities and Constraints
MAJ Sheryl Cobb, 433rd AES, USAFR

11:00am – 11:45am Care of the Responder
LT Solie, 785th Medical Company, Combat Stress Control, USAR

11:45am – 12:45pm Lunch

12:45pm – 1:00pm Safety
John Beatty, Central Arkansas Veterans Healthcare System

1:00pm – 1:15pm Communications
Dale Temple, Amateur Radio Operator, Arkansas

1:15pm – 2:30pm Exercise Overview
Bruce Young and Billy Conner, VA EMSHG

2:30pm – 2:45pm Break

2:45pm – 3:45pm HAZMAT Response
John Beatty, Central Arkansas Veterans Healthcare System

3:45pm – 4:15pm Comprehensive Emergency Management
Robert Ruth, VA EMSHG

4:15pm – 4:30pm Open Forum and conclusion
Bill Bossert, VA EMSHG

4:30pm Conclusion of Clinical Track
Bus transportation to those returning to the Stuttgart Airport

Public Affairs Workshop

Philips Community College, Room B-101
Angela Uekman, Central Arkansas Veterans Healthcare System

8:00am – 4:30pm

Lunch from 11:30am to 12:30pm

Morning and afternoon breaks as schedule allows.

Friday, September 21, 2001

All participants

Stuttgart Municipal Airport

8:00am – 12:00pm

Round Robin

- 1) Flight line safety, 433rd AES, USAFR
- 2) On-loading and off-loading patients, fixed wing aircraft (C-130), 433rd AES, USAFR
- 3) On-loading and off-loading patients, rotary aircraft (blackhawk), AR National Guard
- 4) On-loading and off-loading patients, ground ambulance, AR National Guard
- 5) Local HAZMAT response, local Fire Department

Red Cross Training

The American Red Cross will provide training from 8am to 4:30pm, September 19 – 20, 2001. The Shelter Management Course will be limited to 15 students and taught at the Stuttgart Municipal Airport. The Disaster Mental Health Course will be taught in Room 107 at the National Guard Armory located near the airport.

Bruce Martin, VA Emergency Management Strategic Healthcare Group (EMSHG) Area Emergency Manager, will be the leader for the Red Cross Training.

The Red Cross will issue certificates of completion.

Education Planning Committee

Stuart Gilman, MD, VA Employee Education System

Richard Lussier, Ph.D., VA Employee Education System

Martha Kearns, RN, MSN, Nurse Planner, VA Employee education System

Billy Conner, Area Emergency Manager

Connie Boatright, RN, MSN, Nurse Planner

Eddie Warren, MD

Ladonna Golden, RN, MSN

Donna Edwards, RN,

Capt. Eric Edwards

David Teeter, PharmD

ANNEX K
REFERENCES

- A. Federal Response Plan.
- B. Management Support Team Guide.
- C. NDMS Federal Coordinating Center Guide.
- D. NDMS Operations Manual.
- E. NDMS DMAT Organizational Guide.
- F. NDMS Disaster Exercise Guide.
- G. NSTAC Report on Earthquake Hazards.
- H. CUSEPP Six Cities Study - Assessment of Damage and Casualties.
- I. EXERCISE QUAKEKX 01, Exercise Scenario/Plan.
- J. EXERCISE QUAKEKX 01 Evaluation Plan.
- K. State Emergency Operations Plan, Medical and Health Annex.
- L. Court(s) Health and Medical Annex