

Alternate Care Facility Drill March 25, 2008

After Action Report



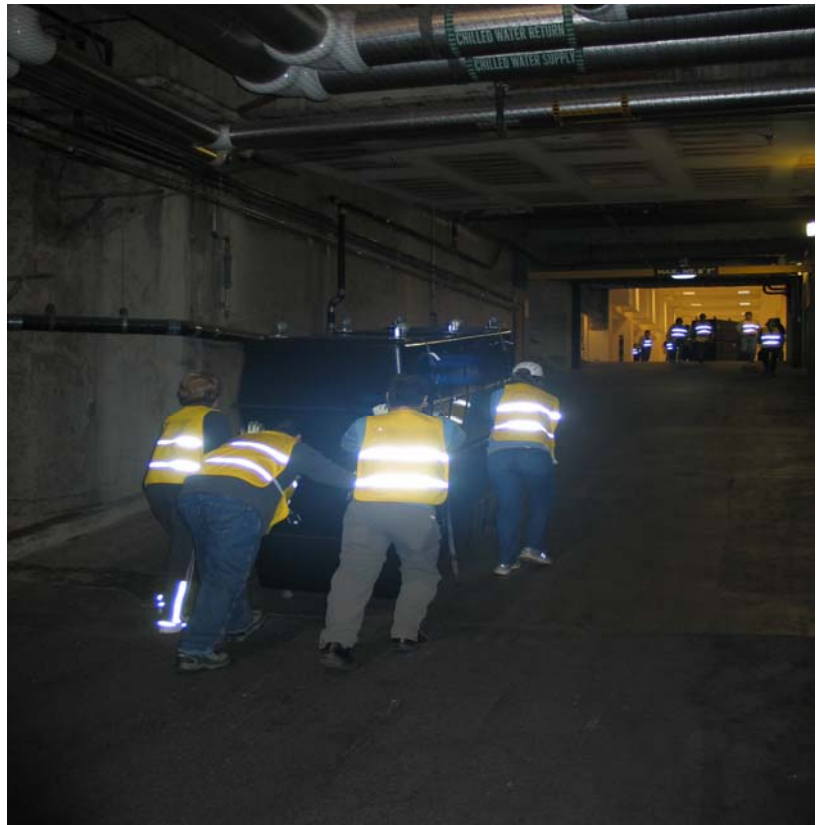


Table of Contents

- I. Executive Summary
- II. Exercise Overview
- III. Exercise Objectives
- IV. Exercise Events Synopsis
- V. Analysis of Mission Outcomes
- VI. Conclusions

Appendices

- Appendix A: Evaluation Tools and Summary of Results
- Appendix B: Participant List

I. Executive Summary

On March 25, 2008 Public Health – Seattle & King County (PHSKC) convened staff and volunteers at the Seattle Center to drill logistical set-up and tactical communications functions of Alternate Care Facility (ACF) planning. A memorandum of understanding with the City of Seattle allows PHSKC to utilize facilities at the Seattle Center for an ACF, if an emergency were to occur locally. Seattle Center Emergency Management staff have participated in the planning of the ACF, as well as the execution of the drill.

As the lead agency of Emergency Support Function 8 (ESF-8) in King County, PHSKC would coordinate and support the health and medical response during an emergency. In collaboration with regional hospitals, PHSKC is developing surge capacity for the medical system during a disaster. The ACF is one component of developing greater system capacity.

A total of 76 Players, consisting of ACF Command Staff, Tactical Communications, Administration and Logistics teams participated in the drill. Half of the Players were recruited from the Public Health Reserve Corps (PHRC). PHRC is an all volunteer medical and support surge team trained to assist in a medical response during an emergency. Seattle Center staff maintained site security. A staff member of Seattle Center Emergency Management served as Site Liaison.

King County Office of Emergency Management, City of Seattle Office of Emergency Management, and Hospital Control participated in the tactical communications testing of 800 MHz and Ham radios.

Observers and Evaluators came from across the state to provide feedback based on the drill objectives, which were to;

- Test tactical communications
- Determine Logistical staffing for set up and breakdown of limited supplies, and
- Evaluate the draft floor plan of the ACF.

The drill was successful in enhancing ACF planning efforts, particularly providing lessons learned to revise the draft floor plan and supply delivery. PHSKC staff and PHRC volunteers found the exercise valuable in both training to better understand what is needed to set up an ACF and teambuilding. The exercise also strengthened the existing collaboration between PHSKC and Seattle Center Emergency Management.

II. Exercise Overview

Exercise Name:	Alternate Care Facility Drill
Duration:	8 Hours
Exercise Date:	March 25, 2008
Sponsor:	Public Health – Seattle & King County
Type of Exercise:	Drill
Funding Source:	Public Health – Seattle & King County
Focus:	Response
Classification:	Unclassified
Scenario:	Health System Surge
Location:	McCaw and Exhibition Halls Seattle Center Seattle, Washington
Number of Participants:	76 Players: 36 Public Health Reserve Corp Volunteer 37 Public Health – Seattle & King County Staff 1 King County Office of Emergency Management 1 City of Seattle Office of Emergency Management 1 Hospital Control 5 Seattle Center staff 8 Evaluators 16 Observers See Appendix B - Participant List
Exercise Evaluation:	Homeland Security Exercise Evaluation Program (HSEEP) Exercise Evaluation Guide Post Exercise Participant Evaluation See Appendix A

III. Exercise Objectives

1. Test delivery of limited supplies to ACF
2. Determine staffing model for Logistics Team set up and breakdown of limited supplies at ACF
3. Evaluate efficacy of floor plan for an ACF at Seattle Center's McCaw Hall by setting up limited supplies
4. Test patient flow of ACF (identify delivery entrances for patients and supplies)
5. Test communication devices within ACF between PH EOC and response partners – King County Regional Communications and Emergency Coordination Center, City of Seattle Emergency Operations Center, Hospital Control (facility phone lines, cell phones, 800 MHz radios, laptops, Amateur radios, Family Radio Service-FRS)

IV. Exercise Events Synopsis

ACF Drill Agenda

0700 - 0730	Check-in, continental breakfast
0730 - 0815	Briefing and site walk through
0815 - 0900	Just in time training
0900 - 1130	Logistics set up
1000 - 1100	Communications test with partner EOC's
1130 - 1230	Lunch
1130 - 1200	Debrief morning set-up
1215 - 1230	Logistics Lead briefing
1230 - 1530	Breakdown supplies
1530 - 1545	Break
1545 - 1645	Debrief
1645 - 1700	Check out/Adjourn

Participants arrived at 0700 to check in. Ten Logistic teams were formed, each consisting of 5 to 6 members with one serving as Team Lead. Leads received prior training on safety, hands on experience with the beds, and an overview of the floor plan. At the drill, Leads were responsible for safety oversight of their team and overall coordination of their team's assigned responsibilities.

Teams received a briefing from the Incident Commander, Deputy Incident Commander and Safety Officer followed by just in time training from their Leads.

Teams were assigned at different points of the facility to create a "bucket brigade" to unload and distribute 22 stacked bed container units from a storage area in Mercer Arena to McCaw and Exhibition Halls. Each unit held 10 beds with a top container holding the mattresses, pillows, and linens, and the lower container holding the bed frames and side rails.

IV. Exercise Events Synopsis (continued)

Logistical supplies identified for set-up were in place before time allotted in drill agenda. All Players proceeded to take a walk through of the facility after set-up then were adjourned for lunch. During this period, the Incident Commander conducted site tours for local hospital executives, nursing groups, and local EMS leadership. The Deputy Incident Commander conducted a hotwash on the mornings' activities.

Supplies were put away earlier than the time that was allocated. A final hotwash was conducted by the Deputy Incident Commander. All staff were dismissed by 1530.

V. Analysis of Discussion Outcomes Based on Objectives

1. Test delivery of limited supplies to ACF

Successes:

- Problem-solving delivery challenges

Areas in Need of Improvement:

- Delivery of supplies by Emerald City were not on schedule
- Supply pallets were too heavy utilizing a pallet jack to push up the loading ramps; a forklift was needed, but an operator was not available therefore leaving no means for moving bulk supplies

2. Determine staffing model for Logistics Team set up and breakdown of limited supplies at ACF

Successes:

- Logistics was well staffed
- Creating teams of 5 to 6 with a Lead provided enough support to move containers and set up beds, but teams should not consist of less than 5
- Teams negotiated placement and tasks based on height and strength
- Team Leads made job assignments and coordinated their team members throughout the process
- Staffing model ensured an emphasis on safety during drill
- Proper span of control was met, which provided additional support to the teams
- Teamwork was strong, which led to a thorough and organized process

Areas in Need of Improvement:

- Logistics Teams were challenged to lift the top container off and on from each unit. Re-evaluate height and strengthen on each team to ensure safety measures are met.
 - Include quality assurance in the Logistics Team Leads job card to ensure proper and safe bed set up before opening to serve the public
 - Improve the chain of command through the ICS model to ensure team leads had a designated supervisor to update and respond to questions
 - Due to staffing limitations and experience, a Logistics Chief was not identified. Leads had a Logistics Supervisor, but a Logistics Chief needs to be identified in future ACF exercises or activations.
 - Provide Team Leads with different color vests to stand out during an event
 - Flash lights and tools are needed for all Lead positions in ACF
 - Brief Leads separately from rest of staff
 - Create step by step instructions of bed set up and disassemble, to include unpacking and packing
 - Enhanced oversight needed by Logistics Chief or designee on bed set up and site layout
3. Evaluate efficacy of floor plan for an ACF at Seattle Center's McCaw Hall by setting up limited supplies

Successes:

- Set up 220 beds to assess usability
- Identified areas where beds could not be set up based on exits and extinguishers

Areas in Need of Improvement:

- Label bed containers by bed type (bed height and type of mattress pad)
 - Label bed headrest piece to show direction to be attached
 - Ensure cots slide locks are in lock position
 - Provide a bed set up demonstration prior to setting up beds
 - Provide orientation of beds on the revised floor plan for where to place the head and foot of each bed
 - Update floor plan to include where specific beds (eg. Critical Care, short beds) should be placed
 - Create an area on floor plan for a lab
 - Create space on floor plan to sanitize beds and equipment
4. Test patient flow of ACF (identify delivery entrances for patients and supplies)

Successes:

- The facility provided enough space for an ACF, and is safe and accessible

Areas in Need of Improvement

- ACF planning needs to consider where families of those being treated will be housed, as it is understood that family members will want to stay with their loved ones at the ACF or a co-located Red Cross shelter
 - Create section of Patient Observation area to have chairs next to beds for patients' loved ones.
 - Increase space between beds beyond 3 feet to accommodate special needs patients
5. Test communication devices within ACF between PH EOC and response partners – King County Regional Communications and Emergency Coordination Center, City of Seattle Emergency Operations Center, Hospital Control (facility phone lines, cell phones, 800 MHz radios, laptops, Amateur radios, Family Radio Service-FRS)

Successes:

- Worked through initial challenges with communication via Ham radio with City of Seattle EOC
- Communicated clearly with all EOC's and Hospital Control using 800 and Ham MHz radios
- Utilized commercial vendors voice and data services to communicate with EOC's and Hospital Control
- Tested hand held UHF radios and Nextel direct talk units

Areas in Need of Improvement:

- Identify an enclosed area for 800 MHz radio, Ham and Satellite communications
- Identify methods to communicate for staff within facility, as Family Radio Service radios did not work inside or between facilities
- Identify additional equipment to increase communication capabilities between ACF and EOC's
- PHSKC laptops did not have software installed allowing VPN access; likewise, we did not have administrator privileges to install the software. All computers should be updated prior to next exercise

V. Conclusions

The ACF exercise was a resounding success. Lessons learned from this exercise around the areas of logistical set-up, commercial trucking, movement of bulk supplies and the floor plan will enable us to improve operations. Further, by testing the floor plan and site selection, it was determined that this is an appropriate care site allowing for both changes in scale and sustainability. It was proven during the exercise that go-kits and Command staff availability will greatly assist in the establishment of the Alternate Care Facility.

The Ready Team was able to conduct just in time training (JIT) and volunteer registration well ahead of schedule allowing for a rapid establishment of the site. More leadership on the floor was identified as a key enabler for the logistics teams and will be modified as such in our future efforts. The floor plan was workable with recommendations made on the future design, but understanding that set up will commence with the available supplies and personnel on hand, it will meet the basic necessities of urgent care capability and routine care with inpatient services.

In short, this was a successful exercise identifying critical needs in logistical readiness. We now have tested the capability and process of JIT and site set up in support of population care. Therefore, the lessons learned from this logistical exercise enable the planning group to have a better understanding of on site leadership needs, communication capabilities, required JIT, volunteer management, and a more realistic time frame for site set establishment.

**Alternate Care Facility Drill
March 25, 2008**

POST-EXERCISE EVALUATION

Thank you for completing the following survey. This evaluation is designed to collect your feedback about the design and implementation of the Alternate Care Facility (ACF) drill to strengthen future planning.

Confidentiality Statement

Your responses are confidential and will be analyzed collectively with other participant responses. Aggregate data are used to provide the exercise designers with feedback regarding the quality of the exercise and the benefit to the participants.

Directions

Please mark only one answer for each question unless otherwise requested.

1. What was your role **during the exercise**?

- Admin/Finance
- Command or Liaison
- Logistics **9**
- Signage/Supplies
- Other **1**

2. Did you have the tools you need to perform your assigned job?

- Yes **7**
- No **3**

If no, could you identify additional tools needed?

Rubber Hammer
Pliers

3. Was the drill sufficiently staffed?

- Yes **10**
- No

If no, could you identify the additional staff needed?

The following questions relate to the exercise overall. *(Please check the box that best represents your level of agreement with the statement.)*

	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
4. The drill was well organized.	4	7			
5. The expectations and instructions were clearly presented before the drill.	2	7	2		
6. The drill met the stated objectives.	4	6			
7. Just in time training provided me with enough information to do my job.	4	5	1		
8. The Incident Command reporting structure was clearly explained prior to the drill.	5	6			
9. Incident Command was used throughout the duration of the drill.	5	6			
10. Safety was emphasized throughout the duration of the drill.	10	1			
11. My volunteer experience met my expectations.	7	4			

12. What was the **most valuable part** of the exercise?

- Learning how many different issues you have to face when setting up an ACF
- In depth learning of the logistical piece of an ACF
- Seeing how the IC structure works with logistics
- Seeing how large this type of operation is
- Feeling like I made a contribution
- Meeting the other people who will be involved
- All of it
- Talking and sharing ideas

13. How could the exercise have been improved?

- A quick look at the part each agency would play
- Radios did not work well
- Maps need to be to scale and include measurements
- I think more staff should be trained
- It went really well
- Put the leads in different color vests

14. Additional Comments

- The teamwork was wonderful
- Number the crates in the order they should come out, or code them to the maps

Alternate Care Facility Drill
After Action Report
Appendix A

Planning

Exercise Evaluation Guide: Alternate Care Facility Drill

Capability Description:	
Capability Outcome:	
Jurisdiction or Organization: Public Health - Seattle & King County	Name of Exercise: Drill_Alternate_Care_Facility_Drill_08
Location: Seattle Center - Seattle, Washington	Date: 3/25/2008 - 3/25/2008
Evaluator:	Evaluator Contact Info:
<i>Note to Exercise Evaluators: Only review those activities listed below to which you have been assigned.</i>	

Activity 1: Test delivery of limited supplies to site

Activity Description: Emerald City will deliver 2 pallets of supplies from the Public Health Distribution Center to the loading dock of the Exhibition Hall.

Tasks Observed (check those that were observed and provide comments)

Note: Asterisks (*) denote Performance Measures and Performance Indicators associated with a task. Please record the observed indicator for each measure

	Task /Observation Keys	Time of Observation/ Task Completion
1.1 (n/a)	Were supplies able to be delivered efficiently to Exhibition Hall? Supplies were not delivered on schedule. Pallets were too heavy to be brought into Ex Hall without a forklift.	Time: Task Completed? Fully [] Partially [X] Not [] N/A []
1.2 (n/a)	Were delivery trucks able to load and unload supplies through the Exhibition Hall loading dock? Pallets were too heavy to be brought into Ex Hall without a forklift.	Time: Task Completed?

Alternate Care Facility Drill
After Action Report
Appendix A

		Fully [] Partially [] Not [X] N/A []
1.3 (n/a)	Were pallets of supplies brought into the Exhibition Hall and stored?	Time: Task Completed? Fully [] Partially [] Not [X] N/A []

Activity 2: Determine staffing model for Logistics Team set up and breakdown of limited supplies within ACF

Activity Description: 11 teams of 5 are assigned to specific sections of the ACF for set up and breakdown. See maps of Exhibition Center, McCaw Hall Stage, and Lower McCaw Hall Dressing Rooms.

Tasks Observed (check those that were observed and provide comments)

Note: Asterisks (*) denote Performance Measures and Performance Indicators associated with a task. Please record the observed indicator for each measure

	Task /Observation Keys	Time of Observation/ Task Completion
2.1 (n/a)	Were staff able to complete set up of identified supplies based on the floor plans within the 2.5 hour timeframe allotted? Yes. Logistics set up was well staffed.	Time: Task Completed? Fully [X] Partially [] Not [] N/A []
2.2 (n/a)	Were staff able to complete breakdown within 3 hour timeframe allotted? Breakdown of supplies was more physically challenging for Logistics teams that set up.	Time: Task Completed? Fully [X] Partially [] Not [] N/A []
2.3 (n/a)	Were staff physically able to complete both tasks? Yes Shorter Logistics staff were challenged to lift the top bed container on and off of the bottom container.	Time: Task Completed? Fully [X] Partially [] Not [] N/A []

Alternate Care Facility Drill
After Action Report
Appendix A

2.4 (n/a)	Were adjustments made to team assignments to complete set up within timeframe allotted? Logistics Team Leads made job assignments and coordinated team members throughout drill.	Time: Task Completed? Fully [X] Partially [] Not [] N/A []
2.5 (n/a)	Were adjustments made to team assignments to complete breakdown within timeframe allotted? Breakdown went pretty smoothly. Problems arose related to sorting different sized mattresses and bed heights, and broken beds. More oversight is needed directing teams. Increase Logistics support positions.	Time: Task Completed? Fully [X] Partially [] Not [] N/A []

Activity 3: Evaluate draft floor plan of ACF

Activity Description: Beds, tables and chairs will be set up according to the draft floor plans for ACF. See maps for Exhibition Hall, McCaw Hall Stage, and Lower McCaw Hall Dressing Rooms.

Tasks Observed (check those that were observed and provide comments)

Note: Asterisks (*) denote Performance Measures and Performance Indicators associated with a task. Please record the observed indicator for each measure

	Task /Observation Keys	Time of Observation/ Task Completion
3.1 (n/a)	Was floor plan used to set up limited supplies within the ACF locations?	Time: Task Completed? Fully [X] Partially [] Not [] N/A []
3.2 (n/a)	Does floor plan provide efficiency within the space of the different ACF locations? Allocate space for lab area. Designate laundry area. Identify/Set up handwashing areas. Signage should include Safety directions for loading and unloading supplies, eg. Stay Right, Slow.	Time: Task Completed? Fully [X] Partially [] Not [] N/A []

Alternate Care Facility Drill
After Action Report
Appendix A

Activity 4: Test patient flow within ACF		
Activity Description: Maps and staging of service areas identify patient flow within facilities.		
Tasks Observed (check those that were observed and provide comments) Note: Asterisks (*) denote Performance Measures and Performance Indicators associated with a task. Please record the observed indicator for each measure		
	Task /Observation Keys	Time of Observation/ Task Completion
4.1 (n/a)	Were wheelchairs able to move through the ACF?	Time: Task Completed? Fully [] Partially [X] Not [] N/A []
4.2 (n/a)	Was the set up of the draft floor plan adequate for patient flow within the ACF facilities? Floor plan needs to identify head and toe of bed set up.	Time: Task Completed? Fully [] Partially [X] Not [] N/A []

Activity 5: Test communication devices within ACF and to outside partners		
Activity Description: Fax machines,landlines, laptops with wireless, 800 MHz radios, Ham radios, and Family Radio Service (FRS) radios will be tested both internally and with outside response partners (King County Regional Communication and Coordination Center and Seattle Emergency Operations Center).		
Tasks Observed (check those that were observed and provide comments) Note: Asterisks (*) denote Performance Measures and Performance Indicators associated with a task. Please record the observed indicator for each measure		
	Task /Observation Keys	Time of Observation/ Task Completion
5.1 (n/a)	Did FRS (Family Radio Service) radios work within the ACF sites? Increase number of radio checks. Radios did not work between sites.	Time: Task Completed?

Alternate Care Facility Drill
After Action Report
Appendix A

		Fully [X] Partially [] Not [] N/A []
5.2 (n/a)	Did Command, General and Lead staff know how to use the FRS radios within the ACF? Scheduled radio checks rather than random checks would have increased evaluation of usability.	Time: Task Completed? Fully [X] Partially [] Not [] N/A []
5.3 (n/a)	Did 800 MHz radios work within the ACF?	Time: Task Completed? Fully [X] Partially [] Not [] N/A []
5.4 (n/a)	Did 800 MHz radios work to communicate with the King County Regional Communications and Coordination Center?	Time: Task Completed? Fully [X] Partially [] Not [] N/A []
5.5 (n/a)	Did the 800 MHz radios work to communicate with the Seattle Emergency Operations Center?	Time: Task Completed? Fully [X] Partially [] Not [] N/A []
5.6 (n/a)	Did the Ham radio work to communicate with the Seattle Emergency Operations Center? Some difficulty with Seattle EOC, but found to be a problem on their end.	Time: Task Completed? Fully [X] Partially [X] Not [] N/A []
5.7 (n/a)	Did the 800 MHz radios work to communicate with the Public Health Emergency Operations Center? Good communication with ESF 8 Contacts.	Time: Task Completed? Fully [X] Partially [] Not [] N/A []

Alternate Care Facility Drill
After Action Report
Appendix A

5.8 (n/a)	Did the Ham radio work to communicate with the Public Health Emergency Operations Center?	Time: Task Completed? Fully [] Partially [] Not [] N/A []
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Alternate Care Facility Drill
After Action Report
Appendix A

Planning

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Exercise Evaluation Guide Analysis Sheets

The purpose of this section is to provide a narrative of what was observed by the evaluator/evaluation team for inclusion within the draft After Action Report/Improvement Plan. This section includes a chronological summary of what occurred during the exercise for the observed activities. This section also requests the evaluator provide key observations (strengths or areas for improvement) to provide feedback to the exercise participants to support sharing of lessons learned and best practices as well as identification of corrective actions to improve overall preparedness.

Observations Summary

Write a general chronological narrative of responder actions based on your observations during the exercise. Provide an overview of what you witnessed and, specifically, discuss how this particular Capability was carried out during the exercise, referencing specific Tasks where applicable. The narrative provided will be used in developing the exercise After-Action Report (AAR)/Improvement Plan (IP).

Evaluator Observations Record your key observations using the structure provided below. Please try to provide a minimum of three observations for each section. There is no maximum (three templates are provided for each section; reproduce these as necessary for additional observations). Use these sections to discuss strengths and any areas requiring improvement. Please provide as much detail as possible, including references to specific Activities and/or Tasks. Document your observations with reference to plans, procedures, exercise logs, and other resources. Describe and analyze what you observed and, if applicable, make specific recommendations. Please be thorough, clear, and comprehensive, as these sections will feed directly into the drafting of the After-Action Report (AAR). Complete electronically if possible, or on separate pages if necessary.

Strengths

1. **Observation Title: Staffing Plan for Logistics (unload, set-up, breakdown)**

Related Activity:

Alternate Care Facility Drill
After Action Report
Appendix A

Record for Lesson Learned? (Check the box that applies) Yes ___ No ___

1) Analysis: (Include a **discussion** of what happened. When? Where? How? Who was involved? Also describe the **root cause** of the observation, including contributing factors and what led to the strength. Finally, if applicable, describe the positive **consequences** of the actions observed.)

The number of teams and team size worked well, as did the 'bucket' style unloading of bed crates out of storage into facilities.

2. Observation Title: Command Staff Support/Management

Related Activity:

Record for Lesson Learned? (Check the box that applies) Yes X No ___

1) Analysis:

Incident Commander, Deputy Incident Commander circulated through sites throughout the day, with a Logistics Lead assigned to each facility. They were able to troubleshoot issues, correct assembly problems, and motivate and encourage teams. Staff responded well to their visibility/accessibility. Quality was held high. In real ACF activation certain command staff may need to remain more stationary at command post, but a few command positions should still be assigned to flow through the facilities to problem solve.

Incident Command Staff and Safety Officer did a great job of orienting staff and volunteers.

3. Observation Title: Set and Breakdown of Supplies

Related Activity:

Record for Lesson Learned? (Check the box that applies) Yes ___ No ___

1) Analysis: (Include a **discussion** of what happened. When? Where? How? Who was involved? Also describe the **root cause** of the observation,

Alternate Care Facility Drill
After Action Report
Appendix A

including contributing factors and what led to the strength. Finally, if applicable, describe the positive **consequences** of the actions observed.)

Teams of 4-6 unpacked and set up beds, tables and chairs in assigned areas. Teams worked well together, identified strengths within teams to their advantage.

Areas for Improvement

1. Observation Title: Safety Hazards

Record for Lesson Learned? (Check the box that applies) Yes No

1) Analysis: (Include a **discussion** of what happened. When? Where? How? Who was involved? Also describe the **root cause** of the observation, including contributing factors and what led to the strength. Finally, if applicable, describe the negative **consequences** of the actions observed.)

Storage area in Mercer Arena is dark. Flashlights and safety cones are needed.

2. Observation Title: ICS – Communicating up Chain of Command

Record for Lesson Learned? (Check the box that applies) Yes No

1) Analysis:

Information about set-up challenges, requests for assistance and supplies were not communicated up chain of command. Teams operated autonomously with little communication beyond the team. It is only the active walking around by Command Staff that ensured problems were solved, and additional supplies that were needed were delivered.

3. Observation Title: Logistics Set up

Record for Lesson Learned? (Check the box that applies) Yes No

Alternate Care Facility Drill
After Action Report
Appendix A

1) Analysis:

Bed containers were left in areas designated for beds, instead of being put away. Many beds set up in one area and then moved to another area. Bed heights not always in correct places. Identify storage space for empty bed containers.

After Action Report, Appendix B
Alternate Care Facility Drill Participant list
March 25, 2008

Command and Liaison Staff

Bryan Heartsfield	Field Incident Commander
Whitney Taylor	Deputy Field Incident Commander
Diane Anderson	Field Safety Officer
Diane Young	Public Information Officer
Tony Lucero (Seattle Center)	Facility Liaison

General Staff

Administration/Finance Section

Janine Weihe	Admin/Finance Section Chief
Nancy Barnum	Admin/Finance Assistant
Mandi George	Admin/Finance Assistant – Volunteer Coordinator
Martha Driver	Admin/Finance Assistant – Human Resources
Frances Green	Admin and signage
Jeff Boudreau	Admin and signage
Amanda Darby	Admin and signage

Logistics Service Branch

Josh Spain	Tactical Communications Lead
Allan Persyn	Tactical Communications
Chris Skilton	

Logistics Support Branch

Paul Schneiweiss	Field Logistics Chief
Tony Cebellero	Asst Field Logistics Chief
#1	
Alison Alcoba	Team Alcoba Logistics Lead
Rebecca Durham	Team Alcoba PHRC
Connie Hyman	Team Alcoba PHRC
Justin Shumacher	Team Alcoba PHRC
Linda Adye-Whitish	Team Alcoba PHRC
Pam Kirkwood	Team Alcoba PHRC
#2	
Mary Alice Allenbach	Team Allenbach Logistics Lead
Therese Quinne	Team Allenbach PHRC
Al Forar	Team Allenbach PHRC
Jill Hardy	Team Allenbach PHRC
Cathy Whittaker	Team Allenbach PHRC
#3	
Steve Burke	Team Burke Logistics Lead
Stephanie Broughton	Team Burke PHRC
George Hadley	Team Burke PHRC
Michelle Valentine	Team Burke PHRC
Heather McCracken	Team Burke PHRC

After Action Report, Appendix B
Alternate Care Facility Drill Participant list
March 25, 2008

Logistics Support Branch (continued)

#4

Lee Dorigan	Team Dorigan Logistics Lead
Nancy Foote	Team Dorigan PHRC
Laurie Harris	Team Dorigan PHRC
Michelle Bilodeau	Team Dorigan PHSKC
Joan Ooms	Team Dorigan PHRC

#5

Jim Henriksen	Team Henriksen Logistics Lead
Kay Flood	Team Henriksen PHRC
Maggie Albert	Team Henriksen PHRC
Sherry Marlin	Team Henriksen PHRC
Suzanne Gordon	Team Henriksen PHSKC

#6

Mike Holser	Team Holser Logistics Lead
Eva Freeman	Team Holser PHRC
Robert Johnston	Team Holser PHRC
Joseph Munyeri	Team Holser PHRC
Deborah Williamson	Team Holser PHRC
Blanca Phillips	Team Holser PHSKC

#7

Maureen Peterson	Team Peterson Logistics Lead
Susan Pace	Team Peterson PHRC
Kelvin Thomas	Team Peterson PHRC
Peter Isaksen	Team Peterson PHSKC
Daniel Wong	Team Peterson PHRC

#8

Dave Hickok	Team Hickok Logistics Lead
Wendy Graves	Team Hickok PHRC
John Sadro Jr.	Team Hickok PHRC
Josephine Iwatani	Team Hickok PHSKC
Paul Shallow	Team Hickok PHSKC

#9

Amy Shumann	Team Shumann Logistics Lead
Carol Ireland-McLean	Team Shumann PHRC
Ellan Nelson	Team Shumann PHRC
Rod Kim	Team Shumann PHSKC
Chris Terpstra	Team Shumann, PHRC
Sonny Hunchick	Team Shumann PHRC

#10

Tracee Mayfield	Team Mayfield Logistics Lead
John Edmunds	Team Mayfield PHRC
Genevieve Lawrence	Team Mayfield PHRC
Jodie Ryan	Team Mayfield PHRC
Elishia Van Luven	Team Mayfield PHRC
Dawnette Chadwick	Team Mayfield, PHRC

After Action Report, Appendix B
Alternate Care Facility Drill Participant list
March 25, 2008

Logistics Support Branch (continued)

#11

Cleo Subido	Team Subido Logistics Lead
Nai Saechao	Team Subido PHSKC
Sarah Whaley	Team Subido PHSKC
Tia Woodall-Zienty	Team Subido PHRC
Jared Woods	Team Subido PHRC
Geri Chumley	Team Subido PHRC

Evaluators

Diane Bonne, PHSKC
Amanda Bourgeois, North Region EMS
Terry Clark, PHRC
Skip Kingman, Cascade Hospital
Ali Jaffe-Doty, PHSKC
Mark Nunes, Stevens Healthcare
Jeanne O'Connell, PHRC
Bonnie Robinson, North Region EMS
Wendy Woods, Lummi Tribe
Dan Banks, DOH
Hillman Mitchell, City of Tukwila

Observers

Danica Mann, Observer Coordinator
Onora Lien, PHSKC
Marty LaFave, Bellevue Fire
Madeline Beery, DOH
Anne Widney, DOH
John Fisk, Seattle Fire
Craig Warren, Seattle Fire
Joe Cropley, Washington Poison Control
Jennifer Davey, Children's Hospital
Alvin Lee
Lewis Rubinson
Tamlyn Thomas, UW Medical Center
Dominic Marzano, Kent Fire Department
Jennifer Foster, DOH
Ashley Fernandez Kent EMD
Marianne Klaus, Swedish Medical Center