



ACTIVE SHOOTER

**Salt River Pima-Maricopa Indian Community (SRPMIC)  
and Scottsdale Tabletop  
After Action Report/Improvement Plan**

October 3, 2011

# SRPMIC-Scottsdale Tabletop After Action Report

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# SRPMIC-Scottsdale Tabletop After Action Report

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## Tabletop Summary

### *Purpose:*

This After Action Report (AAR) is the result of a Tabletop to improve community disaster preparedness plans and relationships in and between the Salt River Pima-Maricopa Indian Community (SRPMIC) and Scottsdale. No dollars were used to fund the project. However, venue arrangements (space, equipment, food and refreshments, security, parking, registration support, and audio-visual staffing) were contributed by Talking Stick Resort/Casino Arizona, a destination resort located in the SRPMIC. Volunteers from SRPMIC and Scottsdale served on the planning team and assisted with the registration. Leadership from Salt River Fields – the spring training site for the Diamondbacks and the Colorado Rockies – conducted a tour of the simulated incident site prior to the exercise. Coyote Crisis Collaborative – a disaster response planning and exercise organization – served as the lead planning entity and supplied necessary materials and reports. Other organizations and communities assisted with facilitation and evaluation. Participants included 115 representatives from healthcare organizations, the community college, tribal government departments, city departments, the Statewide Independent Living Council, and corporations/enterprises located within the two communities. The scope was the SRPMIC-Scottsdale region.

### *Target Capabilities, Objectives, and Strategies:*

The Tabletop utilized target capabilities and objectives to frame discussions. Although a number of participants explored how their plans would mesh with their colleagues, the focus of the dialogue was envisioned to target strategy options, establish a foundation for joint planning, and reveal who specifically should participate in future planning. Selected capabilities for this exercise were:

1. Communications,
2. On-Site Incident Management,
3. Mass Casualty Triage, and
4. Critical Resource Logistics and Distribution.

Exercise objectives and the respective questions used to focus strategy dialogues were:

1. By the end of the Tabletop, the participants will have discussed interoperable communications processes and issues and identified policy, plan, and other gaps to be addressed.
  - a. Salt River Fields:
    - ❖ How are you going to communicate with fire and police?  
What radio frequency will you be using? Will all of the partners you need to reach be able to use this frequency? Will there be any extraneous noise?

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- ❖ Is there anybody else with whom you need to communicate? If so, how will you communicate?
- b. Police:
  - ❖ With what other organizations do you need to communicate? How will you communicate?
  - ❖ What radio frequency will you be using? Will all of the partners you need to reach be able to use this frequency?
- c. Fire:
  - ❖ With what other organizations do you need to communicate? How will you communicate?
  - ❖ What radio frequency will you be using? Will all of the partners you need to reach be able to use this frequency?
- d. Healthcare:
  - ❖ What information do you need? How are you going to get it?
  - ❖ With what other organizations do you need to communicate (think horizontal communications and not up chains of command)? How will you communicate?
  - ❖ How will the hospitals communicate with the SRPMIC clinic?
  - ❖ For SRPMIC, what support resources could you provide to the hospitals?
- e. Business/Enterprise/College:
  - ❖ With what other organizations do you need to communicate? How will you communicate?
  - ❖ Will you be getting information from your community Emergency Manager or EOC? If so, what information do you hope to get? How will this person reach you?
  - ❖ What information do you need? How are you going to get it?
  - ❖ What do your employees need to know? How will you get this information?
  - ❖ What do your customers need to know? How will you get this information?
- f. Public Information Officers:
  - ❖ Will you establish a Joint Information Center?
  - ❖ Who will be the “talking head?”
  - ❖ Which agency will take the lead on public messages?
  - ❖ What are the top three talking points for each organization’s response to media, internal and external stakeholders? How will these be updated and communicated?
  - ❖ Are there any cultural issues to which you need to be sensitive in messaging? How will you confirm you’ve done due diligence on this?
  - ❖ What information do you need? How are you going to get it?
  - ❖ How will the media get information from you?

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2. By the end of the Tabletop, the participants will have discussed on-site incident management processes and issues and identified policy, plan, and other gaps to be addressed.
  - a. Salt River Fields:
    - ❖ Is your staff trained in the Incident Command System?
    - ❖ What is your role?
    - ❖ How will you respond?
  - b. Police:
    - ❖ Will you set up the Incident Command? With whom?
    - ❖ How will you manage this?
    - ❖ Who is the Command?
    - ❖ Where will you site the Command Post? Are there any threats?
    - ❖ At what point will you allow rescue?
  - c. Fire:
    - ❖ Who is the Command?
3. By the end of the Tabletop, the participants will have discussed mass casualty triage processes and issues and identified policy, plan, and other gaps to be addressed.
  - a. Fire:
    - ❖ Will you share patient information with the hospitals prior to arrival so they can prepare? What information? How will you communicate it?
    - ❖ How will you distribute patients? Will you consider whether the hospital(s) may be overwhelmed with walking wounded/wounded driving themselves to the hospital?
    - ❖ What will you do with patients if ambulance/air ambulance is tapped for a period of time? Do you need additional resources to accommodate this? If so, what?
    - ❖ Are there any cultural issues you need to know about?
    - ❖ How will you identify and address the special needs population?
  - b. Healthcare:
    - ❖ What accommodations will be made to triage outdoors?
    - ❖ What mechanisms are in place to prevent your facility from being overwhelmed?
    - ❖ Are there any cultural issues you need to know about?
    - ❖ How will you identify and address the special needs population?
    - ❖ What information would be helpful to receive from the field regarding patients?

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4. By the end of the Tabletop, the participants will have discussed critical resource logistics and distribution processes and issues and identified policy, plan, and other gaps to be addressed.
  - a. Salt River Fields:
    - ❖ What are the resources you have available? What do you need? How will you get these?
    - ❖ What are your limitations?
  - b. Police:
    - ❖ What are the resources you have available within your jurisdiction and outside of this? What do you need? How will you get these?
    - ❖ What are your limitations?
    - ❖ Do you have any formal agreements (Memorandums of Understanding (MOUs) and Intergovernmental Agreements (IGAs) in place to assist in getting resources?
  - c. Fire:
    - ❖ What are the resources you have available within your jurisdiction and outside of this? What do you need? How will you get these?
    - ❖ Do you have any formal agreements (MOUs, IGAs) in place to assist in getting resources?
  - d. Healthcare:
    - ❖ What are the resources you have available? What do you need? How will you get these?
    - ❖ How are you going to respond to the incident? Do you need help from others?
  - e. Business/Enterprise/College:
    - ❖ How are you going to respond to the incident? Do you need help from others?
    - ❖ What are the resources you can provide to help others in this disaster? How can others reach you for these?

In addition to the questions listed above – which were asked during the initial group discussions – additional questions were posed to refine and/or supplement findings. The objective was to capture other policies, gaps, or issues identified and discussed. These questions – which were raised at a later point – were:

1. Were other authorities/decision-makers mentioned in reference to needed actions that did not participate in the exercise? If so, who were they and what was the context?
2. What recommendations for improvements were made by the group?
3. Which issues remain unresolved or require follow-up action? What actions do players plan to take to address these?
4. Was there group consensus on any other items? If so, what?
5. What were the next steps identified?

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6. Were there any tools or training needs identified?
7. Anything else?

### *Scope:*

The Tabletop encompassed a *simulated* one-day incident. There were two stages of a shooting scenario presented. The first stage depicted a shooting and response. After presentation of the first stage, participants met in groups convened by pre-identified functions:

1. Salt River Fields leadership and staff (site of the simulated incident)
2. Police
3. Fire
4. Healthcare
5. Business/Enterprise/College
6. Public Information Officers

This break-out session lasted 45 minutes. The second stage of the scenario communicated activities occurring sometime after the shooting. After the second stage was posed, individuals were assigned to multi-disciplinary groups.

### *Scenario Summaries:*

#### *First stage of scenario (Active Shooter and AfterMath)*

11:00AM -- It's a beautiful, clear, March day, the first day of Spring Training for the Northeast Valley. Salt River Fields is expected to be filled with more than 12,000 spectators for the first Diamondbacks' game (view aerial view of Salt River Fields on the next page for perspective).

1:00PM – Security at Salt River Fields reports an active shooter. You already know that leadership from various organizations in the Salt River Pima-Maricopa Indian Community and Scottsdale (including government elected officials) was invited by the Salt River Fields' leadership to attend the inaugural game of the season. Furthermore, you are aware a number of employees from your own Department took the day off to attend the game with family and friends.

1:06PM – The Channel 3 helicopter – which was already circling above the stadium – indicates that hundreds of people are running to and jamming the exits of the stadium, creating a bottleneck (and restrictions) inside. Channel 3 reporters are stating “Other people appear unconscious, dead, or hurt in the bleachers.” One shooter was caught on helicopter camera. Reports by first arriving ground crews estimate there are as many as 20 dead and 40 injured.

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1:09PM – Salt River Police Department at Salt River Fields reports successful “apprehension” of the shooter. However, panic has ensued and “people are shoving and trampling each other to get through exits and away from the stadium.”

### *Second stage of scenario (Post-Shooting)*

You are one hour into the event. Approximately 90 percent of patients have been transported and the scene is stabilizing. You are considering some future needs.

So far, 28 people have been identified as deceased, 40 have minor injuries, and another 32 are in critical condition on transport to hospitals. You have received a call from your Administrative Office indicating that it has not been in contact with your leadership although efforts to reach them have been continual.

Your organization’s website has just crashed from the attention of the public, and individuals are amassing outside of your organization’s Administrative Offices seeking information. There are calls coming in from the media as well as from family members of your leadership trying to find out the location of the killed/injured. Staff are reporting the press has gotten into your organization’s Administrative Offices and been asking staff questions. They have also managed to maneuver into the hospitals and are probing staff and visitors.

### *Assumptions and Artificialities:*

This exercise was not targeting interoperable communications with the county, state, and federal authorities. It was focused on community-based and intercommunity work only even though it was clearly understood other government responders/partners would be necessary.

The exercise was played in real-time. However, time jumps occurred to accommodate the incidents driving questions.

### *Exercise Accomplishments:*

The exercise was designed to *foster discussions* about processes, issues, and gaps pertaining to interoperable communications, on-site incident management, mass casualty triage, and critical resource logistics and distribution. These discussions occurred and created a significant, meaningful agenda for planning dialogues in and among the stakeholders. In addition, processes, issues, and gaps in other, relevant areas were identified, thereby supplementing the roster of topics for future discourse.

The greatest strength documented in the Tabletop was the foundation that was laid for ongoing partnership, dialogue, training/cross-training, planning, and exercising. This fundamental achievement surpassed the community goals for the Tabletop.

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## *Areas for Improvement:*

The challenges identified in the Tabletop comprise the agenda for planning discussions among the stakeholders. These included:

1. Public safety and on-site security have challenges regarding on-site, off-site, and interconnected (cameras and radios) communications strategies.
2. Healthcare has concerns about early event notification, patient tracking from the field, and other HIPAA topics that could restrict access to patient data for the family reunification center.
3. A communication system from the Emergency Operations Center (EOC) or Unified Command to businesses, enterprises, hospitals/healthcare, and the community college is needed.
4. There remain questions about the establishment/movement of a Command Center during transition from event management to incident management to large scale disaster management.
5. Public Information Officers desire a "centralized"/joint website that will prevent community websites from crashing during a mass casualty incident, but no one or group has been identified to pay for, enter data to, or take responsibility for such a website.
6. Private sector businesses have resources to share but do not know what fire and police need (including staging needs).
7. PIOs are unsure how a Joint Information Center will receive information from the Unified Command quick enough to "feed" media needs.
8. Pre-established safety corridors need to be established at the on-set of incidents.
9. Fire and healthcare disagree about triage, patient distribution strategies, and accommodation of self-reporting medical at the scene.
10. The hospitals do not know how to integrate Salt River Clinic's resources to address optimal cultural guidelines and processes for treating tribal residents.
11. It is unclear how the County Office of the Medical Examiner and Disaster Mortuary Operations Teams would work together and how they would deal with important cultural issues.
12. The stadium lay-out is unknown by regional public safety offices, which could deter delivery of resources.
13. There could be duplication in resource acquisition by and insufficient composition in the Unified Command and the EOC(s) to address community connections (e.g., with business, enterprises, the college, and Major League Baseball)
14. Political and liability issues hamper advancement of a Memorandum of Understanding for police that is needed for expediting assistance.
15. A contingency traffic plan has not been identified for entrance/exit.
16. There are community and business concerns about how Salt River Fields rebound from such a mass casualty incident well.
17. Business is good at continuity planning and management, but emergency response and management are novel/foreign yet.

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18. Family reunification needs to be discussed at the community level.
19. How hospitals will manage significant influxes of “caring community,” volunteers, family members, and others has not been fully vetted.

## Analysis of Capabilities

### Capability 1: Communications:

**Objective:** Assess whether participants discussed and identified policies, gaps, or issues in interoperable communications:

#### Exercise Accomplishments:

1. Discussions occurred about interoperable communications processes and issues and identified policy, plan, and other gaps to be addressed.
2. A foundation was laid for ongoing partnership, dialogue, training/cross-training, planning, and exercising.

#### Areas for Improvement:

1. Public safety and on-site security have challenges regarding on-site, off-site, and interconnected (cameras and radios) communications strategies.
2. Healthcare has concerns about early event notification, patient tracking from the field, and other HIPAA topics impacting access to patient data by the family reunification center.
3. A communication system from the Emergency Operations Center (EOC) or Unified Command to businesses, enterprises, and community college is needed
4. Public Information Officers desire a “centralized”/joint website that will prevent community websites from crashing during a mass casualty incident, but no one or group has been identified to pay for, enter data to, or take responsibility for such a website.

#### Recommendations:

1. Public safety and on-site security should a) cross-train and b) meet to develop a plan for effective on-site, off-site, and interconnected (cameras and radios) communications strategies.
2. Fire (and possibly police) should a) cross-train with healthcare and b) meet with healthcare to determine a process for early notification, patient tracking from the field, triage, and addressing impromptu appearance of medical resources and other HIPAA topics challenging access patient data.
3. Building on the Scottsdale Emergency Operations “public sector liaison” concept, a communication system should be a) expanded to encompass SRPMIC enterprises and b) advanced to accommodate new methods of relating information.
4. No group has been identified to pay for, enter data to, or take responsibility for such a centralized or joint website. This item is unresolved and tabled.

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## Capability 2: On-Site Incident Management:

**Objective:** Assess whether participants discussed and identified policies, gaps, or issues in on-site incident management:

### Exercise Accomplishments:

1. Discussions occurred about on-site incident management processes and issues and identified policy, plan, and other gaps to be addressed.
2. A foundation was laid for ongoing partnership, dialogue, training/cross-training, planning, and exercising.

### Areas for Improvement:

1. There remain questions about the establishment/movement of a Command Center during transition from event management to incident management to large scale disaster management.
2. Private businesses have resources to share but do not know what fire and police need (including staging needs).
3. PIOs are unsure how a Joint Information Center will receive information from the Unified Command quick enough to “feed” media needs.

### Recommendations:

1. Police and fire should meet to build consensus on the establishment of a Command Center for various incidents.
2. Building on the Scottsdale Emergency Operations “public sector liaison” concept, a communication system should be a) expanded to encompass SRPMIC enterprises and b) advanced to accommodate new methods of relating information.
3. Public safety and PIOs should meet to determine a plan for how to enhance Joint Information Center integration with Unified Command to ensure quick and accurate information.

## Capability 3: Mass Casualty Triage:

**Objective:** Assess whether participants discussed and identified policies, gaps, or issues in mass casualty triage:

### Exercise Accomplishments:

1. Discussions occurred about mass casualty triage processes and issues and identified policy, plan, and other gaps to be addressed.
2. A foundation was laid for ongoing partnership, dialogue, training/cross-training, planning, and exercising.

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## Areas for Improvement:

1. Pre-established safety corridors need to be established at the on-set of incidents.
2. Fire and healthcare disagree about triage, patient distribution strategies, and accommodation of self-reporting medical at the scene.
3. The hospitals do not know how to integrate Salt River Clinic's resources to address optimal cultural guidelines and processes for treating tribal residents.
4. It is unclear how the County Office of the Medical Examiner and Disaster Mortuary Operations Teams would work together and how they would deal with important cultural issues.

## Recommendations:

1. Public safety should establish safety corridors for the stadium and at the on-set of incidents.
2. Fire (and possibly police) should a) cross-train with healthcare and b) meet with healthcare to determine a process for early notification, patient tracking from the field, triage, and addressing impromptu appearance of medical resources and other HIPAA topics challenging access patient data.
3. Fire, Salt River Clinic (Indian Health Services), Scottsdale Healthcare, Maricopa Integrated Health Services, and the Maricopa County Office of the Medical Examiner should meet to discuss cultural guidelines and processes for working together in a mass casualty incident on SRPMIC land (e.g., who can be liaisons to the hospitals and where should the Clinic send overflows of walking wounded).
4. Fire, police, healthcare, the County Emergency Manager, and the County Office of the Medical Examiner should meet to discuss how cultural issues will be dealt with prior to connecting with federal resources for assisting with fatalities.

## **Capability 4: Critical Resource Logistics and Distribution:**

**Objective:** Assess whether participants discussed and identified policies, gaps, or issues in critical resource logistics and distribution:

### Exercise Accomplishments:

1. Discussions occurred about critical resource logistics and distribution processes and issues and identified policy, plan, and other gaps to be addressed.
2. A foundation was laid for ongoing partnership, dialogue, training/cross-training, planning, and exercising.

### Areas for Improvement:

1. The stadium lay-out is unknown by regional public safety offices, which could deter delivery of resources.

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2. There could be duplication in resource acquisition by and insufficient composition in the Unified Command and the EOC(s) to address community connections (e.g., with business, enterprises, the college, and Major League Baseball)
3. Political and liability issues hamper advancement of a Memorandum of Understanding for police that is needed for expediting assistance.
4. A contingency traffic plan has not been identified for entrance/exit.

### Recommendations:

1. Site visits of the stadium should be done with regional public safety personnel to enable them to better understand the lay-out for response and estimate response time expectations for the delivery of assets.
2. Building on the Scottsdale Emergency Operations “public sector liaison” concept, a communication system should be a) expanded to encompass SRPMIC enterprises and b) advanced to accommodate new methods of relating information.
3. Police should continue dialogue with leadership and legal to explore a Memorandum of Understanding that is needed for expediting assistance.
4. A contingency traffic plan pertaining to the stadium incident should be developed.

### **Other Areas (Added Category that doesn’t fall under Capabilities Listed):**

**Objective 5:** Assess whether participants discussed and identified policies, gaps, or issues in other areas:

#### Exercise Accomplishments:

1. Discussions occurred about other processes and issues and identified policy, plan, and other gaps to be addressed.
2. A foundation was laid for ongoing partnership, dialogue, training/cross-training, planning, and exercising.

#### Areas for Improvement:

1. Business is good at continuity planning and management, but emergency response and management are novel/foreign yet.
2. Family reunification needs to be discussed at the community level.
3. How hospitals will manage significant influxes of “caring community,” volunteers, family members, and others has not been fully considered.

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### Recommendations:

1. It is recommended that private sector and college personnel dealing with disaster response – who have not had ICS training – should obtain this to enable a common language for disaster response planning.
2. Stakeholders should meet to work on a reunification center strategy to deal with injured and non-injured populations impacted by a disaster.
3. Hospitals should develop a plan (security, badging, access points, and other) to address the influxes of “caring community,” volunteers, family members, and others.

# SRPMIC/Scottsdale Tabletop Report and Recommendations

## Improvement Plan Matrix

The consolidated list of recommendations below will be assessed and addressed by the stakeholders as prioritized and at a time determined by the stakeholders.

### Recommendations for Future Dialogue

1. Public safety and on-site security should a) cross-train and b) meet to develop a plan for effective on-site, off-site, and interconnected (cameras and radios) communications strategies.
2. Fire (and possibly police) should a) cross-train with healthcare and b) meet with healthcare to determine a process for early notification, patient tracking from the field, triage, and addressing impromptu appearance of medical resources and other HIPAA topics challenging access patient data.
3. Building on the Scottsdale Emergency Operations “public sector liaison” concept, a communication system should be a) expanded to encompass SRPMIC enterprises and b) advanced to accommodate new methods of relating information.
4. No group has been identified to pay for, enter data to, or take responsibility for such a centralized or joint website. This item is unresolved and tabled.
5. Police and fire should meet to build consensus on the establishment of a Command Center for various incidents.
6. Public safety and PIOs should meet to determine a plan for how to enhance Joint Information Center integration with Unified Command to ensure quick and accurate information.
7. Public safety should establish safety corridors for the stadium and at the on-set of incidents.
8. Fire, Salt River Clinic (Indian Health Services), Scottsdale Healthcare, Maricopa Integrated Health Services, and the Maricopa County Office of the Medical Examiner should meet to discuss cultural guidelines and processes for working together in a mass casualty incident on SRPMIC land (e.g., who can be liaisons to the hospitals and where should the Clinic send overflows of walking wounded).
9. Fire, police, healthcare, the County Emergency Manager, and the County Office of the Medical Examiner should meet to discuss how cultural issues will be dealt with prior to connecting with federal resources for assisting with fatalities.
10. Site visits of the stadium should be done with regional public safety personnel to enable them to better understand the layout for response and estimate response time expectations for the delivery of assets.
11. Police should continue dialogue with leadership and legal to explore a Memorandum of Understanding that is needed for expediting assistance.

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12. A contingency traffic plan pertaining to the stadium incident should be developed.
13. It is recommended that private sector and college personnel dealing with disaster response – who have not had ICS training – should obtain this to enable a common language for disaster response planning.
14. Stakeholders should meet to work on a reunification center strategy to deal with injured and non-injured populations impacted by a disaster.
15. Hospitals should develop a plan (security, badging, access points, and other) to address the influxes of “caring community,” volunteers, family members, and others.

## Attachment A: Specific Findings from the Evaluation

### Capability 1: Communications:

**Objective:** Assess whether participants discussed and identified policies, gaps, or issues in interoperable communications:

#### Exercise Accomplishments:

1. Discussions occurred about interoperable communications processes and issues and identified policy, plan, and other gaps to be addressed.
2. A foundation was laid for ongoing partnership, dialogue, training/cross-training, planning, and exercising.
3. Police:
  - a. Face-to-face communications will occur until a radio system/radio frequencies can be established.
  - b. Scottsdale police may be accessed through dispatch.
4. Salt River Fields:
  - a. TEAM, Diamondbacks and Rockies Security, and Salt River Policy will work together – switch to a single frequency on 2-way radios.
  - b. A Unified Command channel and an alternate channel will be identified.
  - c. A public announcement system will be used to evacuate fans.
5. Fire:
  - a. Park radio is used for centralized communications with first responders; VHF to fire through Automatic Aid.
  - b. Fire will go to Phoenix to get a tactical and a command channel from the Alarm Room.
6. Hospitals:
  - a. For hospitals, communications include phones, radios, and EMS system.
7. From the General – or second break-out group – Meeting:
  - a. A media “hub” will be located off-site, perhaps at Scottsdale Library or the Pavilions.

#### Areas for Improvement:

1. Police:
  - a. Community Information Technology needs to connect with the Joint Information Center.
  - b. TEAM needs to know the area of the active shooter(s) to move people.

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- c. A method of communication must be determined to link on-site and off-site commands.
  - d. Park communications are mobile, currently deterring departments/officers from using a common channel.
2. Salt River Fields:
    - a. Ball field cameras need to link to other communities.
3. Fire:
    - a. With no direct communications with police, fire will have to go through Unified Command.
    - b. There will likely be a gap in time – impacting communications/directions – when Unified Command positions will not be in the Incident Command Center yet.
    - c. Motorola “talk about” is for daily administrative use and not for fire response.
    - d. Signed up for access to AIRS, but it isn’t on-line yet.
4. Business:
    - a. How can employers keep families of employees updated?
    - b. Businesses must connect to Incident Command/get a system for communications to business in place for information:
      - Threat of the incident (e.g., should college/businesses close, lock down, or send employees/customers home),
      - Expectations of businesses (e.g., will Pavilions be expected accommodate staging of fire resources?),
      - Road closures,
      - Resources needed,
      - Incident status, and
      - Point of contact for information; do not know that media is the best group from which to secure information.
    - c. Businesses must explore back-up systems/tiers for mass communications to employees if phones go down in mass casualty incidents (e.g., 3rd party companies, call-in to special phone number, and/or “drop box” system); need flexibility to adapt, including potential to adopt “COWs.”
    - d. Businesses must give public safety agencies correct contact information and get appropriate contact information for communications.
    - e. Need to minimize tele/data flow/use knowledge management to control messages and direct through existing organizational (Saddleback/Chamber of Commerce/Visitors and Convention Bureau/SRPMIC/City?) business communications.
5. Hospitals:
    - a. Hospitals can’t release patient information unless a Declaration of Emergency has been called by the Governor; the Declaration must occur for patient data to be released.

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- b. 800 MHz radios don't always work at hospitals.
  - c. Need to know the protocols for communicating with fire pertaining to 800 MHz radios.
  - d. Unless the Joint Information Center/an external web site can be set up rapidly to handle queries, the hospitals' websites will likely go down.
  - e. Healthcare needs early notifications to prepare/call in appropriate personnel.
6. Public Information Officers (PIOs):
- a. Need to know about road closures, "centralized" website relating information to public, and family reunification information.
  - b. A Joint Information Center (JIC) must be activated; the Arizona Division of Emergency Management will be asked to do this.
  - c. Messages must be worked with the Incident Command to ensure consistency and authentication/accuracy.
  - d. Each agency must have an individual identified to convey/relate information, including the hospital.
  - e. Need to know what happened, what is being secured, when communications begin, and who is affected . . . who, what, where and when?
7. General Meeting:
- a. Cultural considerations and social differences are crucial in terms of messages conveyed on deaths and casualties, including with social media.
  - b. Press conferences must be held to ensure media obtains information from the correct source.

### Capability 2: On-Site Incident Management:

**Objective:** Assess whether participants discussed and identified policies, gaps, or issues in on-site incident management:

#### Special Assets:

1. General Meeting:
  - a. Command Center assets exist at SRPMIC and Scottsdale.

#### Exercise Accomplishments:

1. Discussions occurred about on-site incident management processes and issues and identified policy, plan, and other gaps to be addressed.
2. A foundation was laid for ongoing partnership, dialogue, training/cross-training, planning, and exercising.
3. Police and Fire:
  - a. There should be Unified Command.

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4. Police:
  - a. Unified Command will flex.
5. Salt River Fields:
  - a. Security is trained in ICS.
  - b. Security will have one person in the command post (and one with the team); that position is in the emergency plan.
  - c. Priorities:
    - Open up emergency gates,
    - Secure particular areas on the fields,
    - Move players to secure area, conduct a head count, and notify the team president, and
    - Identify spectator/other evacuation site, “far” from the stadium.

### Areas for Improvement:

1. Police:
  - a. Command must be established outside of the ballpark for other cities to respond.
2. Salt River Fields:
  - a. Ball park staff may leave without notice.
3. Police and Fire:
  - a. MEDICIS, Pavilions, and a substation at Talking Stick were determined by police to be optimal sites for the Command Post, while fire is exploring at Salt River Fields in the press box or general manager’s booth.
4. Hospitals:
  - a. Are there duplications that could be avoided with extensive “activations” of Emergency Operations Centers (EOCs); could liaisons in some EOCs work instead?
5. PIOs:
  - a. Public Information Officers need to work closely with Logistics to direct volunteers/resources to correct locations.
6. General Meeting:
  - a. How will police find out where patients were taken in case there is a need to follow up with them?
  - b. Major League Baseball must be integrated into the Emergency Operations Center at SRPMIC
  - c. While it is understood the FBI and other federal resources may be on site 3 hours later, it is unclear as to how the transition will occur/what the transition looks like.

# SRPMIC/Scottsdale Tabletop Report and Recommendations

## Capability 3: Mass Casualty Triage:

**Objective:** Assess whether participants discussed and identified policies, gaps, or issues in mass casualty triage:

### Special Assets:

1. Hospitals:
  - a. Salt River Clinic can help with emergencies/has resources, albeit limited.
2. General Meeting:
  - a. Salt River Fields has food service, restrooms and other services to accommodate investigations (including FBI) and employee grievance counseling.
  - b. College gym could be back-up for staging.

### Exercise Accomplishments:

1. Discussions occurred about mass casualty triage processes and issues and identified policy, plan, and other gaps to be addressed.
2. A foundation was laid for ongoing partnership, dialogue, training/cross-training, planning, and exercising.
3. Fire:
  - a. Existing capacities are available:
    - Phoenix Alarm would be used to direct patient evacuation,
    - 30-32 patients can be managed in the First Aid Room (FAR/EMS),
    - Casino BLS trailer can be brought over to address 20-24 (has backboards),
    - Phoenix Alarm can send a trailer, and
    - Metropolitan Medical Response System has resources.
4. Hospitals:
  - a. Healthcare must consider workforce strategies for second and later shifts.
  - b. Hospitals will use “MASH” system to triage in stations.
  - c. Hospitals can send resources to Salt River Clinic.
  - d. Hospitals can call an external disaster to stand up Command Centers.
  - e. Hospitals will check to see who can be discharged to accommodate surges.

### Areas for Improvement:

1. Fire:
  - a. Backboards are an issue.
  - b. Disaster Mortuary Operations Teams (federal resource) are not familiar with cultural issues.

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- c. Patient management in a “safe corridor” is a problem area requiring training; need police/fire to establish safe corridors in hot areas.
  - d. Medical community may want to integrate into response but how would this look without procedures or practice.
2. Fire and Hospitals:
- a. START triage is standard and would be used, but healthcare is seeking more definitive/specific triage on-scene.
  - b. Hospitals suggest there is a need for “serious” triage at scene, while fire is indicating START will be used and is the appropriate model for use.
3. Hospitals:
- a. Phoenix Alarm will not communicate with hospitals.
  - b. Salt River Clinic (Indian Health Services), Scottsdale Healthcare, and Maricopa Integrated Health Services need to collaborative.
  - c. A cultural liaison (crisis intervention specialists) for the hospitals would be ideal
  - d. EMTRACK patient tracking exists in hospitals, but is not used in field prior to patient appearance at the hospitals.
  - e. Where should the Salt River Clinic send walking wounded if it’s full?
  - f. Dispatch is determining facilities to send patients, but pediatrics should be going to Maricopa Integrated, Good Samaritan, Phoenix Children’s Hospital, and John C. Lincoln, with Scottsdale Healthcare (Shea) as back-up.
  - g. Don’t know cultural rules and guidelines; need training.
  - h. Salt River Clinic is closed on weekends.
  - i. Chain of custody issues and security could be issues at hospitals.
  - j. Can Salt River Clinic receive information on patients through EMSsystem; satellite capacity is in process at Clinic.
  - k. What transport services would be available to Salt River Clinic for handling walking wounded?
  - l. How do hospitals identify bad guys (and dignitaries)?
4. General Meeting:
- a. Employees need to be deterred from “just showing up” to help at healthcare facilities.

### Capability 4: Critical Resource Logistics and Distribution:

**Objective:** Assess whether participants discussed and identified policies, gaps, or issues in critical resource logistics and distribution:

#### Special Assets:

1. Business:
  - a. Pavilions can provide space, food, and water for staging but will need heightened security to get traffic flows moving .

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- b. Casino Arizona has space, food, water, medical caches, security, EMTs, extended view of Salt River Fields, access to surveillance for multiple individuals, and control of camera viewing.
  - c. MEDICIS could serve as a logistics center.
  - d. Salt River Fields has water, food services, fuel, vehicles, generators, cameras (can link up off-site, can recover data, can link to command vehicle, only requires Internet connection), mass exits, phones, radios, landing zones, and triage.
2. General Meeting:
- a. Helicopter landing sites are adjacent to the ball field.
  - b. Salt River Fields has many entrance/exit points.
  - c. Salt River Fields has player evacuation plans in place.
  - d. Scottsdale has an existing communication system in place to reach out to businesses and the community college; this could be worked with SRPMIC to integrate enterprises.

### Exercise Accomplishments:

1. Discussions occurred about critical resource logistics and distribution processes and issues and identified policy, plan, and other gaps to be addressed.
2. A foundation was laid for ongoing partnership, dialogue, training/cross-training, planning, and exercising.
3. Police:
  - a. A call to close air space will be made rapidly to accommodate patient movement, and helicopter landing sites are there (need to call and close air space).
4. Salt River Fields:
  - a. Resources (listed in assets)
  - b. Limitations include ease of access for functional needs (3-story building), traffic control ingress versus egress in panic situations, and stress upon responders (some may leave to help their own family members).

### Areas for Improvement:

1. Police:
  - a. There must be a designated emergency vehicles entrance.
  - b. A Memorandum of Understanding should be in place to access other officers needed to work outside of the periphery.
  - c. A contingency traffic plan is necessary for entrance/exit of police.
  - d. Political and liability issues hamper advancement of a Memorandum of Understanding for police.
  - e. Other first responder agencies don't know the layout of the area.

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2. Fire:
  - a. Don't know the other Memorandums of Understanding/Intergovernmental Agreements which may be needed (Disaster Mortuary Operational Response Teams [DMORTs) and Disaster Medical Assistance Teams [DMATs]).
  - b. Scottsdale Fire is not on the same "grid"/may not be accessible through existing Automatic Aid agreements; will need to go through Phoenix Alarm.
  - c. Don't know how fast DMORTs and DMATs would take to get into place.
  - d. There may be conflicts between what the Incident Command and the Emergency Operations Center(s) are deploying; who is resolving these issues.
  - e. SRPMIC would go to the county before the state, but it is unclear as to whether there is a dedicated county planner to work with tribal communities
  - f. Staging should occur at Pavilions in the parking lot.
  - g. Need Staging Area Manager to link with the Unified Command and direct employment/limit "self-employment."
3. Business:
  - a. Businesses can provide resources but don't know what is needed or expected of them; better partnerships must be developed between businesses and public safety entities for cross-understanding.
  - b. Business must consider who is paying for overtime and extra costs to manage incidents and support.
  - c. The Pavilions has not been brought into the discussion yet, although it was identified as a probable staging area.
4. General Meeting:
  - a. There must be communications to businesses in Scottsdale and enterprises on the SRPMIC land to deter traffic on roadways needed by emergency vehicles.

### Other Areas/Objectives of Consensus/Challenge:

**Objective:** Assess whether participants discussed and identified policies, gaps, or issues in other areas:

#### Special Assets (Strengths):

1. General Meeting:
  - a. Scottsdale Healthcare's Thompson Peak hospitals could serve as a Reunification site.

#### Exercise Accomplishments:

1. Discussions occurred about other related processes, issues and identified policy, plan, and other gaps to be addressed.
2. A foundation was laid for ongoing partnership, dialogue, training/cross-training, planning, and exercising.

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3. Salt River Fields:
  - a. SRPMIC would declare “time off” for Salt River Fields.

## Areas for Improvement:

1. Police:
  - a. Health Insurance Portability and Accountability Act (HIPAA) may limit data sharing by hospitals with reunification sites, which could impact family member access to patient destinations and status.
  - b. Family Education Rights and Privacy Act (FERPA) may limit data sharing by academic institutions with reunification sites, which could impact family member access to patient destinations and status.
  - c. There needs to be establish an information line and/or website for sharing information/posting photos for matching victims to families; needs a self-reporting element.
2. Salt River Fields:
  - a. While Salt River Fields would need to get set up for the next game (cleaning, repair, public affairs), how would image issues be addressed; will fans return?
  - b. The event will impact players’ schedules.
3. Hospitals:
  - a. Information must be able to flow to families regarding their loved ones.
  - b. Confidentiality and security must be protected for victims and visiting dignitaries.
4. Business:
  - a. Business is good at continuity planning and management, but emergency response and management are novel/foreign yet.
  - b. Business needs training on what public safety agencies do/provide in disasters and what is expected of their companies.
  - c. Businesses need training on emergency plan development and then need to exercise it.
  - d. Can employees drive; how do businesses determine this?
  - e. Need to write emergency plans for diverse threats; plan for self-sufficiency because public safety may have other priorities.
5. PIOs:
  - a. PIOs need to know where the Reunification Center is and what organizations are providing this. (PIOs)
6. General Meeting:
  - a. Air and ground ambulance companies need to be at the table.
  - b. An interactive Tabletop is/next step exercises are desired.

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- c. Points of contact must be conveyed to the Reunification Center and Call Center.
- d. Who is housing the Family Reunification Center?
- e. Who is staffing the Family Reunification Center (therapists for handling grieving++)?
- f. Dignitaries/Leadership families getting information through call centers could have backlash for communities; communities need their own Reunification Centers.
- g. At what point do succession plans kick in; need succession plans/specifics?
- h. Should metal detectors be considered at the stadium?
- i. How will hospitals manage influxes of people post event (e.g., badging)?

## Attachment B: Feedback Survey Responses

Of the 115 individuals participating in the exercise, 59 completed the feedback forms (39 participants, 11 observers, and 9 didn't respond to the question). This represents 51 percent of the audience.

1. Identify if you are a Participant or an Observer please?
  - Participants – 39
  - Observers – 11
  - Don't know – 9
  
2. List up to 3 community strengths identified as a result of the Tabletop:
  - Cooperation/partnership/work together/collaboration/relationships – 27
  - There are good plans/systems in place – 19
  - Resources/resource-sharing/resource management – 16. The following are separated out but relate:
    - Qualified people – 5
    - Public Information Officers – 3
    - Logistical support – 2
    - Facilities – 2
    - Healthcare/hospitals – 2
    - Security – 2
    - Police
    - First responders
    - Emergency managers
    - Liaisons
  - Communications/improved communications -- 15
  - Dialogue started/open-mindedness/want to improve plans – 8
  - Response capabilities/preparedness – 5
  - Intergovernmental Agreements/Mutual Aid in place (including for equipment) – 4
  - TERC/early activation of TERC – 3 (What is this?)
  - Networking/cross-talking – 2
  - Coordination – 2
  - Want to improve plans
  - Established/early activation of Emergency Operations Center – 2
  - Business/business involvement – 2
  - Strong presence on-scene
  - Coyote Crisis exercises
  - Community involvement
  - Media control
  - Helpful trainings
  - Family information
  - Trial plans

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- Well-organized event
  - Unified command
  - Social media
  - Exit
  - Incident Command System knowledge
  - Knowledge of cultural differences
3. List up to 3 areas that need improvement in your community, identified as a result of the Tabletop:
- Communications (inter-agency, inter-department)/prove communications work (includes website, messaging, and phones) – 33. The following are separated out but relate:
    - Communications from the field to hospitals – 8
    - Radios – 3
    - Emergency notification
  - Family reunification processes/center/alternates – 6
  - Joint training/training (including business) – 6
  - Understanding of resources/logistics/local businesses – 7
  - Coordination (including business)/role of business/Pavillions – 5
  - Patient tracking – 3
  - Logistics for long-term support/managing resources and support/available manpower – 3
  - More partners at the table/DPS for 101 traffic – 2
  - Planning how departments, agencies will work together/inter-community planning – 2
  - What can legally be released to the public? How to handle patient confidentiality – 2
  - Media control/media – 2
  - Exercises/more workshops – 2
  - Efficient use of resources
  - Staging areas
  - Safety conditions for firefighters
  - Face-to-face before training
  - Need to locate several command centers
  - Determine proper Public Information Officer levels for crises
  - One Emergency Operations Center
  - Jurisdiction issues
  - Existing plans
  - Crisis communications plans
  - Evacuation routes for fans
  - Business continuity plans for stadium
  - More Memorandums of Understanding/Intergovernmental Agreements
  - Identification of lead spokesperson
  - Understanding of others' jobs
  - Moving beyond tabletop

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- Clinic transport
  - Networks
  - Updated intelligence units
  - Coordination among partners regarding cameras
  - Identify and communicate on concrete plans for all
  - More involvement of community and officials
  - Ongoing refinement and improvement of systems due to changes in employment/people
  - Family information
  - Unified Incident Command System
  - Seamless website for incident
  - Video feed for Command and Information Technology Department
  - Determine which patients go to which hospitals
  - Revise tribal Information Technology system
  - 911 crashing
  - Maintaining chain of custody
  - Sharing/integrating/understanding response plans with schools, businesses, and clinics
  - Scene lockdown and control
4. Identify any corrective actions that should be taken to address areas needing improvement:
- Better communications (website, interoperable, external, with business, and with hospitals) – 13
  - More exercises/practice/with different scenarios/with TERC – 11
  - Training, including joint/with business/advanced/real tabletop – 11
  - Strengthen coordination among entities/coordination – 2
  - More collaborative discussions – 2
  - Get more participation from command group
  - Clarify Memorandums of Understanding, Intergovernmental Agreements sovereignty, jurisdictions, resources, cultural issues, and so forth
  - Phone call center to deflect Mass Casualty Incident calls from barraging operators
  - Include hospitals more
  - Less political hindrance in terms of jurisdictions
  - More familiarity with ballpark/do walkthrough
  - Additional meetings between tribal government and enterprises
  - Develop resource list (fire, police, hospitals, clinics, and so forth) with contact information
  - Review action plans, tabletops, exercises
  - Involve collective in TERC to help others understand tribal response
  - Teams (fire and police) are already looking to rectify the situation
  - Jurisdictions
  - Family information
  - Clarify Phoenix Alarm to hospitals

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- Clarify communications with clinics
- Intergovernmental Agreement
- Memorandums of Understanding for police
- More collaboration
- More awareness of county, state, and federal assets

Please rate, on a scale of 1 to 5, your overall assessment of the exercise relative to the statements provided below, with 1 indicating strong disagreement with the statement and 5 indicating strong agreement.

Assessment Factor	Strongly Dis-agree			Strongly Agree or Agree	Findings
a. The exercise was well structured and organized.	1	2	3	4 5	92% agreed; 3% did not; 3% did not know
b. My organization would benefit from working in collaboration with community partners on disaster preparedness.	1	2	3	4 5	97% would benefit; 3% would not
c. The exercise documentation provided to assist in preparing for and participating in the exercise was useful.	1	2	3	4 5	95% thought the documentation was helpful; 5% did not
d. The Tabletop was useful.	1	2	3	4 5	97% thought the Tabletop was useful; 3% did not
e. I would like to attend another community-based exercise if the opportunity arises.	1	2	3	4 5	97% would attend; 3% would not

Please note any suggestions that may help us to offer better meetings in the future here or on the back of the paper:

- Great/nice job – 6
- Best exercise thus far – 2
- Move to next steps – 2
- Work together/important to work together – 2
- Include Family and Victims Advocacy Center
- More exercises/true tabletops
- Didn't like to be separated in the balcony

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- Learned a lot
- Hands-on scenarios annually
- Tabletops quarterly
- Include a list of acronyms
- I enjoy being involved in the TERC and learn a lot about preparedness
- Quarterly training – local, state, national
- Give examples of writing objectives (language suggestion) to move process along
- More community member/resident involvement
- Incident Command System diagram with all branches for those not familiar with command system
- Meet prior to workshop to work out some issues/were a lot of sidebar conversations
- Video tested before presentation/took the impact out of the video
- Panel discussion