



Winter Storm 2015 Event

After-Action Report/Improvement Plan
March 7, 2016

EXERCISE OVERVIEW

Incident Name	Winter Storm 2015
Incident Dates	December 26, 2015 at 1800 to December 31, 2015 at 1800
Scope	This is an actual incident that occurred over the dates shown above, impacting the TSA-A and TSA-B regions.
Mission Area(s)	Response and Mitigation
Capabilities	ASPAR capabilities: 1–Healthcare System Preparedness, 2–Healthcare System Recovery, 3–Emergency Operations Coordination, 6–Information Sharing, 14–Responder Safety and Health and 15–Volunteer Management.
Objectives	<p>Provide support for the safety of all responders.</p> <p>Provide support for ESF-8 resources.</p> <p>Provide support for public safety services.</p> <p>Maintain situational awareness of ESF-8 resources across the region.</p> <p>Maintain open communications across the region including with the DDC and other EOC’s as needed.</p> <p>Ensure adequate flow of information to media through designated PIOs.</p>
Threat or Hazard	Natural weather event. Blizzard resulting in large snow accumulations and drifts up to 8 feet in depth.
Scenario	<p>On December 22, 2015 the NWS in Lubbock began to forecast a major winter storm to hit the region on December 26, 2015. As NWS briefings began, HPP partners were made aware of this information so that planning could take place. Information continued to flow before and during the holidays in order to provide as much forewarning as possible. The Regional Medical Operations Center was activated on December 27, 2015 and supported the region throughout the incident. As the storm hit with blizzard conditions, there were power outages and severe travel hazards. The closing of dialysis centers also led to challenges for this population of patients. Healthcare facilities had their greatest challenges in getting staff in to work, due to road conditions. The region experienced 6-20” of snow along with 30-70 mph winds, resulting in snow drifts up to 10’ in depth. On December 31, 2015 conditions had improved enough for normal operations to resume.</p>

Sponsor

TSA-B under the HPP grant with TSA-A, Panhandle RAC

Participating Organizations

Participating organizations included; one Federal, five State, 46 Regional and Local and three non-governmental groups. These organizations along with hundreds of citizens that assisted in specific requests and that were on the streets helping those stuck in the snow.

Point of Contact

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ANALYSIS OF CAPABILITIES

Aligning incident objectives and capabilities provides a consistent taxonomy for evaluation that transcends individual incident details to support preparedness reporting and trend analysis.

Table 1 includes the incident objectives, aligned capabilities, and performance ratings for each capability as observed during the incident and determined by the evaluation team.

Table 1 **Summary of Capability Performance**

Capability	Objective	Rating
1 – Healthcare System Preparedness	Maintain open communications across the region, including with the DDC and other EOC's as needed.	P
	Maintain situational awareness of ESF-8 resources across the region.	S
2 – Healthcare System Recovery	Provide support for ESF-8 resources.	S
3 – Emergency Operation Coordination	Provide support for ESF-8 Resources.	S
	Provide support for public safety services.	S
	Maintain open communications across the region, including with the DDC and other EOC's as needed.	P
	Maintain situational awareness of ESF-8 resources across the region.	S
6 – Information Sharing	Maintain open communications across the region, including with the DDC and other EOC's as needed.	P
	Maintain situational awareness of ESF-8 resources across the region.	S
	Ensure adequate flow of information to media through designated PIO's.	P
14 – Responder Safety and Health	Provide support for the safety of all responders.	P
15 – Volunteer Management	Coordinate volunteers requested by an organization.	P

Ratings Definitions:

- Performed without Challenges (P): The targets and critical tasks associated with the capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws.
- Performed with Some Challenges (S): The targets and critical tasks associated with the capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. However, opportunities to enhance effectiveness and/or efficiency were identified.
- Performed with Major Challenges (M): The targets and critical tasks associated with the capability were completed in a manner that achieved the objective(s), but some or all of the following were observed: demonstrated performance had a negative impact on the performance of other activities; contributed to additional health and/or safety risks for the public or for emergency workers; and/or was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws.
- Unable to be Performed (U): The targets and critical tasks associated with the capability were not performed in a manner that achieved the objective(s).

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

Healthcare System Preparedness

Healthcare Preparedness Capabilities from the “National Guidance for Healthcare System Preparedness” from the Office of the Assistant Secretary for Preparedness and Response (ASPR).

Maintain open communications across the region, including with the DDC and other EOC’s as needed.

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

Strengths

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

Strength 1: Twenty-one of the twenty-two healthcare facilities and a large number of the EMS services communicated their status on EMSsystem, so that the RMOC and all organizations could view this information.

Strength 2: Through the development and continuing strengthening of the Healthcare Coalition in the region, all players know each other and have developed trust and a willingness to support each other.

Strength 3: Through regional planning efforts, all organizations knew what to expect during the incident from the RMOC.

Areas for Improvement

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

Area for Improvement 1: Preplanning at the organization level, as the weather event was being forecasted a few days in advance, was not done by all organizations.

Reference: Through after action review with organizations, some stated that little to no planning was done pre-incident.

Analysis: As the storm was being forecasted, the Regional Preparedness Coordinator began sending out weather briefings to support organization’s planning. Due to this event happening during the Christmas holiday key personnel were on vacation and some breakdown in the planning process may have occurred. Some of the organizations in the smaller communities were brought into community wide planning through their Emergency Management Coordinators.

Area for Improvement 2: WebEOC was used as one avenue to document activities and issues across the region. Only a couple of organizations, besides the RMOC, placed any information on the boards in this Incident.

Reference: TSA-B Regional Emergency Operations Plan and observation made during the incident.

Analysis: As the incident went into multiple operational periods, it was discovered that the RMOC was the primary group entering data on the boards. To gain situational awareness an event was established in EMSystem for organizations to report their status, but at times it took phone calls directly to those organizations to get information. More direct communication with the DDC and county EOC's could have been beneficial.

Healthcare System Preparedness

Healthcare Preparedness Capabilities from the "National Guidance for Healthcare System Preparedness" from the Office of the Assistant Secretary for Preparedness and Response (ASPR).

Maintain situational awareness of ESF-8 resources across the region.

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

Strengths

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

Strength 1: An event was established in EMSystem which queried ESF-8 resources on status of their organization. This included power, staffing and supplies.

Strength 2: The event was monitored and if an update had not been made within the last 24 hours, the organization was contacted checking their status.

Strength 3: An incident was established in WebEOC on December 23rd and information began being posted to assist in pre-planning for the incident as well as documenting activities.

Areas for Improvement

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

Area for Improvement 1: Impress upon the organizations how important it is to update statuses as requested when an event is established.

Reference: TSA-B Regional Emergency Operations Plan and observed during incident as event was being monitored.

Analysis: The majority of organizations did update their status, at least daily, without any reminders. A solution needs to be developed to insure that all organizations update as requested during an incident, without having to be called or reminded.

Area for Improvement 2: The need for all EMS services to update EMSystem as requested.

Reference: TSA-B Regional Emergency Operations Plan and observation during the incident.

Analysis: There are still a majority of the EMS services that have not signed on EMSsystem, so the RAC does not have a good view of the region as a whole. The main issue has been getting the EMS directors to sign in and set up their profiles, and to change information when changes occur.

Healthcare System Recovery

Healthcare Preparedness Capabilities from the “National Guidance for Healthcare System Preparedness” from the Office of the Assistant Secretary for Preparedness and Response (ASPR).

Provide support for ESF-8 resources.

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

Strengths

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

Strength 1: Monitoring of the regional situational awareness picture allowed the RMOC to anticipate needs for areas reporting problems.

Strength 2: Planning to be ready to support a facility that went without power for 18 hours, but managed to sustain themselves through their own generator. Refueled without issue.

Strength 3: Coordinated response to the Lubbock State Supported Living Center (LSSLC), which had been without power. Verified status of generators and fuel for them. Maintained contact with the LSSLC and power company until power was restored.

Areas for Improvement

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

Area for Improvement 1: As the storm hit, a large number of healthcare facilities were struggling with how to get staff to work Sunday evening and Monday morning. No pre-planning was done to meet this need, at these facilities. There were no available resources to assist unless there was an emergent need.

Reference: Observation made during the incident.

Analysis: As winter weather forecasts came out in the early fall, discussions at meetings included planning for getting staff to work during a heavy snow storm. Plans need to be adjusted so that this problem is minimized during the next incident.

Area for Improvement 2: The need for EMS to consistently update their status in EMSsystem

Reference: Observation during event and this is part of the TSA-B Regional Response Plan.

Analysis: A large number of EMS services still have not logged into EMSsystem and therefore are not keeping their status up to date. This leads to only having the ability to get a partial

snapshot of the EMS situational awareness within the region and not being able to anticipate how to assist in recovery.

Emergency Operation Coordination

Healthcare Preparedness Capabilities from the “National Guidance for Healthcare System Preparedness” from the Office of the Assistant Secretary for Preparedness and Response (ASPR).

Provide support for ESF-8 Resources

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

Strengths

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

Strength 1: Monitored situational status of hospitals and EMS services throughout event and assisted as needed.

Strength 2: Developed an event in EMResources to allow for a region-wide view of hospital and EMS services status, which proved to work very well.

Strength 3: Coordinated with the DDC and DSHS to support a State mission to pick up two dialysis patients and bring them into Lubbock for dialysis, by providing EMS certified person to go on the mission.

Areas for Improvement

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

Area for Improvement 1: Organizations need to have plan for maintaining adequate staff during event.

Reference: Observations during event.

Analysis: As the event progressed, into the evening of the 27th, the RMOC received calls for assistance in getting healthcare workers to work. There were not resources available to assist with this need. All facilities were encouraged in October and Earlier in December, to make plans on how to achieve this. Considerations for planning include calling extra staff in early and house them at the facility, or locate appropriate transportation support.

Area for Improvement 2: Need all EMS services engaged in EMSsystem so that we can have a complete regional situational picture.

Reference: TSA-B Regional Emergency Operations Plan and observations during the event.

Analysis: There are some EMS services that have had leadership changes or did not have adequate internet providers in the early years of implementation of EMSsystem. It will take a one-on-one visit of each EMS service to get the buy in and training done.

Emergency Operation Coordination

Healthcare Preparedness Capabilities from the “National Guidance for Healthcare System Preparedness” from the Office of the Assistant Secretary for Preparedness and Response (ASPR).

Provide support for public safety services

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

Strengths

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

Strength 1: Provided conduit to support EMS units getting stuck in the snow, facilitating coordination of assistance.

Strength 2: Coordinate with DSHS to find an EMS certified person to make trip to Morton and Levelland with Texas A&M Forest Service to pick up dialysis patients.

Strength 3: Communication with EMS services was open even with those not reporting their status in EMResources. Calls were made to check on any needs.

Areas for Improvement

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

Area for Improvement 1: Was not sure that all of the EMS services had the RMOC phone number.

Reference: Observation during event.

Analysis: The phone number for the RMOC was sent out through EMS system as a Regional Announcement as well as emailed out to all the facilities and services in our region. Due to changes in leadership, personnel on vacation and bad contact information there could have been some that did not receive the information. The DDC and MACC had the number, so they could route any requests to the RMOC.

Area for Improvement 2: Probably would have been better to have an EMS representative in the EOC.

Reference: Observation from event.

Analysis: Through the event, there were numerous times that it would have been beneficial for an EMS representative to be in the EOC to coordinate with the fire and law enforcement positions.

Emergency Operation Coordination

Healthcare Preparedness Capabilities from the “National Guidance for Healthcare System Preparedness” from the Office of the Assistant Secretary for Preparedness and Response (ASPR).

Maintain open communications across the region, including with the DDC and other EOC’s as needed; and Maintain situational awareness of ESF-8 resources across the region

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

Strengths

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

Strength 1: Monitored situational status of hospitals and EMS services throughout event and assisted as needed. Redundant contacts were made through RAC Executive Director from a second location.

Strength 2: Developed an event in EMResources to allow for a region-wide view of hospital and EMS services status, which proved to work very well.

Strength 3: Maintained contact with the DDC and coordinated any requests with them.

Areas for Improvement

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

Area for Improvement 1: Need all EMS services engaged in EMSsystem so that we can have a complete regional situational picture.

Reference: TSA-B Regional Emergency Operations Plan and observations during the event.

Analysis: There are some EMS services that have leadership changes and did not have adequate internet providers in the early years of implementation of EMSsystem. It will take a one on one visit of each EMS service to get the buy in and training done.

Area for Improvement 2: Get the organizations to update statuses as requested when an event is established.

Reference: Observed during incident as event was being monitored.

Analysis: The majority of organizations did update their status, at least daily, without any reminders. A solution needs to be developed to insure that the remaining organizations update as requested during an incident.

Information Sharing

Healthcare Preparedness Capabilities from the “National Guidance for Healthcare System Preparedness” from the Office of the Assistant Secretary for Preparedness and Response (ASPR).

Maintain open communications across the region, including with the DDC and other EOC’s as needed

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

Strengths

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

Strength 1: Involved in webinars and conference calls prior to event impact with NWS and DDC.

Strength 2: Information received from NWS was sent out to all ESF-8 partners to aid in their planning efforts.

Strength 3: Checked in with counterparts at the DDC occasionally, checking on status.

Areas for Improvement

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

Area for Improvement 1: Looking back on the event, we should have conducted a conference call pre-event and then on Sunday afternoon, allowing us to get a good handle on any issues that might exist at that time.

Reference: TSA-B Regional Emergency Operations Plan and observations during the event.

Analysis: Had some of the same questions being asked by different people, so having a conference call would have saved answering a question multiple times. Also, available resources could have been made known, or lack of resources.

Area for Improvement 2: Activating the full RMOC with all representatives present.

Reference: TSA-B Regional Emergency Operations Plan and observations during the event.

Analysis: For most of the event, two persons in the RMOC was fine, but there were times having some of the other key players in the room with us would have been helpful. An EMS representative would have been helpful. Representatives from the major hospitals could have been beneficial so that they could see firsthand that we had no resources to assist in getting employees to work. Consider having a DSHS representative present.

Information Sharing

Healthcare Preparedness Capabilities from the “National Guidance for Healthcare System Preparedness” from the Office of the Assistant Secretary for Preparedness and Response (ASPR).

Maintain situational awareness of ESF-8 resources across the region

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

Strengths

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

Strength 1: Event built into EMResource provided a platform to maintain situational awareness, with daily updates requested.

Strength 2: Pre-event, sent out updates on weather from NWS, at a minimum of daily.

Strength 3: Posted position specific information in WebEOC event and encouraged region to post also.

Areas for Improvement

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

Area for Improvement 1: Very few of the organizations posted any information in WebEOC.

Reference: TSA-B Regional Emergency Operations Plan and observations during the event.

Analysis: As the event progressed, the RMOC staff was placing updates in the Position Board in WebEOC, but only one EMS service posted any information and no hospital posted any information. WebEOC is an intimidating platform for a large number of our users. Training has been conducted, but still have not received good buy-in.

Area for Improvement 2: Need better updates from other counties and cities across the region.

Reference: Observation made during event.

Analysis: We were getting a situational awareness from most of the hospitals and some of the EMS services from across the region. But since WebEOC was not being utilized by our jurisdictions outside of Lubbock county, we were not able to get a quick view for a common operating picture of the region. Whether it is bringing everyone onto the Lone Star server for this type of event, or obtaining a better platform that will be used, this needs to be rectified.

Information Sharing

Healthcare Preparedness Capabilities from the “National Guidance for Healthcare System Preparedness” from the Office of the Assistant Secretary for Preparedness and Response (ASPR).

Ensure adequate flow of information to media through designated PIO's

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

Strengths

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

Strength 1: Good coordination with the Joint Information Center (JIC).

Strength 2: Had data that the JIC was requesting, or could get it quickly, for press releases.

Strength 3: Some information about specific facilities, such as transportation needs, were not routed through the JIC, intentionally, so the facility could field any calls to support the facilities.

Areas for Improvement

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

Area for Improvement 1: Consider placing a liaison of the RMOC in the JIC to assist in getting information for public release.

Reference: Observation during the event.

Analysis: In order to help facilitate the gathering of information for the JIC, a liaison from the RMOC could be in the JIC and gather the needed information for them.

Area for Improvement 2: Should have made sure that all organizations had the contact information for the JIC, so that they could pass along any information that might be important.

Reference: Observation, post-incident.

Analysis: This was not an issue that we were aware of, but in retrospect, it could have been.

Responder Safety and Health

Healthcare Preparedness Capabilities from the “National Guidance for Healthcare System Preparedness” from the Office of the Assistant Secretary for Preparedness and Response (ASPR).

Provide support for the safety of all responders

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

Strengths

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

Strength 1: Coordinated recovery of EMS vehicles stuck in snow.

Strength 2: Sitting across the table from the Lubbock Public Works position, worked well for supporting crews in the Lubbock City Limits.

Strength 3: Made contact with the Lubbock County EMC to coordinate how we would go about getting EMTF resources out of the warehouses, if they were needed.

Areas for Improvement

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

Area for Improvement 1: Have all EMS services reporting their status during an event so that can anticipate any needs to assist in responder's safety and health.

Reference: Observation made during the event.

Analysis: If reporting is not being made, it is hard to anticipate needs for an organization. The RAC Executive Director had talked to most of the services, but there was not a single point to get this information.

Area for Improvement 2: Better coordination with the MACC would have been beneficial.

Reference: Observation during event.

Analysis: To have a better operating picturing of the region, more contact with the MACC would have been beneficial. This would have allowed the RMOC to be ready to support any responders, if possible.

Volunteer Management

Healthcare Preparedness Capabilities from the "National Guidance for Healthcare System Preparedness" from the Office of the Assistant Secretary for Preparedness and Response (ASPR).

Coordinate volunteers requested by an organization

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

Strengths

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

Strength 1: The volunteer spirit of the people on the South Plains of Texas came through to assist.

Strength 2: Facilities utilized the media to get the word out on needs with getting staff to work.

Strength 3: Each facility coordinated with the volunteers directly to get pick-ups done.

Areas for Improvement

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

Area for Improvement 1: Add these type of volunteers to the volunteer registry for notifications during an event.

Reference: Observation during event.

Analysis: One of the four-wheel drive organization's information was passed to us through the Lubbock County EMC. It will be added to the regional plan as well as added into the Texas Disaster Volunteer Registry.

Area for Improvement 2: Coordination and prioritization of pick-ups.

Reference: Observations during the event.

Analysis: Since each facility was reaching out to the volunteers, it was left up to each facility to coordinate pick-ups with the groups themselves. If these groups would have been needed on a regional level, then the RMOC would have requested them and coordinated the requests and given them priorities as a scarce resource.

APPENDIX A: IMPROVEMENT PLAN

This IP has been developed specifically for TSA-B as a result of Winter Storm 2015 conducted on December 26, 2015 to December 31, 2015.

Capability	Issue/Area for Improvement	Corrective Action	Capability Element ¹	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Capability: Healthcare System Preparedness, ASPR	1. Pre-planning at organizational level as an event is being forecasted.	As information of a forecasted event is being received, organizations should meet to review plans and determine needs prior to the event.	Planning	Each individual facility and EMS service in the region. Coordinated by TSA-B.	TSA-B, Tim Berry	2/11/2016	6/30/2016
		Conduct a conference call prior to the event to determine needs or offer solutions to each other.	Planning	TSA-B	Tim Berry	1/1/2016	1/1/2016 Conference Call Bridge is available
	2. Get more organizations on-board with WebEOC, or find a new platform to utilize for region-wide situational awareness. And updated as requested.	Continue conducting training with organizations on WebEOC, focusing on when it is important to be posting on the system and when to update.	Training	TSA-B	Tim Berry	3/1/2016	6/30/2016
		Evaluate other products and determine if there is a better platform available that would be used by everyone.	Equipment	TSA-B	Tim Berry	2/15/2016	6/30/2016

¹ Capability Elements are: Planning, Organization, Equipment, Training, or Exercise.

Capability	Issue/Area for Improvement	Corrective Action	Capability Element ¹	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Capability: Healthcare System Recovery, APSR	1. Plans for getting staff to work during a severe weather event.	Each organization should develop a plan on either bringing staff in early, or how they will get them in during the event.	Planning	Each Organization assisted by TSA-B	TSA-B, Tim Berry	2/11/2016	6/30/2016
	2. In order to determine EMS services recovery during an event, EMS must be part of the Situational Awareness process. Updating regularly.	Conduct training specifically for EMS services on how to utilize the systems in place, and how to maintain contact information.	Training	TSA-B	Tim Berry	2/11/2016	6/30/2016

Capability	Issue/Area for Improvement	Corrective Action	Capability Element ¹	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Capability: Emergency Operation Coordination	1. Insure that RMOC contact information is received by all ESF-8 partners.	Make sure all EMS services have set up their respective EMS system accounts and know how to use it.	Training	TSA-B	Tim Berry	2/11/2016	6/30/2016
	2. Have EMS representative at RMOC.	Change plans to have an EMS representative present in short staffed RMOC.	Planning	TSA-B	Tim Berry	2/11/2016	3/31/2016

Capability	Issue/Area for Improvement	Corrective Action	Capability Element ¹	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Capability: Information Sharing, ASPR	1. Pre-event conference call.	Plan to conduct a conference call prior to a forecasted event to discuss possible needs or ways to help others.	Planning	TSA-B	Tim Berry	2/11/2016	2/11/2016 Already have conference call capability
	2. Need for all organizations to update their current situation, so that a common operating picture can be seen.	Train all organizations on use of WebEOC and EMSystem and the importance of when to use it.	Training	TSA-B	Tim Berry	2/11/2016	6/30/2016
		Determine if WebEOC is the best platform to gather this information.	Equipment	TSA-B	Tim Berry	2/11/2016	6/30/2016
	3. Consider placing a liaison of the RMOC in the JIC to assist in getting information for public release.	Coordinate with the JIC on having a liaison from the RMOC in the JIC.	Planning	TSA-B	Tim Berry	2/11/2016	6/30/2016

Capability	Issue/Area for Improvement	Corrective Action	Capability Element ¹	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Capability: Responder Safety and Health, APSR	1. Have all EMS services reporting their status during an event so that can anticipate any needs to assist in responder's safety and health.	Meet with the EMS services in a one-on-one setting to explain the systems and make sure their information is properly setup in the system.	Training	TSA-B	Tim Berry	2/11/2016	6/30/2016
		Conduct conference call pre-event or during a major event to confirm that there are no needs that have not been communicated.	Planning	TSA-B	Tim Berry	2/11/2016	2/11/2016 Conference Call capability is already in place
	2. Better coordination with the MACC would have been beneficial.	Utilize a liaison at the MACC, which was co-located with the DDC.	Planning	TSA-B	Tim Berry	2/11/2016	6/30/2016
		Maintain regular calls to the MACC to gain situational awareness of the region.	Planning	TSA-B	Tim Berry	2/11/2016	2/11/2016

Capability	Issue/Area for Improvement	Corrective Action	Capability Element ¹	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Capability: Volunteer Management, ASPR	1. During this event, volunteers from two jeep/4x4 clubs were utilized to help get hospital workers to the hospital. Need to add these resources contact information to plan.	Add the contact number of these resources to the plan phone list.	Planning	TSA-B	Tim Berry	2/11/2016	3/31/2016
	2. Coordination of the volunteers.	If the groups are being used on a regional level, they should be coordinated through the RMOC to prioritize their missions and monitor the progress.	Planning	TSA-B	Tim Berry	2/11/2016	6/30/2016
		If they are being utilized on a facility or organization level, they should be coordinated by the facility or organization.	Planning	Individual Organizations with assistance from TSA-B	TSA-B, Tim Berry	2/11/2016	6/30/2016

APPENDIX B: EVENT PARTICIPANTS

Participating Organizations	Number of Participants
Federal	
National Weather Service	2
State	
Texas A&M Forest Service	4
Texas Department of Aging and Disability Services	1
Texas Department of Emergency Management	2
Texas Department of Public Safety	1
Texas Department of State Health Services	1
TSA-B Region	
TSA-B	2
Brownfield Regional Medical Center	1
Cochran Memorial Hospital	1
Covenant Children's Hospital	3
Covenant Hospital – Levelland	1
Covenant Hospital – Plainview	1
Covenant Medical Center	3
Crosbyton Clinic Hospital	1
D. M. Cogdell Memorial Hospital	1
Grace Medical Center	1
Lamb Healthcare Center	1
Lubbock Heart and Surgical Hospital	1
Lynn County Hospital District	1
Medical Arts Hospital	1
Plains Memorial Hospital	1
Sunrise Canyon/StarCare	2
Texas Specialty Hospital	1
UMC Health System	4
W. J. Mangold Memorial Hospital	2
Yoakum County Hospital	1
Bailey County EMS	2
BRMC EMS	2
Castro County EMS	1
Cochran County EMS	1
Covenant Ambulance Service	1
Crosbyton Clinic Hospital EMS	1

Denver City EMS	1
Floydada EMS	1
Idalou EMS	2
Idalou OEM	1
Lockney VFD/EMS	1
Lubbock County OEM	1
Lubbock Department of Public Works	3
Lubbock Fire Rescue	3
Lubbock Health Department	1
Lubbock OEM	1
Lynn County EMS	1
Motley County EMS	1
Petersburg EMS	1
Post-Garza County EMS	1
Ransom Canyon VFD-EMS	1
South Plains EMS	1
Terry County OEM	1
UMC EMS	2
TSA-A Region	
EMTF 1	1
Panhandle RAC – TSA-A	1
Non-Governmental Groups	
Caprock Regional Response Group	1
Flatlanders Jeep Club	1
South Plains Chapter of American Red Cross	1