MARYLAND-NATIONAL CAPITAL REGION EMERGENCY RESPONSE SYSTEM

Building and Enhancing Inter-Jurisdictional and Inter-Disciplinary Emergency Response Capabilities in Montgomery and Prince George's Counties, Maryland.

Fiscal Year 2014 Annual Report

Maryland ERS is a federally grant-funded program administered by the **Maryland Institute for Emergency Medical Services Systems (MIEMSS).**

This page intentionally left blank.

TABLE OF CONTENTS

This page intentionally left blank.

Maryland-National Capital Region Emergency Response System

FISCAL YEAR 2014 ANNUAL REPORT

MESSAGE FROM THE DIRECTOR

The Maryland-National Capital Region Emergency Response System (MDERS) was instituted to optimize emergency response to routine and large-scale incidents. By coordinating amongst multiple agencies and disciplines through a regional approach, preparedness is enhanced and interoperability ensured. The core partners include local, county, and state stakeholders from Fire/Rescue/EMS, Law Enforcement, Hospitals, Public Health, and Emergency Management. Beyond local coordination, MDERS works closely with the neighboring Emergency Response Systems of Northern Virginia and the District of Columbia to standardize response throughout the National Capital Region.

Fiscal Year 2014 has been a very successful period for MDERS. Supported by a multi-million dollar federal Urban Area Security Initiative grant, the program has taken major steps to improve interoperable response capabilities in Montgomery and Prince George's Counties. These enhancements address some of the most significant threats to the Region that transcend traditional disciplinary boundaries. This report is intended to provide an overview of the activity and accomplishments of the program during this period.

This past year has been one of marked maturation for MDERS. As the roles and responsibilities of the program have expanded, so too has the staffing strategy. This year included the addition of two Healthcare Facility Coordinators, two Medical Reserve Corp Coordinators, a Logistician, and two Instructional Systems Designers. A reorganization of the personnel was implemented to incorporate the Prince George's and Montgomery County ERS programs under a single structure that encompassed all of the Maryland-National Capital Region, further facilitating interoperability and economies of scale.

Most notably, the staff and stakeholders have adopted a capability-based approach to efforts undertaken by the organization. This approach, based on measurable target outcomes, encompasses all aspects necessary to operationalize and achieve the target. This includes Planning, Organization, Equipping, Training, Exercises, and Evaluation. The approach has emphasized comprehensive planning throughout the project lifecycle in order to most effectively and efficiently achieve target response capabilities and capacities throughout the Region.

The National Capital Region Senior Policy Group-Chief Administrative Officer Homeland Security Executive Committee (SPG-CAO HSEC) allocated a multi-million dollar budget to be invested in Maryland ERS staff, programs, and projects during Fiscal Year 14. This has allowed the program to accomplish a number of initiatives towards building capabilities, including:

- Outfitting 4,850 law enforcement officers with Tactical Emergency Casualty Care kits to provide life-saving treatment to traumatic injuries prior to EMS intervention
- Obtaining several high-fidelity mannequins that mimic the traumatic injuries seen in high threat situations in order to enhance the training and exercising of law enforcement and EMS personnel in these critical skills
- Acquiring six patient transport vehicles for law enforcement medical personnel for high-threat environments
- Providing public safety agencies with 17 all-terrain, compact utility terrain vehicles to reach and transport patients in austere environments
- Expanding FirstWatch situational awareness software coverage into Montgomery County and building further capabilities into Prince George's County
- Providing electronic patient care report tablets to Montgomery County Fire and Rescue Service, further contributing to the outfitting of EMS units in both Montgomery and Prince George's Counties
- Acquiring and implementing a software suite that allows for resource management and inventory control across the region with user access for all partner agencies
- Sustaining and expanding the Maryland-NCR First Responder Medical Cache, which provides supplies, equipment, and pharmaceuticals for surge events and to protect first responders
- Expanding EMS to hospital communication into six additional hospitals within the District of Columbia
- Offering numerous specialty training courses to response personnel, including travel to many world-renown programs and conferences
- Hosting the second annual Emergency Response Symposium, providing approximately 400 attendees with a full day of sessions presented by leadership and first responders of the Paris and San Bernardino complex coordinated attacks
- Delivering multiple discussion and functional exercises to evaluate the plans and operational readiness of response capabilities

Further details on the highlighted projects above, as well as other initiatives completed over the past year, can be found throughout this report.

As we look back on the success of this past year, the staff and stakeholders look forward to continuing to build upon these capabilities and undertaking new ones in the coming year. Initiatives planned for Fiscal Year 15 include support staff, the training/exercise program, EMS technology upgrades, situational awareness software expansion and sustainment, hospital infectious disease caches, law enforcement high-threat medical kits, infectious disease sanitation equipment, health services emergency response vehicles and trailers, and a unified command vehicle.

On behalf of the stakeholder agencies and the citizens they serve, I extend a great deal of gratitude to the National Capital Region Senior Policy Group-Chief Administrative Officer Homeland Security Executive Committee for continuing to acknowledge the value in interjurisdictional and interdisciplinary response. The support and financial investments of this leadership body have provided a means to accomplish enhancements that would otherwise be impossible.

I also extend thanks to the representatives of the stakeholder agencies who serve on the Steering Committee, providing ongoing strategic direction for the program. Likewise, we are grateful to the countless subject matter experts from the agencies that lend their time to building these regional capabilities.

Finally, the entire organization extends its appreciation to the Maryland Institute for Emergency Medical Services Systems (MIEMSS). MIEMSS is an integral partner in the ERS effort, serving as the fiduciary agent for the administration of the program. This includes administration of the largest portions of the grant, the ERS personnel and the training and exercise program. MIEMSS staff devotes countless hours to administration of the project to ensure its success. The program could not thrive without the support of MIEMSS.

I congratulate the stakeholders and staff for all the accomplishments that are detailed in this report. Your efforts benefit the overall response capacity, thereby enhancing the service to the citizens we serve. I look forward to continuing to work with our response community to further grow our capabilities in the coming years.

Kind regards,

Luke Hodgson

This page intentionally left blank.

MISSION

To support the integration of fire, rescue, emergency medical services, law enforcement, emergency management, public health, and healthcare systems to ensure a coordinated response to emergency incidents through strategic planning, information sharing, training, exercises, and equipment acquisition.

VISION

To serve as the single point of collaboration between all disciplines involved in emergency response in order to achieve integration to optimize all capabilities and provide superior service to the residents and visitors of Montgomery and Prince George's Counties.

ORGANIZATION

The Maryland National Capital Region Emergency Response System (MDERS) was organized in 2014 to support the development of coordinated emergency response in Montgomery and Prince George's Counties. The disciplines represented in MDERS include Fire/Emergency Medical Services, Law Enforcement, Critical Healthcare Facilities, Emergency Management, and Public Health. Direction is provided by a Steering Committee composed of representatives from all five disciplines from each county as well as the state.

The main MDERS Office is located at 5111 Berwyn Road, Suite 110, College Park, MD 20740 and houses the Director, the Planning and Organization Staff, and the Finance and Logistics Staff. Training and Exercise Staff are housed at the Montgomery County Public Safety Headquarters, 100 Edison Park Drive, Gaithersburg, Maryland. Volunteer Managers are co-located at the Montgomery and Prince George's County Health Departments as well as the MDERS office in College Park. The Maryland Institute for Emergency Medical Services Systems (MIEMSS) serves as the fiscal agent and administrative home for MDERS.

METHODOLOGY USED FOR CAPABILITY DEVELOPMENT

MDERS uses the POETE-E process for developing response capabilities across the jurisdictions, agencies, and disciplines supported by the organization. POETE-E is an acronym for the six critical elements of the Preparedness Cycle for emergency management: Planning, Organization, Equipment, Training, Exercises, and Evaluation. As the final step in the cycle, Evaluation allows the process to begin again, informed by the strengths developed and gaps identified. The POETE-E resource elements are solution areas that MDERS invests in to build and sustain capabilities.

- ***Planning***: The development of policies, plans, procedures, mutual aid agreements, strategies, and other publications that comply with relevant laws, regulations, and guidance necessary to perform assigned missions and tasks.
- ***Organization***: The development of individual teams, an overall organizational structure, and leadership at each level in the structure that comply with relevant laws, regulations, and guidance necessary to perform assigned tasks. Organization includes paid and volunteer staffs who meet the qualification and certification standards necessary to perform their duties.
- ***Equipment***: The acquisition, deployment, maintenance, and tracking of equipment, supplies, and systems that comply with relevant standards necessary to support missions and tasks.
- ***Training***: The development and delivery of various forms of instruction to ensure personnel are competent and capable of performing their assigned duties.
- ***Exercises:*** Instruments such as tabletop discussions, functional drills, games, and full-scale multi-agency events that provide an opportunity to demonstrate, evaluate, and improve the ability to perform tasks to standards necessary to achieve successful capability outcomes.
- ***Evaluation:*** Collection and analysis of data, yielding actionable information and metrics, is used to evaluate skill proficiency in practice, as well as determine project and program impacts, including field usage and success rates. Information used for evaluation is gathered from both exercises and real world events.

PLANNING AND ORGANIZATION PROGRAM

The goal of the Planning and Organization Program is to support multidisciplinary, regional planning for the development of regional target capabilities that will ensure optimum response to emergency incidents in Montgomery and Prince George's Counties and throughout the National Capital Region.

The Planning and Organization Program

Planning is an integral part of the capability building cycle. It encompasses needs assessment, research, development, and evaluation. The Planning Team works with the Finance and Logistics Program to assist in the development of equipment guidance and standards use. The team also works with the Training and Exercise Program to develop training to improve the capabilities identified and exercises to test those capabilities. This is part of the Evaluation process which also includes the tracking of metrics identified in Capability Development Plans. These Plans are the groundwork for all of the work done by MDERS. Once a specific capability is identified by the MDERS Steering Committee for funding, a Capability Development Plan is created to outline the steps to be taken to achieve maximum effectiveness of that capability. The Plans include the capability development process based upon the POETE-E cycle described above as well as stakeholder participation, budget considerations, and metrics used to evaluate the progress of the process.

Planning and Organization Program Management

The Program Manager works with other Program Managers to coordinate the development of capability development plans and related guides. This includes gap analyses, literature reviews, stakeholder interviews, subject matter expert conceptualizing, and project development workshops. The Program is

also responsible for the development of the MDERS Annual Report, the MDERS Strategic Plan update, and other key documents. The Program Manager also oversees the activities of an Emergency Response Planner and two Planners/Volunteer Managers.

Methodology

The Planning and Organization Program coordinates mutiple work groups of stakeholders and subject matter experts which are an integral part of capability development. The groups include:

- High Threat Medicine
- First Responder Medical Cache
- Medical Surge
- Critical Healthcare Facilities Evacuation
- Resource Management
- Utility Terrain Vehicles

The Planning Team also works closely with the Maryland Emergency Management Agency (MEMA) Disabilities, Access and Functional Needs (DAFN) workgroup and with Maryland Department of Disabilities (MDOD) on developing planning tools for use in all planning efforts.

In addition to these work groups, input is sought from the Region V Emergency Preparedness Coalition, which includes representation from hospitals, healthcare facilities, EMS, public health, and emergency management. The Maryland Department of Health and Mental Hygiene (DHMH), MDOD, MEMA, MIEMSS, and Maryland State Police (MSP), among others, provide state guidance and support for MDERS planning efforts. MDERS staff also collaborate across the NCR through participation in the Metropolitan Washington Council of Governments (MWCOG) regional planning committees.

The Planning and Organization Staff

The Planning and Organization Staff consists of the Program Manager and a full time senior health and medical services planner who concentrate on planning efforts. Two Medical Reserve Corps Coordinators are assigned to Montgomery and Prince George's Counties and also participate in planning activities as part of the Program team. Beginning in Fiscal Year 2015, the Planning and Organization team is transitioning to an Emergency Response Planner and Planner/Volunteer Manager construct to address the evolving needs of the stakeholders and mission area.

FINANCE AND LOGISTICS PROGRAM

The goal of the Finance and Logistics Program is to develop, maintain, improve, and coordinate the fiscal, procurement, and resource management responsibilities of the MDERS staff and stakeholders.

The Finance and Logistics Program

Equipping and tracking assets is an integral part of the capability building cycle. The Finance and Logistics Team works with the Planning and Organization Program in the development of policies, procedures, guidance, and standards of use for all assets, and the Training and Exercise Program for all necessary training and subsequent evaluation. The Program directs all purchase of equipment and supplies required to fulfill the capabilities being developed or enhanced.

Finance and Logistics Program Management

The Program Manager oversees the creation of all capability development plans and related documents, as well as the purchase of equipment and resources to support the MDERS staff and its mission, and related financial tracking responsibilities. A Logistics Coordinator and a Financial Administrator support the Program Manager.

Methodology

The Finance and Logistics Program will be heading the newly formed MDERS Resource Management Work Group to determine the methodologies and scope of the capability, achievable goals and sub-capabilities, evaluation metrics, and goal timelines.

Finance and Logistics Program Staff

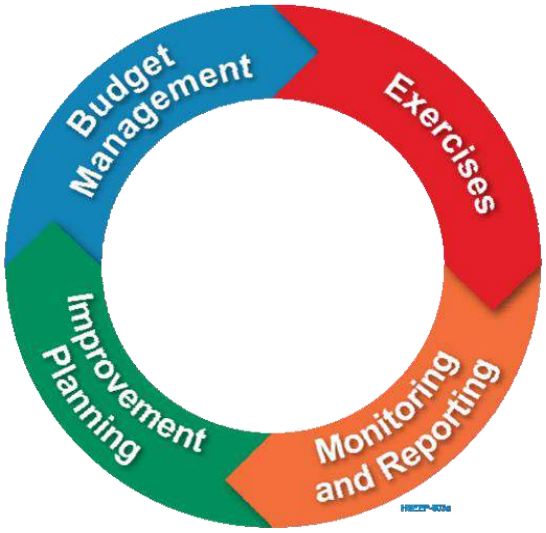
The Finance and Logistics Program staff consists of the Program Manager and two Logisticians who fulfill multiple responsibilities across both stakeholder counties.

TRAINING AND EXERCISE PROGRAM

The goal of the Training and Exercise Program is to establish and maintain an effective exercise and training program that coordinates and integrates with the Planning and Organization and Finance and Logistics Programs to support the development and evaluation of targeted response capabilities for stakeholders in Montgomery and Prince George's Counties.

The Training and Exercise Program

The Training and Exercise Program is an integral part of the capability building cycle. It leads the training, exercising, and evaluating phases of capability development and coordinates with other MDERS programs to assist in the planning, organizing, and equipping phases.



Training and Exercise Program Management

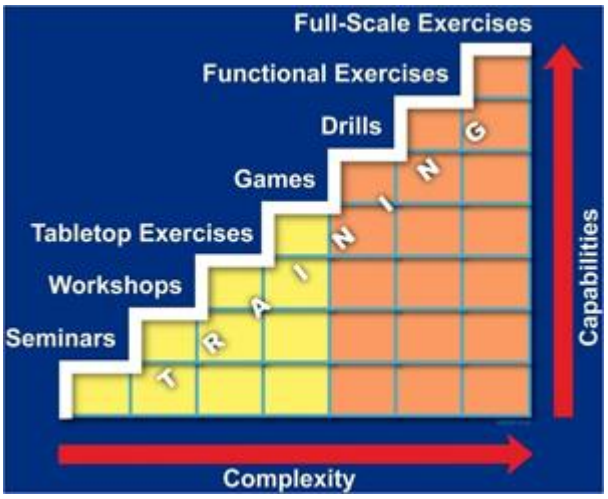
There are four main components of Training and Exercise Program Management:

- Budget Management: Coordinates available funding and manages budget responsibilities.
- Training and Exercises: Oversees the development of a multi-year training and exercise plan that supports the development of stakeholder-targeted response capabilities. Exercises are conducted in a manner consistent with the Homeland Security Exercise and Evaluation Program (HSEEP) and ensure that as capabilities are developed, they are tested and evaluated in a manner that reflects the complexity of the current expected state of the capability.
- Monitoring and Reporting: Monitors Training and Exercise activities to ensure that program goals are met and actively participates in exercise development, conduct, evaluation, and improvement planning.
- Improvement Planning: Ensures that the improvements identified in exercises or real-world incidents are communicated to appropriate stakeholders. The Program Manager works with MDERS program staff to track the improvement process and ensures the improvements are incorporated into future plans and exercises and evaluated to test the status of the upgraded capabilities.

Training and Exercise Project Management

The Homeland Security Exercise and Evaluation Program (HSEEP) is an accepted national standard for conducting individual (or project) exercise activities, and MDERS ensures that all sponsored exercises follow HSEEP guidelines. The three primary components of the HSEEP project management process are:

- Design and Development: Identify exercise objectives, design scenario, and design evaluation process.
- Conduct: Conduct the exercise based upon injects provided by the exercise staff to the exercise players.
- Evaluations: Evaluate exercise player performance against the standards identified in the targeted response capabilities. The exercise planning team will then create a written evaluation report and an improvement plan.



Training and Exercise Program Personnel

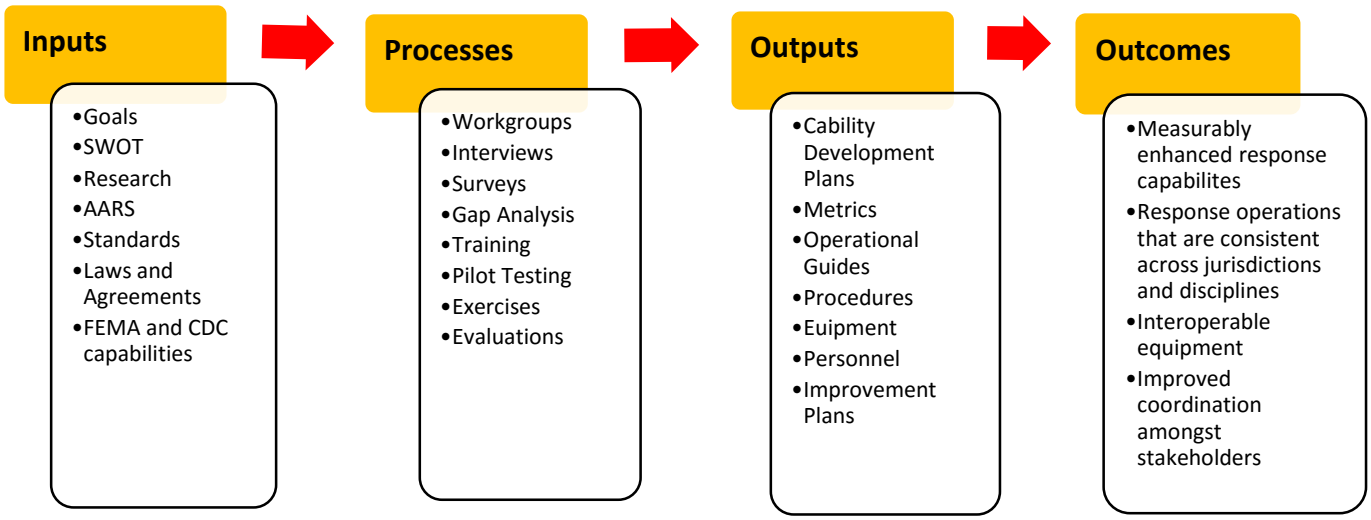
The Training and Exercise Program has three assigned personnel – the Program Manager and two Instructional Designers. The Program Manager is responsible for overseeing all MDERS training and exercise activities that include program and project management. The Instructional Designers work with stakeholders to identify, design, and implement MDERS training and exercise activities to promote a high level of learning. All three personnel coordinate with the other MDERS Programs to provide planning and logistical support to MDERS initiatives. In March 2016, both instructional design personnel accepted positions at a large global corporation in the area. To better serve our stakeholders, MDERS decided to change direction by employing a training coordinator and an exercise coordinator to round out the Training and Exercise Program team. These two positions will foster the necessary focus in each area and better enable cost savings by conducting training and exercise initiatives using in-house SMEs instead of outside contractors.

2015 CAPABILITY DEVELOPMENT

The capabilities described in this report were developed based upon goals established in the MDERS Strategic Plan by the Steering Committee. These goals are broad, with individual capabilities having defined, measurable targets. The overarching goals include:

- Goal: Support mass casualty incident (MCI) response and management.
- Goal: Ensure law enforcement and fire/EMS personnel from Montgomery and Prince George's Counties develop the capacity to integrate their response to high-threat, active violence incidents and complex, coordinated attacks.
- Goal: Support Montgomery and Prince George's Counties' critical healthcare facilities and institutions in building organizational and regional capabilities to respond to emergencies.
- Goal: Continue development and enhancement of the Emergency Response System of the Maryland-National Capital Region.
- Goal: Provide logistical support to the disciplines served by the Emergency Response System, including a multi-disciplinary, multi-jurisdictional resource management system that captures all assets available to the emergency response community.
- Goal: Facilitate development and implementation of an integrated Maryland Emergency Response System Regional Training and Exercise Program designed to meet the needs of the system.

Using the agreed upon goals as a starting point, a SWOT analysis (Strengths, Weaknesses, Opportunities, and Threats) was conducted by MDERS staff with the Steering Committee to identify target capabilities. A regional gap analysis was completed which further refined these capabilities. The Steering Committee then prioritized capabilities based upon the SMART (Specific, Measurable, Achievable, Realistic, and Time-phased) criteria. The graph below provides a snapshot of that development process.



A number of projects have been undertaken by the MDERS staff and its stakeholders in order to build capabilities identified as priorities by the Steering Committee. The most recent capabilities to undergo this development include:

- Critical Healthcare Facilities Evacuation
- Emergency Medical Services Mobile Data Devices
- Family Reunification
- First Responder Medical Cache
- FirstWatch
- High Threat Mobile Evacuation Platforms
- Law Enforcement Specialized Response
- Medical Surge
- Public Information and Warning
- Resource Management Software
- Tactical Emergency Casualty Care
- Training and Exercise
- Utility Terrain Vehicles (UTVs)
- Video Teleconferencing
- Volunteer Management

The following sections provide an overview of these capabilities. Each section is devoted to a distinct capability, with associated projects explained. The application of each segment of the Planning, Organizing, Equipping, Training, Exercising, and Evaluating (POETE-E) cycle is also presented.

This page intentionally left blank.

Critical Healthcare Facilities Evacuation

QUICK FACTS

The goal of an evacuation is moving all patients, visitors and staff out of dangerous and/or damaged facilities as safely as possible to another location.

Current Response Resources:

- 11 Hospitals
- 2,079 Acute Care Beds
- 2 Trauma Centers
- 65 BLS Transport Units
- 9 BLS Pre-stocked Reserve Units
- 73 ALS Transport Units
- 17 ALS Pre-stocked Reserve Units
- 3 Medical Ambulance Buses
- 2 Mass Casualty Support Units

Population as of 2014:

- Montgomery 1,030,477 (6% increase since 2010)
- Prince George's 930,430 (4.7% increase since 2010)

MDERS Budget

UASI 2014	Cost
Venue and Supplies	$13,104.00

Capability:

Critical Healthcare Facilities in the Maryland -National Capital Region will ensure the orderly and timely movement to a safe location of patients and/or residents from facilities that need to be evacuated in the event of an emergency.

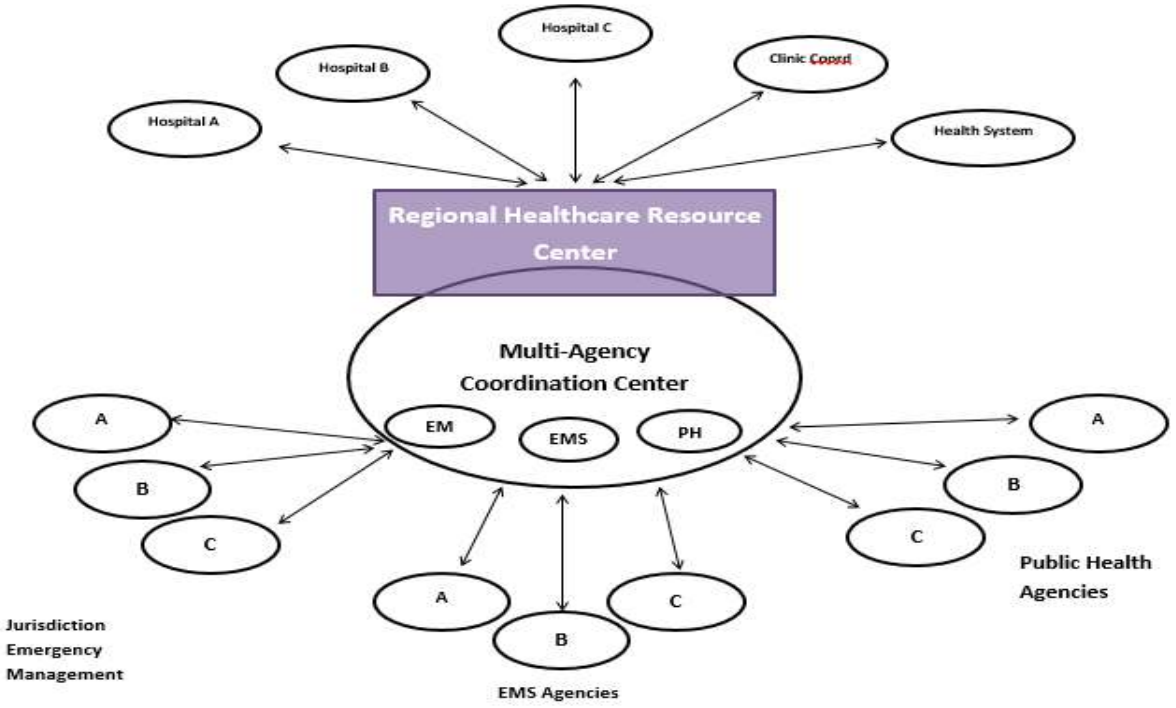
Outcomes:

- Capability Development Plan
- Regional Evacuation Guidelines
- 11 participating Hospitals
- 2 participating Health Departments
- Staff trained
- Volunteer capacity improved
- Exercises conducted

PROPOSED REGIONAL EVACUATION STRUCTURE

The following model shows the concept of the Regional Healthcare Resource Center, a multi-agency coordination center for all operational components required to implement the Maryland Region V Mutual Aid Agreement and Evacuation Plan. Its mission is to ensure that patients being evacuated are delivered to an appropriate level of care in the quickest, safest, and most efficient manner through the coordination and collaboration of regional partners.

Critical Healthcare Facilities Evacuation



The goal of the MDERS/ Region V Emergency Preparedness Coalition Critical Healthcare Facilities Evacuation Capability Development Plan is to provide planning assistance to hospitals in refining and augmenting efforts to prepare for the possible evacuation of all or part of a facility. If one hospital is forced to evacuate all or a significant portion of its inpatient population, the evacuation incident will undoubtedly create significant challenges for the other hospitals in the MDERS region. Whether from the effects of a loss of an Emergency Department causing the diverting of ambulance and walk-in patients towards other area Emergency Departments, or from the disruptions to inpatient admissions caused by a major influx of transferred patients, a hospital evacuation is always a regional emergency. These events require more than just the evacuating hospital to use its emergency plan to manage the incident well.

The plan describes the possible actions that neighboring hospitals (receivers) may take to help support the evacuating hospital and avoid creating a secondary disaster in their own healthcare facility. It is designed to provide a framework on how public health, the healthcare system, and local and regional response partners can align their efforts and resources to expedite an effective medical response for evacuation incidents that exceed normal operating parameters. Adopting a uniform strategy throughout the MDERS medical community ensures a common approach and interoperability across the multiple jurisdictions in the NCR.

Emergency Medical Services Mobile Data Devices

QUICK FACTS

Montgomery County Fire Rescue Service procured mobile computers to be used as **Emergency Medical Services (EMS) Mobile Data Devices.** These "detachable" laptop/tablet devices expand the county's capability to deal with a number of software, data, and situational awareness platforms in use in the Maryland NCR during large scale incidents.

Project Details:

- (125) Panasonic CF-20 "detachable" tablet laptops
- Ruggedized tablets with "hot swappable" batteries
- Connectivity via cellular air cards

MDERS Budget

UASI 2014	Cost
Equipment	$457,721.25

Capability:

This project increases the Maryland-National Capital Region's capability to link first responders to real-time data, situational awareness, and communications resources by providing Montgomery Fire Rescue Services (MCFRS) with ruggedized tablets suitable for use in the field.

Outcomes:

- Provides MCFRS with similar capabilities as Prince George's County Fire/EMS Department, which MDERS supplied with tablets in FY13.
- Increased situational awareness for first responders in the field
- Each device independently connected to software platforms and websites providing vital information for emergency response.
- Provides first responders with access to situational awareness and communications platforms, including: FirstWatch, Image Trend, CHATS/FRED, and HC Standard, as well as mapping resources and departmental protocols and guidelines for emergency response.

Credit: Panasonic

Emergency Medical Services Mobile Data Devices

Technology has increased the need for first responders to access data on the scene of complex incidents, many of these technologies coming from Urban Areas Security Initiative funding in the NCR. The EMS Mobile Data Devices provide MCFRS first responders with two-way input capability on these platforms, and further enhances the entire Maryland NCR's capability for two-way information.

These devices can be used as either laptops or tablets, both in emergency response apparatus and in the field. Each is wi-fi capable, but is also equipped with an individual 4G LTE air card capable of transmitting and receiving data without reliance on external devices (hot spots, wireless routers, etc.). With this capability, first responders will be able to conduct record keeping and patient care reporting, access situational awareness platforms such as FirstWatch and CHATS/FRED, and monitor mapping programs and services, in order to support the real-time response to emergency situations.

Device Specifications:

Panasonic Toughbook CF-20	
OS	Windows 10 Pro
Processor	Intel Core m5 vPro
Display	10.1" WUXGA 800 nit multi touch with optional digitizer mutli touch + digitizer display (capable of viewing in bright sunlight). Touch screen responsive to gloved hands.
Battery	Full shift, with hot-swap second battery for uninterrupted power supply.
Ports & Expansions	Tablet: USB, Micro SDXC, DHMI, Ethernet Keyboard Dock: (3) USB, SDXC, HDMI, VGA, Ethernet
Wireless	WiFi 802.11, dual antenna pass through, 4G LTE air card
Weight	3.9lbs
Warranty	3 year

Family Reunification Assistance

QUICK FACTS

Family Reunification: the process of providing family services during emergencies and supporting residents in re-establishing contact with loved ones who may have fled, be dead, or otherwise separated due to failed communication or transportation systems.

Capability Development Efforts:

- Researched family assistance and prepared MDERS guidelines
- Defined outcomes, outputs, and performance metrics
- Prepared a Capability Development Plan for Family Reunification
- Interviewed public health representatives from both counties
- Participated in meetings of the Montgomery County Family Reunification Core Planning Team

MDERS Planning Efforts:
200 hours of personnel time

Capability:
The Maryland-National Capital Region will have the resources, communications, and coordination to manage and enhance the effectiveness and interoperability of family assistance services in emergencies.

Outcomes:
A scalable family assistance structure can be stood up in the Maryland-National Capital Region to provide family services and reunite a majority of the affected population with their family members, including students, patients, missing persons, or disaster survivors, within 6 hours.

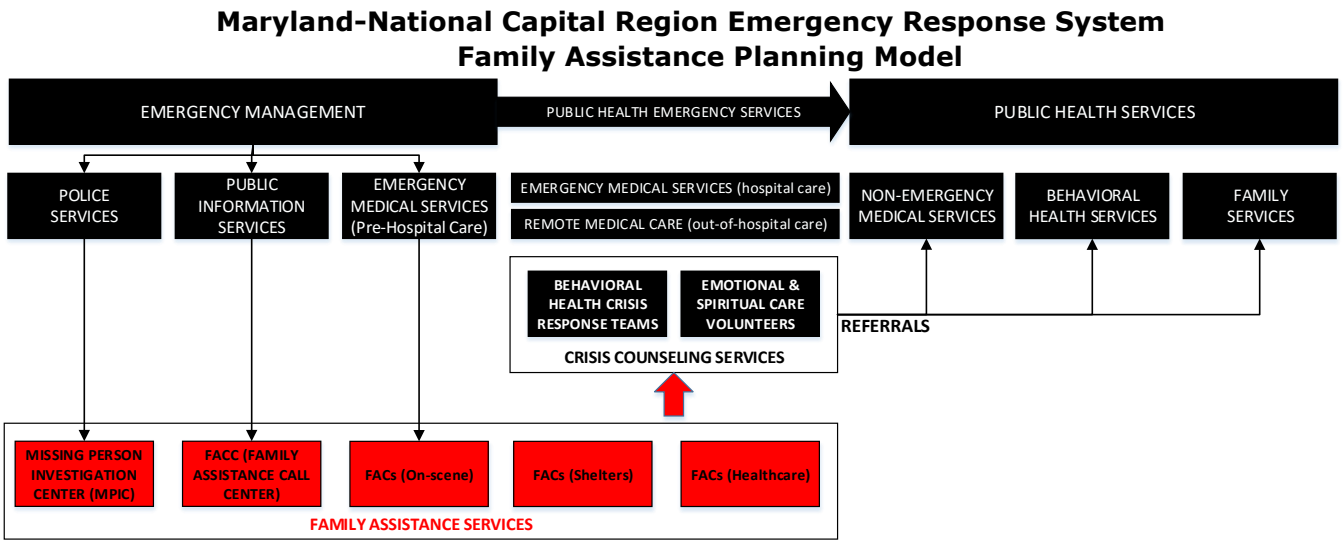
- The Region will have the capacity to handle 1,000 patients
- The Region will have the capacity to handle 8,000 family members
- Center activation will begin within 1 hour of notification
- 100 Family Reunification center staff will be trained for Montgomery County
- 100 Family Reunification center staff will be trained for Prince George's County
- Each county will have two Family Reunification Center Kits
- A Capability Development Plan has been completed outlining the above.

Credit: Montgomery County OEMHS

Family Reunification Assistance

The MDERS Family Reunification Capability Development Plan is intended to enhance effective and interoperable family assistance services across the MDERS community during response to mass casualty incidents, through a collaborative planning effort that includes public health, emergency management, police, public information, and emergency medical services at the county and state level.

During a mass casualty incident, the on-scene command recognizes the need for family assistance, alerts the county director for family assistance, activates a Family Assistance Center (FAC) from a list of designated facilities, and uses public messaging to direct survivors to a logical family assistance center. The director of Family Assistance for the locality establishes the Family Assistance Call Center (FACC), and defines and coordinates a structure that might include a Missing Persons Investigation Center (MPIC), and additional FACs on-scene, at emergency shelters, and at hospitals. The Family Assistance Director operates its own "incident command" as part of the larger incident, using all Incident Command System principles and completing all duties of a Planning Section Chief, Operations Section Chief, Logistics Section Chief, and Finance Section Chief. When appropriate, the Family Assistance Director appoints leads to maintain effective span of control. An ideal lead to coordinate multiple FACs might be the Operations Section Chief for the incident, or that person's designee. To coordinate multiple shelter FACs, a lead might be best suited if from the office responsible for Emergency Support Function (ESF) #6 (Mass Care) for the locality, while the county office responsible for ESF #8 (Public Health and Medical Services) might make an effective lead to coordinate the healthcare FACs.



First Responder Medical Cache

QUICK FACTS

A **medical cache** is the stock of critical medicines and medical supplies readily available to first responders in the event of a public health emergency or other incident requiring the deployment of medications or personal protective equipment.

Recipient Agencies:

- Prince George's County Fire /EMS Department
- Montgomery County Fire and Rescue
- Prince George's County Public Health
- Montgomery County Health Department
- Prince George's County Police Department
- Montgomery County Police Department
- Maryland Region V Hospital Coalition
- Montgomery County Office of Emergency Management

MDERS Budget

UASI 2014	Cost
PPE Ensembles	$266,306.00
Pharmaceutical Resupply	$144,913.99

Capability:

The Maryland Emergency Response System (MDERS) Medical Cache enables the region's first responders (including hospitals and health care professionals) to rapidly provide medical treatment and/or prophylaxis to victims, providers, and their families in response to a major disaster or infectious disease outbreak of any type.

Outcomes:

This project provides 12,000 personal protective equipment (PPE) ensembles which will cover 12,000 workers for 96 hours. MDERS will maintain an available in-date stock of at least 75% at all times. This is accomplished through a rotational supply system in which agencies will only need to replenish, at most, 25% of their stockpile.

First Responder Medical Cache

Personal Protective Equipment Ensemble

- ProVent 10,000 Coverall
- Pair PVC Booties
- Full-face Shield
- Pair Goggles
- N95/N99 Respirator
- Pair of Gloves

Pharmaceutical Cache

- Albuterol
- Atropine
- Cyanokits
- DuoDotes
- Midazolam
- Morphine
- Ringers Lactate
- Sterile Water,
- Doxycycline
- Ciprofloxacin
- Relenza

MDERS stakeholders have identified that while personal protective equipment (PPE) stockpiles are sufficient for normal operations, there are insufficient quantities to respond to a significant surge of contaminated or infectious patients. Recent incidents such as the 2014 Ebola outbreak have demonstrated that vendor supplies cannot meet this need in a just-in-time delivery model, thereby demanding a regional cache to allow for a significant surge in PPE demand. Jurisdictions may not be able to wait for the receipt of regional, state, and/or national stockpiles, and must have ready access to pharmaceuticals and PPE that can be mobilized in less than one hour from the time a credible threat or real incident is recognized.

FirstWatch Situational Awareness

QUICK FACTS

FirstWatch is a secure system that captures raw data and turns it into useful information in real time to help agencies improve situational awareness, operational performance, and clinical patient outcomes.

Funding Provides:

- Subscription to service
- Additional custom modules
- Computers, monitors for hospitals
- Customized application for various levels of user

Subgrantee:

- Prince George's Fire/EMS Department

MDERS Budget

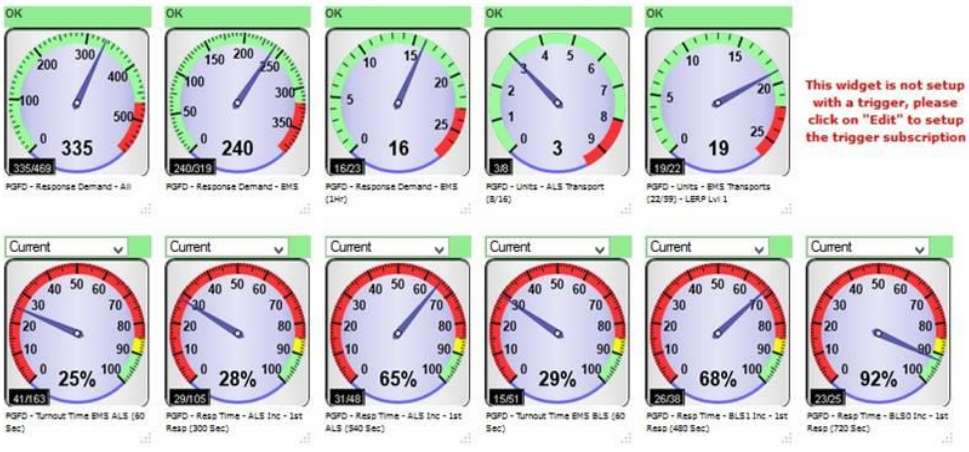
UASI 2014	Cost
PGFD	$195,814.99
MCFRS	$110,753.07
PGPD	$190,580.00
Total	$497,148.06

Capability:

Hospitals, Emergency Medical Services Managers, and Public Health will have real time awareness of operations to improve response performance during routine and large-scale emergencies.

Outcomes:

- Real-time situational awareness of all EMS operations
- System performance metric monitoring
- Triggers for critical events
- Directions to Emergency Communications Center (ECC) for system status management to maintain system standards, such as response time
- Connection to multiple sources of data for aggregation
- Hospital interface for patient transport status
- Visual dashboards on multiple devices



PGFD - Resp Time - ALS Inc - 1st ALS (540 Sec)

FirstWatch Situational Awareness

MDERS EMS agencies and healthcare facilities operate at or near capacity on a routine basis. The implementation of FirstWatch, which was begun in Prince George's County in 2015, provides real time situational awareness that will enhance the ability of hospitals, Emergency Medical Services, and Public Health to improve response during routine operations and time of medical surge. FirstWatch provides the following:

- **A variety of data sources**
  - Any information that is captured in a database (e.g., CAD, ProQA, ePCR, RMS) can be monitored, aggregated, and analyzed by FirstWatch. The process is automated.
- **Improved operational performance**
  - FirstWatch monitors key performance indicators in real time, such as response times, scene times, and hospital drop-offs.
- **Improved clinical performance**
  - FirstWatch provides automated, real-time feedback on adherence to patient care protocols, enabling more effective quality improvement programs.
- **Dashboards**
  - Performance indicators are presented on dashboards so users can quickly and easily see the status of any dataset they wish to – and on any device that connects to the Internet.
- **Early warning utility**
  - FirstWatch can be set to alert for early signs of a chemical, biological, radioactive, or nuclear attack, or for naturally occurring epidemics or pandemics.
- **Sentinel event/situational awareness alerts**
  - FirstWatch can be used to reduce workload and increase awareness by automating key notifications for sentinel or situational awareness events
- **Customized alerting**
  - When a FirstWatch trigger goes off, the user determines to whom and how an alert will automatically be sent.
- **Pre-set or customized triggers**
  - Users can use pre-set triggers to provide alerts for common types of incidents, and can also have customized triggers for their specific needs.

High Threat Mobile Evacuation Platform

QUICK FACTS

A **High Threat Mobile Evacuation Platform** is a sport utility vehicle (SUV) configured specifically for medical support in high threat situations.

Funding Provides:

- 6 full-size SUVs:
  - 2 Montgomery County
  - 4 Prince George's County
- Outfitting of custom cabinetry
- Electrical upgrades, equipment installation
- Medical equipment

Subgrantee:
Prince George's County Fire and EMS Department

MDERS Budget

UASI 2014	Cost
Vehicles and Equipment	$312,000.00

Capability:

The Mobile Evacuation Platform supports the High Threat Medicine Capability by equipping tactical medics in the MDERS with inconspicuous, robust medical support systems for use in high threat incidents.

This project supports the capability by providing:

- Deployment of transport-capable medical units with law enforcement during a high-threat event
- Immediate transportation of casualties from hot or warm zones to triage sites or to definitive care
- All-terrain access in adverse conditions
- Full ALS equipment complement for tactical medics
- Discreet entry of transport unit

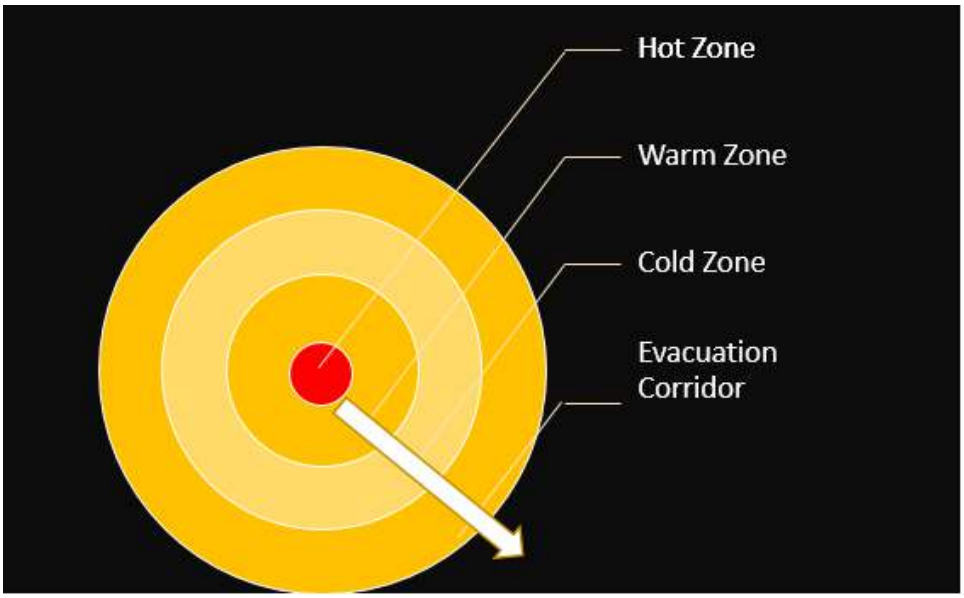
High Threat Mobile Evacuation Platform

Operated by the Prince George's and Montgomery County SWAT teams, the Mobile Evacuation Platforms equip tactical medics in both counties with an inconspicuous, robust medical support system for use during high threat situations, such as search warrants, active violence incidents (AVI), or terrorist incidents. By providing an evacuation and treatment platform that is not as noticeable as traditional ambulances, the Mobile Evacuation Platforms support operations in all of the High Threat Medicine sub-capabilities, and will be integrated into the High Threat Medicine Capability Development Plan.

The High Threat Medicine Capability focuses on the treatment of victims of violent events, in environments that traditional fire, rescue, and EMS capabilities are unable to access, or are otherwise unavailable. The high threat mobile evacuation platforms are designed for use by Tactical EMS providers (i.e., SWAT team medics) to transport patients from areas of direct and indirect threat (known as the "hot" and "warm" zones) to medical care or traditional transport units staged in non-threat areas (known as the "cold" zone).

This project is a continuation and fulfilment of an FY13 effort (with a budget of $312,000) to support the capabilities outlined in the "Model Framework for Law Enforcement and Fire/EMS Response to a Law Enforcement Incident," and the State of Maryland's "Guidance to First Responders for the Active Assailant Incident."

Zones of Care in a High Threat Environment



Law Enforcement Specialized Response

QUICK FACTS

Law Enforcement Response to an unusually hazardous situation or mission is performed by special operations teams which include Search and Rescue, Special Weapons and Tactics (SWAT) teams, K9 Units, and other specially trained response resources.

MDERS Specialty Teams:

- MCPD SWAT
- PGPD SWAT
- MSP SWAT
- PG Search and Rescue
- MC Search and Rescue
- PG K9
- MC K9
- Maryland Department of National Resources (DNR)
- MSP

MDERS Budget

UASI 2014	Cost
Training	$112,783.00

Capability:

Law enforcement special operations teams in the MDERS are trained and equipped to respond to high threat incidents.

Outcomes:

- Special operations teams have the necessary equipment to train and practice response to critical incidents
- These teams have access to specialized training to increase their knowledge and skill in responding to high threat incidents

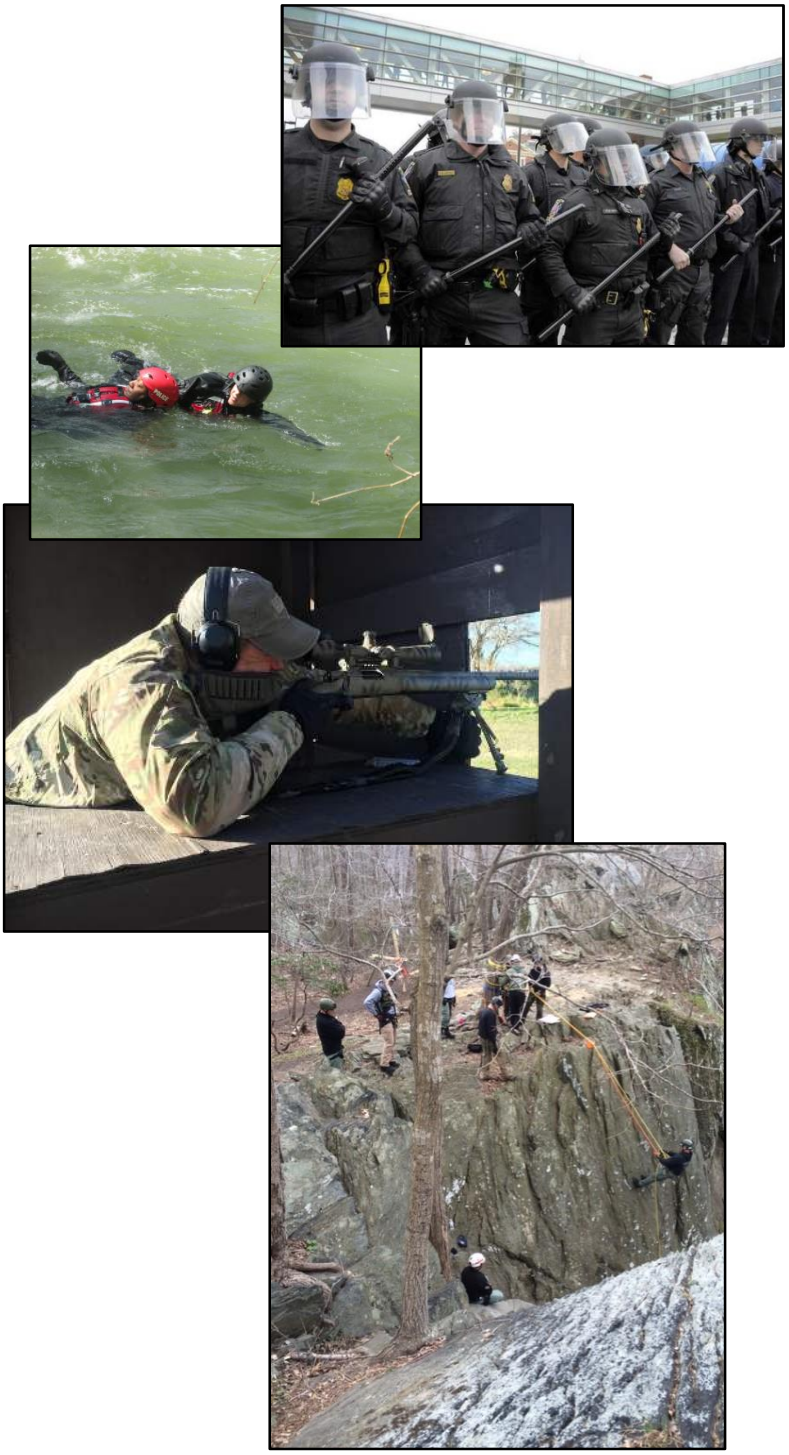
Law Enforcement Training Equipment
Swift Water Training Gear
K9 bite suits
Search and Rescue Gear

Photo Credits: MCPD, PGPD, DNR, MSP

Law Enforcement Specialized Response

Complex, coordinated attacks, active shooter incidents, hostage situations, and other high threat incidents occur infrequently. For that reason it is critical that law enforcement personnel, particularly special operations teams, have abundant opportunities to train and practice their skills. In order to provide that training to prepare for such high risk, low frequency incidents, MDERS has provided all teams with the necessary equipment and supplies to enable regularly scheduled drills and training opportunities.

TRAINING EVENT	AGENCIES
Marine Rescue	MCPD
Incident Management	MCPD,PGPD, MSP
Less Lethal Impact Munitions Instructor; Chemical Munitions Instructor; Distraction Device Instructor	PGPD, MSP
SWAT Leadership	PGPD, MSP
Sniper Training	MCPD, PGPD, MSP
Search Operations Training	MCPD, PGPD, MSP, DNR)
Mobile Field Force Training	MCPD
Crowd Management/Mobile Field Force Training	PGPD, MCPD, MSP, U of MD PD, MNCPPC PD
ALERRT Conference (Advanced Law Enforcement Rapid Response Training)	PG FEMS, MCFRS, MCPD, MSP



Medical Surge

QUICK FACTS

Medical Surge is defined by the Department of Health and Human Services as "the ability to provide adequate medical evaluation and care during incidents that exceed the limits of the normal medical infrastructure within the community."

Current Response Resources:

- 11 Hospitals
- 2,079 Acute Care Beds
- 2 Trauma Centers
- 65 BLS Transport Units
- 9 BLS Pre-stocked Reserve Units
- 73 ALS Transport Units
- 17 ALS Pre-stocked Reserve Units
- 3 Medical Ambulance Buses
- 2 Mass Casualty Support Units

Population as of 2014:

- Montgomery 1,030,477 (6% increase since 2010)
- Prince George's 930,430 (4.7% increase since 2010)

MDERS Budget

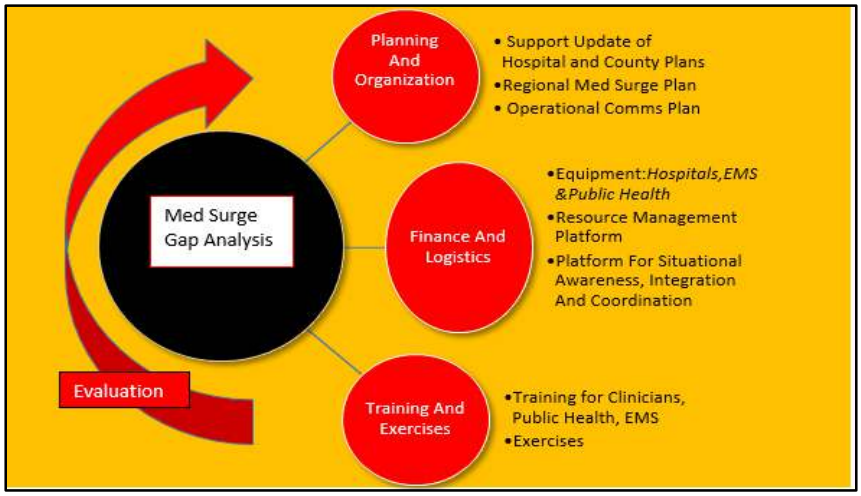
UASI 2014	Cost
Functional Exercise	$104,000.00

Capability:

The Maryland-National Capital Region will have the resources, communications, and coordination to manage a regional medical surge event.

Outcomes:

- Completed Capability Development Plan, including:
  - EMS Surge: ALS Strike Teams and BLS Strike Teams can be activated within 2 hours for mass casualty incidents.
  - Hospital Surge: The NCR will be able to provide adequate medical evaluation and care during incidents that exceed 120% of maximal capacity for a period of 96 hours.
  - Regional Surge: For mass casualty incidents that exceed the 120% maximal capacity, public health staff will coordinate transfer of patients to other hospitals and designated nursing homes, assisted living facilities, alternative care sites, and non-profit and private medical clinics until capacity is restored.



Maryland-National Capital Region Emergency Response System &
Region V Emergency Preparedness Coalition
Medical Surge Planning Model

Medical Surge

The MDERS/ Region V Emergency Preparedness Collaborative Medical Surge capability support is designed to provide a framework on how public health, the healthcare system, and local and regional response partners can align their efforts and resources to expedite an effective medical response for incidents that exceed normal regional capacity or with casualty types that challenge health care capabilities. It provides a summary of the region's communication and coordination of emergency health and medical surge resources, activities, and response efforts based upon an extensive analysis of after action reviews and gap analyses as well as best practices and national guidance. Based upon this analysis, surveys will be conducted to update resource inventories and training needs. The following six areas of need were identified:

- Resource Management: A platform to manage and access the regional critical resources inventory is necessary to support medical surge. In light of high probability of complex, coordinated attacks in the NCR, resource needs should be updated.
- Communications: A regional operational communications plan should detail communications pathways and equipment usage and include just in time training and job aids. Alternate communications platforms should be considered.
- Situational Awareness: All components of the health care response system need an established pathway to obtain real time intelligence. HC Standard and the Regional Alert Status System do not meet the need. Alternatives including WebEOC, First Watch, and other platforms need to be considered.
- Regional Response: A regional operational plan for medical surge should include hospitals, public health emergency preparedness and response, and EMS. It should identify triggers for activation, response levels, communications pathways, and coordination and integration of all healthcare partners.
- Training and Exercise: Training is needed for clinicians, administrative staff, public health providers, Medical Reserve Corps (MRC) volunteers, and EMS. It should include training on specific plans as well as clinical and response topics.
- Family Reunification: While family reunification has been addressed in an another Capability Development Plan it is important to note that it is a component of response to medical surge and having a plan in place can benefit both first responders and first receivers managing a surge incident.

Credit: CHHS

The findings above will guide future Medical Surge planning, including projects to address each of these issues. Many of the current Capability Development Plans already provide a roadmap to solutions for some of these findings, and future projects will continue to move this capability forward.

Public Information and Warning

QUICK FACTS

The goal of a well-established **public information and warning system** is to deliver coordinated, prompt, reliable, and actionable information to the whole community through the use of clear, consistent, accessible, and culturally and linguistically appropriate methods. These methods are to be used to effectively relay information regarding any threat or hazard, as well as the actions being taken and the assistance being made available, as appropriate.

Subgrantee: MIEMSS

MDERS Budget

UASI 2014	Cost
Website	$2,057.18

Capability:

Public Information and Warnings are timely, accurate and coordinated across the National Capital Region.

Outcomes:

- MDERS and District of Columbia Homeland Security and Emergency Management Agency (HSEMA) jointly funded the development of the National Capital Region Critical Communications Guide which was released in September 2015
- MDERS worked with the Prince George's County Office of Emergency Management and other county agencies on a critical communications simulation exercise using a Metro scenario
- MDERS website established

National Capital Region Crisis Communications Guide

MDERS, working in cooperation with HSEMA, developed the National Capital Region Crisis Communication Guide. Although it was funded with Fiscal Year 2013 funds, the work was completed in September of 2015, and represents not only a valuable regional resource, but also successful collaboration with NCR partners. This guide serves as a handbook for all public jurisdictions, agencies, and private sector partners involved in the production and distribution of emergency public information for the counties and jurisdictions in the NCR.

NCR Public Information Officers (PIOs) are charged with providing public information that is timely, accurate, accessible, coordinated, and effective. Effectively communicated public information prevents misinformation, increases public trust in local authorities, increases cooperation and compliance with issued guidance and directives, and reduces the loss of life and property and harm to the environment. The purpose of regional collaboration is to provide PIOs with a system for developing and maintaining the culture and infrastructure needed to support effective message creation, coordination, and distribution.

Public Information and Warning

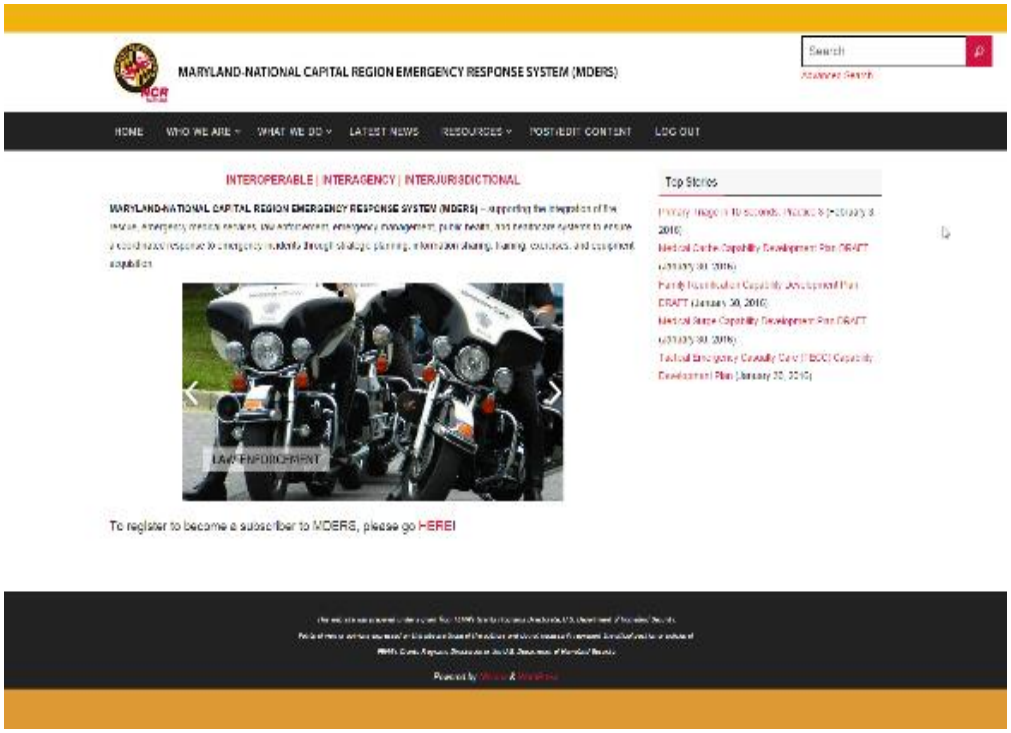
Functional Communications Exercise: Prince George's County

This four hour exercise was conducted online and at the county Joint Information Center (JIC). The scenario addressed an early release of US Government employees based upon an imminent terrorist threat. Metro closes several of its Metro Rail stations, alters rail and bus schedules, and is moving towards shutting down the system; consequently many passengers are stranded at Metro stations away from their homes or private transportation. Social media plays a role in passing along information about the incident. The objectives of the exercise were to:

- Test the new Prince George's County Communications Plan.
- Evaluate message coordination between regional partners.
- Reduce event confusion by the delivery of coordinated, clear messaging.

Website

MDERS created a content management website at http://www.mders.org to support their stakeholders and the general public within the Maryland-National Capital Region. The website offers both public and subscriber-only content that consists of resources such as latest news, program plans, meeting minutes, training, online learning, and more. Steering Committee members are also able to load and manage their own content such as proposals.



Resource Management Software

QUICK FACTS

CommSHOP 360 is an asset management software produced by MCM Technologies which was chosen by MDERS for use in its inventory and asset tracking processes.

Funding Provides:

- Software application
- Hosting
- Mobile access
- Professional service bundle
- Web support
- Device configurations

Subgrantee: MIEMSS

MDERS Budget

UASI 2014	
Maintenance/Hosting Fee, Equipment, Supplies	$15,910.68

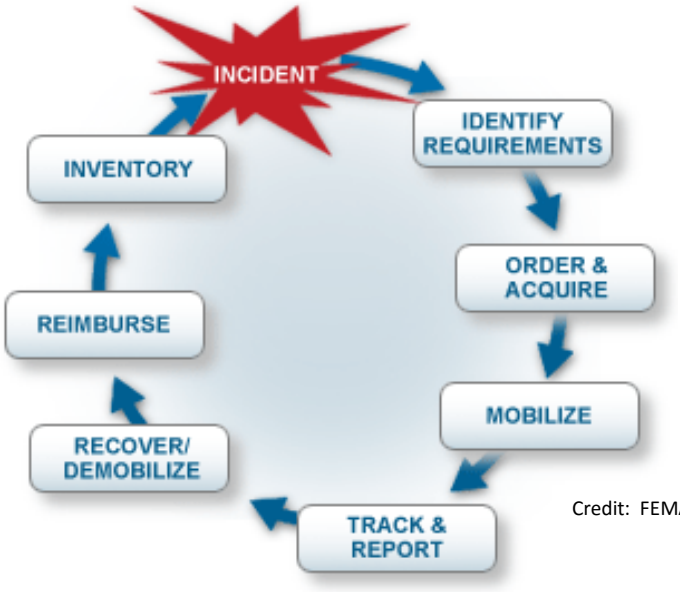
Capability:

Equip MDERS stakeholders with a comprehensive, adaptable, and scalable resource management system, allowing them to identify, track, request, and repatriate items based on emergency needs. Development of this capability began in FY13 with the procurement of the MCM Technology's CommSHOP 360 Asset Management Software, which was continued and expanded in FY14.

Desired Capabilities (Currently in use with MCM CommSHOP 360):

- Asset and inventory tracking
- Remote VPN access
- Custom reporting
- Stakeholder account login

National Incident Management System Resource Management Cycle



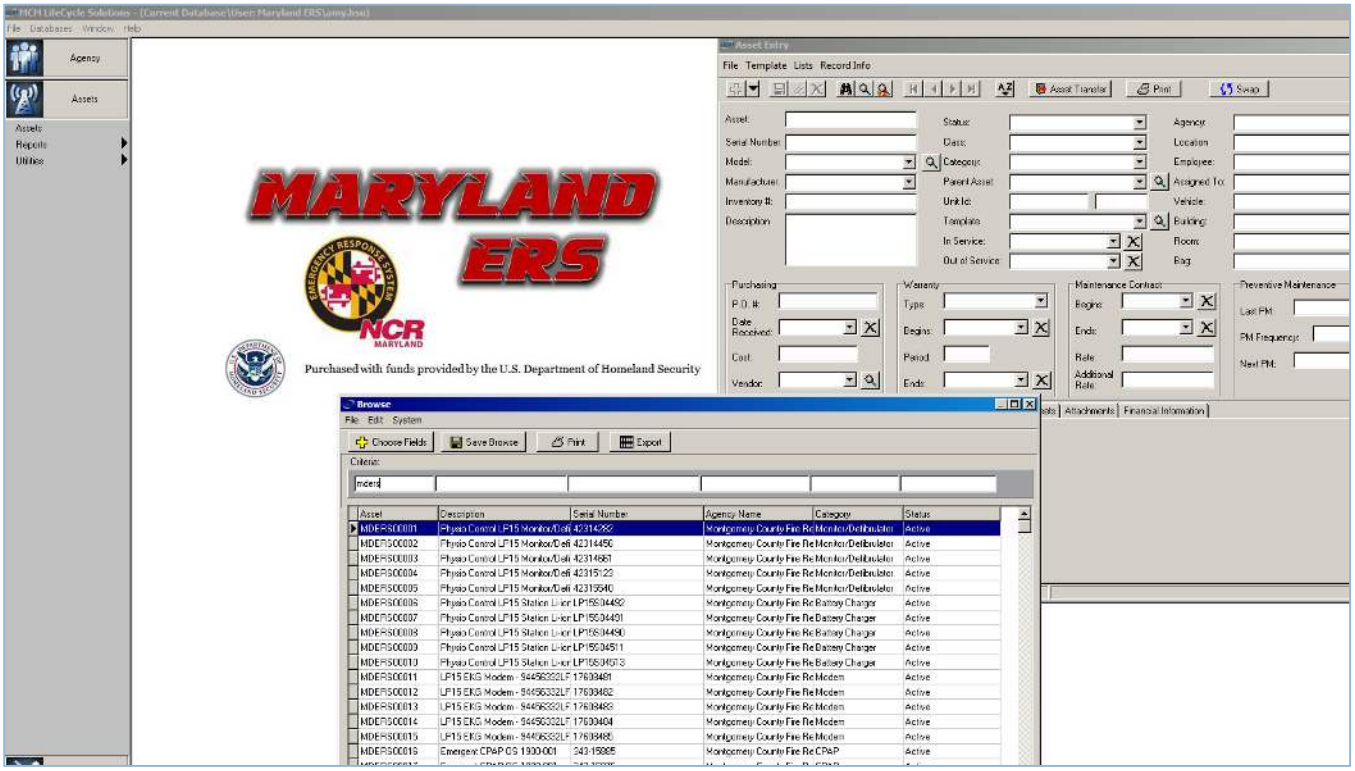
Credit: FEMA

Resource Management Software

MCM Technology's CommSHOP 360 was chosen as the best fit for MDERS inventory and asset tracking. Designed as a radio repair shop tool, the software platform operates on a remote virtual private network (VPN) that can be accessed by any device equipped with Microsoft Silverlight. It features a variety of reporting and tracking tools, including deployment status, work order/repair histories, physical location keeping, and device-level information such as warranty and program data. The program works with barcode reading and tracking programs and data may be uploaded from existing Excel spreadsheets. Customizable reports can be generated by a wide variety of category filters, and saved as Excel spreadsheets or PDF.

All MDERS staff support equipment—including computers, printers, projectors, etc.—have been entered into CommSHOP 360 by the MDERS Finance and Logistics Program staff. Efforts are underway to include all inventory and assets, from all stakeholders, that were purchased through Urban Area Security Initiative (UASI) funding with MDERS or MMRS support.

One CommSHOP 360 account has been created for each MDERS stakeholder agency, with additional accounts available as needed. This will become the standardized Resource Management tool for stakeholders when they require equipment or capabilities beyond their normal capacity.



Tactical Emergency Casualty Care (TECC)

QUICK FACTS

Tactical Emergency Casualty Care (TECC) is a set of best practice treatment guidelines for trauma care in the high-threat pre-hospital environment. These guidelines are based upon lessons learned by military forces over the course of 15 years of conflict. It was determined that a similar type of care was needed by law enforcement officers to deal with injuries sustained in high threat response situations.

Subgrantees:

- Montgomery County Office of Emergency Management and Homeland Security
- Prince George's County Fire/ EMS Department
- Maryland Institute for Emergency Medical Services Systems (MIEMSS)

MDERS Budget

UASI 2014	Cost
Equipment and Training Supplies	$495,816.73
Training	$27,145.78

Capability:

All law enforcement officers within the Maryland-National Capital Region will be able to provide rapid medical interventions for individuals wounded by bullets and/or blunt trauma.

Outcomes:

Completed Capability Development Plan, including:

- Rapid medical interventions for injuries involving:
  - extremity bleeds
  - sucking chest wounds
  - compromised airways
- Training for 4,850 law enforcement officers from a total of 44 county, municipal, state, and regional law enforcement agencies in the Maryland NCR.
- Deploying 4,850 Police Officer Trauma Kits (POTKs):
  - Tourniquets (2)
  - Hemostatic Gauze
  - Sterile gauze
  - H-style bandage
  - Chest seal
  - Nasopharyngeal Airway (NPA)
  - Elastic bandage
  - Gloves
  - Permanent Marker
  - Triage card
  - Medical tape
  - Trauma shears

- Training:
  - Facilitates appropriate use of the POTKs
  - Includes Train the Trainer courses for all participating agencies
  - Utilizes Multiple Amputation Trauma Trainer Mannequins

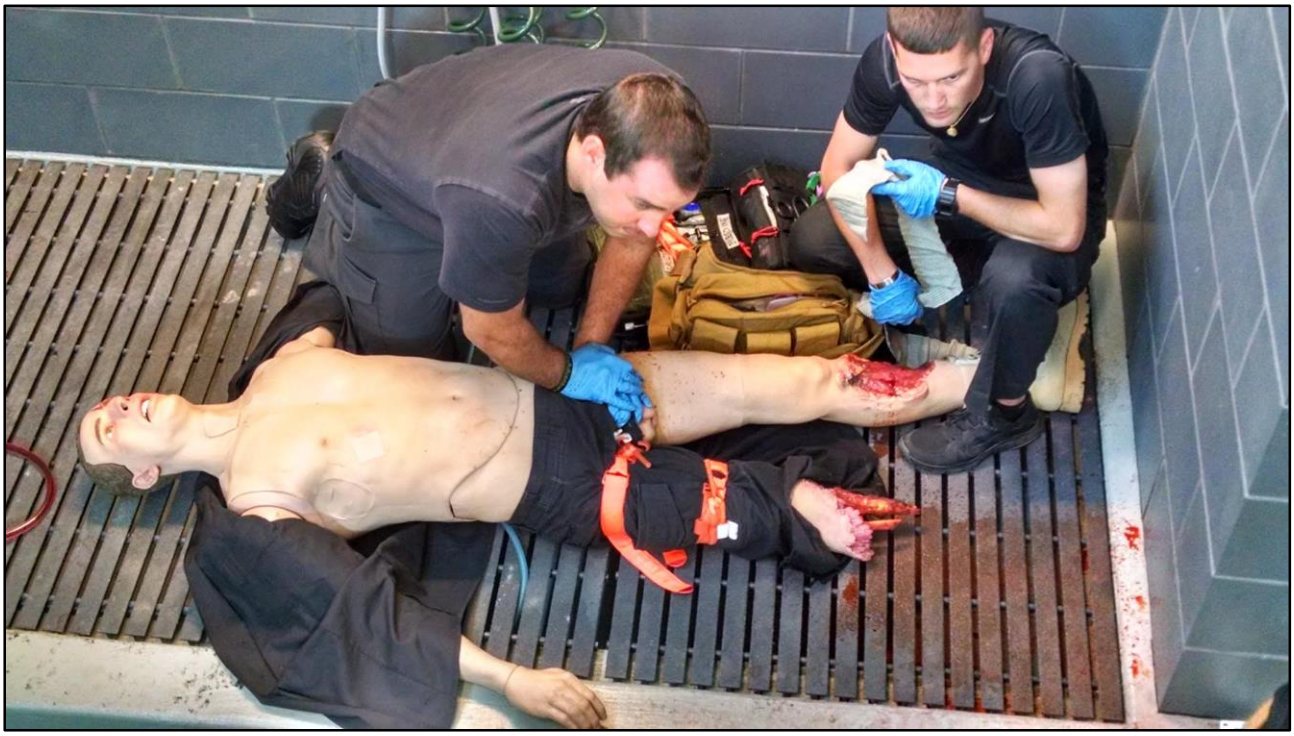
Tactical Emergency Casualty Care (TECC)

Tactical Emergency Casualty Care (TECC) is a set of best practice treatment guidelines for trauma care in the high threat pre-hospital environment. These guidelines are built upon critical medical lessons learned by U.S. and allied military forces over the past 15 years of conflict. They are appropriately modified to address the specific needs of civilian populations into Emergency Medical Services practice and law enforcement agencies. Recent events have solidified the recognition that a capability gap exists in terms of pre-hospital trauma care specific to the injury patterns resulting from these types of violence. More rapid medical interventions for individuals wounded by bullets, blasts, and/or blunt trauma is integral to improved pre-hospital trauma care that will result in reduced morbidity and mortality.

The TECC Capability Development Plan provided a framework to develop this capability across the Maryland Emergency Response System (MDERS) region. The desired end state of this project is that all MDERS law enforcement officers are able to treat extremity bleeds, sucking chest wounds, and compromised airways to TECC standards. The MDERS TECC capability provides one Police Officer Trauma (POT) Kit for every law enforcement officer in each participating police agency within Montgomery and Prince George's Counties, including municipal, regional, and state agencies. Each participating police agency adheres to a written agreement that outlines in detail requirements for participation in the TECC project, including use, reporting, maintenance, resupply, and inspection. Metrics are used to evaluate this project.

In April 2011, the "*Metropolitan Washington Council of Governments Model Framework for Law Enforcement and Fire/EMS Response to a Law Enforcement Response*" was approved. This framework identifies a regional capability to be developed and provides a common concept of operations for MDERS jurisdictions. TECC was selected by the LEEMS committee as the first capability to be developed.

Maryland Police Officers train on TECC skills with a high fidelity mannequin (mannequin purchased by MDERS with FY13 UASI funds).



Credit: PGPD

Training and Exercise Program

QUICK FACTS

Projects:
Training and Conferences -46
Exercises- 2

Special Events:
The MDERS Regional Symposium: Regional Response to Terror; May 2016.

Attendance: approximately **350**

Topics:

- Hospital Response to the Paris Terrorist Attacks
- Roles of Physicians and EMS As First Responders/Receivers
- Law Enforcement Response to the San Bernardino Terrorist Attack

Subgrantee: MIEMSS

MDERS Budget

UASI 2014	Cost
Exercises	$117,104.00
ERS Symposium	$29,515.17
Training	$404,261.33
Conferences, Staff	$4,939.24
Conferences, Stakeholders	$93,643.03
Total	$649,462.77

Capability:

All Capabilities are supported with a robust training and exercise program that is integrated with planning and evaluation. A variety of methods is used to deliver and evaluate training including distance, blended, kinesthetic, and discussion based.

Outcomes:

- MDERS Training and Exercise Plan developed
- Homeland Security Exercise and Evaluation Program compliant
- 48 training and exercise projects completed
- MDERS Regional Symposium: Regional Response to Terror
- MDERS online interactive, just-in-time training that focus on core concepts and skills of ICS.
  - *The Maryland Triage System Course:* This course teaches learners how to use the START and JumpSTART triage systems to categorize the status of patients during a mass casualty incident.
  - *The Incident Command System—Basic*: This course is intended to reinforce and refresh specific core knowledge.
  - *Primary Triage in 10 Seconds:* This is a timed, interactive online practice session where learners have 10 seconds to triage a patient.

Training and Exercise Program

FY14 MDERS-Sponsored Training

DISCIPLINES	TARGET CAPABILITY	TOTAL TRAINING / CONFERENCES	LOCAL TRAINING	TRAVEL TRAINING	PERSONNEL TRAINED
All	Responder Health	4	4	0	165
Emergency Management	MRC	4	4	0	158
Emergency Management	Professional Development	4	2	2	11
EMS	High Threat Medicine*	8	4	4	44
Healthcare	Coalition Building	2	0	2	8
Law Enforcement	Breaching	1	0	1	4
Law Enforcement	CCA Tactical Response	1	0	1	8
Law Enforcement	Civil Disturbance Unit	3	2	1	160
Law Enforcement	Hostage Rescue	1	1	0	3
Law Enforcement	K9 (Explosives/Cadaver/Other)	3	3	0	34
Law Enforcement	Search Operations	6	6	0	80
Law Enforcement	Search Operations Training Cache	0	0	0	0
Law Enforcement	Sniper Training	6	3	3	78
Law Enforcement	SWAT Management	3	0	3	8
	TOTALS	**46**	**29**	**17**	**761**
* This does not include the number of LE and Fire/EMS personnel trained in TECC techniques.					

FY14 MDERS-Sponsored Exercises

NAME	TYPE	DATE	PARTICIPANTS	DISCIPLINES	CORE CAPABILITIES
Maryland Region V Hospital Evacuation Planning Workshop	Workshop	2/29/2016	Region V Hospitals	Healthcare	* Public Health * Healthcare * Emergency Medical Services
Region V Hospital Full Scale Exercise 2016: CCA	Full-Scale Exercise	4/13/2016	Region V Hospitals, MIEMSS, MD Dept of Health & Mental Hygiene, RACES, Charles Co. Health Dept.	Healthcare	* Operational Communications * Operational Coordination * Planning * Public Health & Medical Services * Situational Assessment
MDERS Symposium 2016	Seminar	5/26/2016	NCR personnel & others	ALL	Many (Presentation of emergency response to San Bernardino and Paris terrorists attacks in 2015)

Utility Terrain Vehicles (UTVs)

QUICK FACTS

Utility Terrain Vehicles (UTVs) are compact, 4-wheel drive transportation tools that allow first responders access to patients in locations inaccessible by other response equipment.

Funding Provides:

- 17 utility terrain vehicles with emergency equipment, removable skids
  - 10 gas powered
  - 7 electric powered
- 10 single unit trailers
- Prince George's County
  - 6 gas UTVs
  - 4 electric UTVs
- Montgomery County
  - 4 gas UTVs
  - 3 electric UTVs

Subgrantees:

- Prince George's Fire Department
- Montgomery County Fire & Rescue

MDERS Budget

UASI 2014	Cost
Vehicles and trailers	$384,000.00

Capability:

The Utility Terrain Vehicle capability offers first responder delivery and patient transport access to remote or crowded areas that are inaccessible, inconvenient, or dangerous to traditional transport units, including "off road" and crowd conditions.

This project supports the capability by providing:

- Access to patients in adverse terrain with transport capability
- Vehicles with 4 wheel drive, low clearance, minimal width
- Electric vehicles provide low-emission, low-noise transport in crowded environments
- Specialized equipment for special event and mass gathering response
- Surge transport unit capacity
- Mass casualty response and transport
- Law enforcement support

Utility Terrain Vehicles

This project provides Fire/ Rescue and law enforcement agencies in the Maryland Emergency Response System with utility terrain vehicles. These vehicles surpass the abilities of traditional fire and rescue apparatus by providing a smaller, more nimble, more versatile vehicle with all-terrain capabilities. These vehicles are equipped with enclosed trailers that will make them easily deployable. Law enforcement can use the vehicles for crowd management and assessment during preplanned events and mass gatherings.

The vehicle will assist in reaching patients in locations including, but not limited to, paths and trails, wooded areas, train track beds, storm-damaged areas, collapse areas, fields, unimproved roadways, parks, recreation facilities, outdoor venues, mass casualty events, law enforcement incidents requiring patient evacuation, marathons, bike races, sporting events, concerts, firework displays, holiday celebrations, rallies, marches, and fairs.

Video Teleconferencing

QUICK FACTS

Video Teleconferencing conducts a meeting by a set of telecommunication technologies and devices which allow two or more locations to communicate by simultaneous two-way video and audio transmissions.

MD-NCR Agencies with VTC capability:

MEMA
PGCOEM
PGCHD
PGFD/EMS
PGPD
MCOEMHS
MCHD
MCPD
MCFRS
MSP Special Operations
MDERS HQ
MIEMSS HQ
MIEMSS Region 1 & IV
Region V Hospital Coalition
State of Maryland, Governor's Office
Governor's Office of Homeland Security

MDERS Budget

UASI 2014	Cost
Google Chromebox Capability	$25,542.71

Capability:
Video teleconferencing (VTC) uses audio and video telecommunications to bring people at different sites together. VTC can be used to share documents and display information on-screen.

Outcomes:
These devices are currently used within the Maryland NCR jurisdiction to enhance communication when all partners/stakeholders cannot physically be in one location and also during an incident.

Equipment:
(1) Chromebox**
(2) 55" Monitors
(2) Drywall Anchor Set
(2) Display port to HDMI Adapter
(2) HDMI Cable 15 ft.
(2) VGA Cable
(1) Power Strip

**The Google Chromebox comes with a remote, camera, and microphone

ChromeBox for Meetings Bundle

Credit: forrester.com

Video Teleconferencing

Video Teleconferencing (VTC) Capability:

- Allows two or more locations to communicate by simultaneous two-way video and audio transmissions creating a face-to-face meeting environment.
- VTC systems transmit audio, video and data streams during the session
- VTC usage has been gaining popularity in all government sectors including tactical and non-tactical environments
- VTC's support different operational environments; large meetings rooms, auditoriums or small group meeting rooms.
- The system uses Hangouts in the backend and is also compatible with existing conference setups.
- The system is integrated with Google Calendar which will allow you to schedule locations.
- Users can attend these meetings from any device that can run Hangouts and the system supports up to 15 video streams

Volunteer Management

QUICK FACTS

Volunteer management is defined in the CDC's Public Health Preparedness Capabilities as "the ability to coordinate the identification, recruitment, registration, credential verification, training, and engagement of volunteers to support the jurisdictional public health agency's response to incidents of public health significance."

FY2014 Volunteer Resources:

- Montgomery County
  - 593 MRC members
  - 38 Emotional and Spiritual Care Volunteers (ESCVs)
- Prince George's County
  - 350 MRC members

FY2014 Activities:

- Updated Volunteer Management Plans
- Conducted two MRC Orientations
- Represented MRC on Citizen Corps Councils in both counties
- Conducted monthly MRC meetings
- Developed training plans for MRC members
- Served on Maryland Responds Advisory Council
- Represented the MD NCR at three recruitment events
- Hosted MRC "Spring Training", including Basic Disaster Life Support (BDLS), First Aid/CPR and others.

Capability:

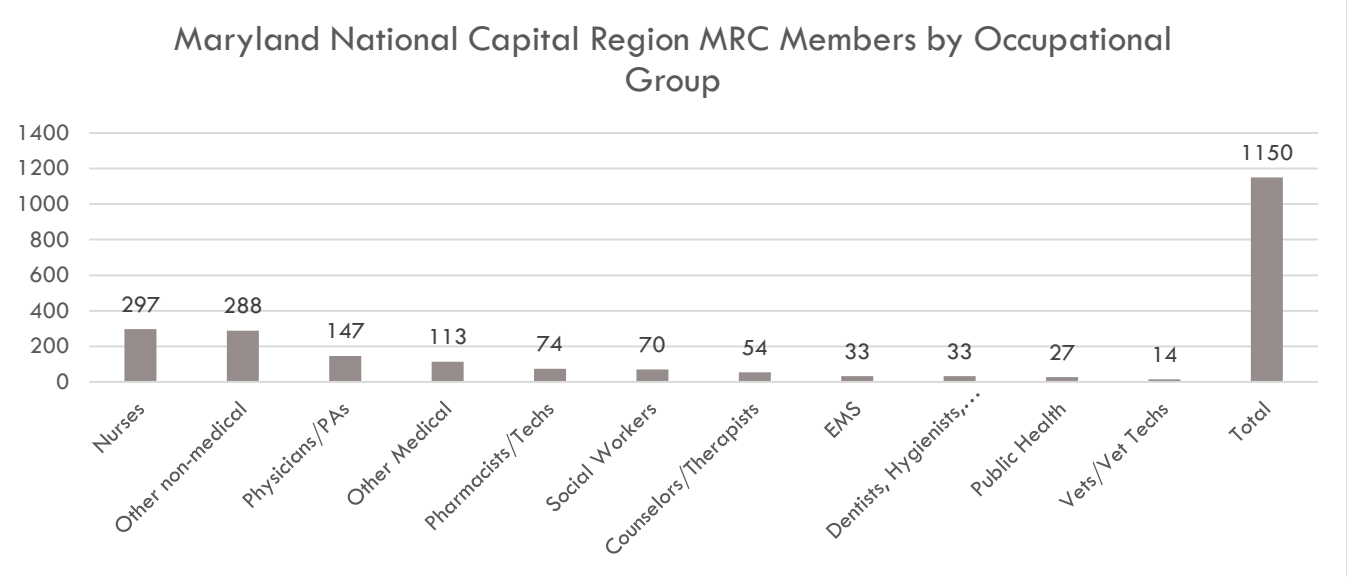
The Maryland Capital Region will work to promote and ensure the ongoing engagement of volunteers in all its capability development efforts through the design and dissemination of successful volunteer recruitment, retention, utilization, and recognition strategies.

Outcomes:

- Created the positions and hired two Medical Reserve Corps (MRC) Coordinators, one each for Prince George's and Montgomery Counties
- Conducted an initial survey of existing MRC members to determine their interests and preferences and received an excellent response rate of 19% in Montgomery County and 26% in Prince George's.
- Expanded MRC membership from 338 in Prince George's County to 350, and from 561 in Montgomery County to 593.

Credit: Maryland Responds

Volunteer Management



VOLUNTEER MANAGEMENT GUIDELINES

In recognition of the importance of volunteers in public health emergency preparedness and response, MDERS is encouraging the engagement of volunteers in all of its capability development, however appropriate for that capability. To that end, we are putting together a Capability Development Plan that will serve as a guideline for the ongoing engagement of volunteers in public health activities. Topics to be addressed in the guideline include:

Recruitment

To establish an effective and productive volunteer base, it is essential to conduct a creative and far-reaching targeted recruitment initiative. The guideline will present ideas for outreach activities, including materials and locations for disseminating information.

Retention

Keeping volunteers actively engaged is key to ensuring a robust and available response cadre. Especially during lulls between response activations, it can be challenging to involve volunteers on an ongoing basis. Suggestions for keeping individuals interested and excited about their volunteer experience are included in the guidelines.

Recognition

Because volunteers are giving of their time and talents with no expectation of reward or recompense, it is important to find ways to recognize them for their service in order for them to feel appreciated and valuable. Methods of recognition can be as simple as a thank you note or as extravagant as an annual banquet or other event. The guidelines will discuss ways to recognize volunteer service that will help encourage their participation and ensure that their experience is rewarding for them.

The guidelines in the Capability Development Plan will also look at ways to engage volunteers in exercises and drills, and explore training and leadership development opportunities which may be available for volunteers, particularly with the Medical Reserve Corps, in the Maryland-National Capital Region.

This page intentionally left blank.

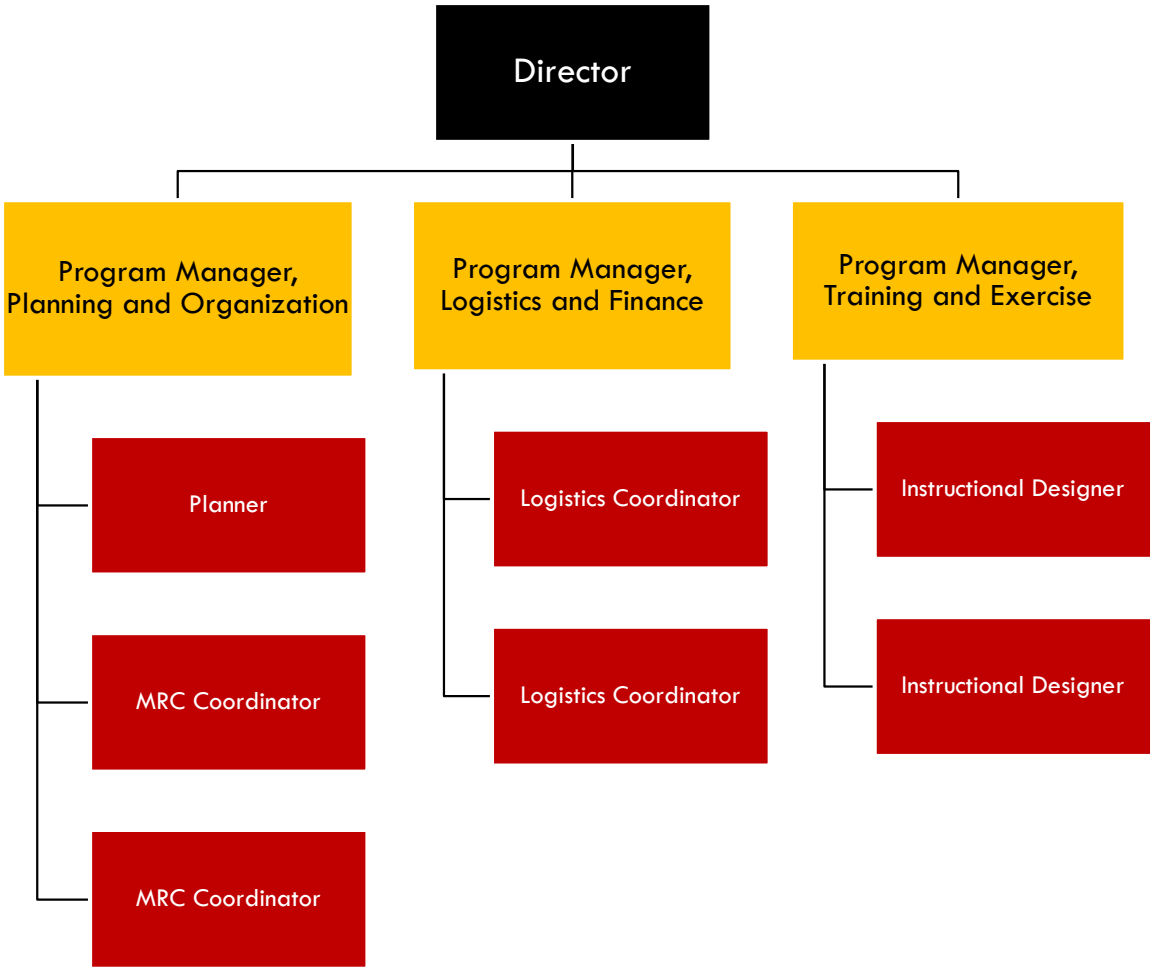
ACRONYM LIST

AAR	After Action Report
ALS	Advanced Life Support
BLS	Basic Life Support
DAFN	Disabilities, Access and Functional Needs
DHHS/PHS	Department of Health and Human Services/Public Health Services
DHMH	Department of Health and Mental Hygiene
DNR	Maryland Department of Natural Resources
EMRC	Emergency Medical Resource Center
EMS	Emergency Medical Services
EMSCS	Emergency Medical Services Communications System
ESCV	Emotional and Spiritual Care Volunteer
ESF	Emergency Support Function
FAC	Family Assistance Center
FACC	Family Assistance Call Center
HSEC	Homeland Security Executive Committee
HSEEP	Homeland Security Exercise and Evaluation Program
ICS	Incident Command System
JIC	Joint Information Center
LEEMS	Law Enforcement Emergency Medical Services
LTC	Long Term Care
MAA	Mutual Aid Agreement
MCFRS	Montgomery County Fire and Rescue Service
MCI	Mass Casualty Incident
MCOEMHS	Montgomery County Office of Emergency Management and Homeland Security
MCM	Medical Countermeasures
MDERS	Maryland Emergency Response System
MDOD	Maryland Department on Disabilities
MEMA	Maryland Emergency Management Agency
MEMAC	Maryland Emergency Management Assistance Compact
MHA	Maryland Hospital Association
MIEMSS	Maryland Institute for Emergency Medical Services Systems
MMRS	Metropolitan Medical Response Systems
MPIC	Missing Persons Investigation Center
MRC	Medical Reserve Corps
MSP	Maryland State Police
MOU	Memorandum of Understanding

MWCOG	Metropolitan Washington Council of Governments
NCR	National Capital Region
NDMS	National Disaster Medical System
NEDOCS	National Emergency Department Overcrowding Scale
NIMS	National Incident Management System
NRF	National Response Framework
NVERS	Northern Virginia Emergency Response System
NVHA	Northern Virginia Hospital Association
OEM	Office of Emergency Management
PIO	Public Information Officer
POD	Point of Dispensing
PPE	Personal Protective Equipment
PGCHD	Prince George's County Health Department
PGFD	Prince George's County Fire and EMS Department
PGHC	Prince George's Healthcare Coalition
OP&R	Office of Preparedness and Response, MD DHMH
POETE-E	Planning, Organizing, Equipping, Training, Exercising and Evaluating
SAA	State Administrative Agent
SMART	Specific, Measurable, Achievable, Realistic, Time-phased
SME	Subject Matter Expert
SNS	Strategic National Stockpile
SOP	Standard Operating Procedure
SPG-CAO	Senior Policy Group/Chief Administrative Officers
SUV	Sport Utility Vehicle
SWAT	Special Weapons and Tactics
SWOT	Strengths, Weaknesses, Opportunities, and Threats
TACMED	Tactical Medicine
TECC	Tactical Emergency Casualty Care
TEMS	Tactical Emergency Medical Services
TTX	Tabletop Exercise
UASI	Urban Area Security Initiative
UTV	Utility Terrain Vehicle
VTC	Video Teleconferencing

ORGANIZATIONAL CHART

Maryland-National Capital Region Emergency Response System
Fiscal Year 2014



This page intentionally left blank.

FISCAL YEAR 2014 EXPENDITURES

Category	Expense
Administrative	
Cellular Service	$8,400.00
Computer Equipment	$29,415.61
Hospital Support (MOCEP MOU)	$4,995.00
Medical Reserve Corps Support	$3,625.86
Meeting, Training, Exercise Support Overhead (Nutrition)	$7,255.97
Office Space Cleaning, Supplies (New Office)	$7,775.00
Office Supplies	$19,154.01
Payroll	$1,020,051.45
Postage	$95.75
Printing	$3,132.88
Professional Memberships	$1,695.00
Radio Equipment	$1,799.49
Office Furniture Rent	$13,294.71
Office Space Rent	$23,205.36
Software	$4,265.78
Staff, Local Travel (Mileage, Parking)	$3,445.55
Staff Professional Development	$217.50
Projects	
Critical Facilities Healthcare Evacuation Exercise	$13,104.00
Emergency Medical Services Mobile Data Devices	$457,721.25
First Responder Medical Cache - PPE Ensembles	$266,306.00
First Responder Medical Cache - Pharmaceuticals	$144,913.99
FirstWatch Situational Awareness	$497,148.06
High Threat Mobile Evacuation Platforms	$312,000.00
Medical Surge Exercise	$104,000.00
Public Information and Warning	$2,057.18
Resource Management Hosting and Software	$15,910.68
TECC Equipment and Training Supplies	$495,816.73
TECC Training	$27,145.78
Training	$406,060.82
Symposium (Printing, Speaker Honoraria, Speaker Travel, Venue, Nutrition)	$29,515.17
Conferences, staff	$4,939.24
Conferences, stakeholders	$93,643.03
Utility Terrain Vehicles	$384,000.00
Video Teleconferencing	$25,542.71
Total	***$4,431,649.56***