After Action Report

National Disaster Medical System (NDMS)

Operation Mountain Move

ARESCO District 14

Date of activity: Wednesday, 10 November 2004

Duration of activity: 0800 – 1500

- 0800 – 0830 Setup
- 0830 – 0900 Communication Testing
- 0900 – 1230 Exercise
- 1230 – 1500 Hotwash/Debrief (Although the exercise officially ended at 1230, many volunteer patients did not return to COS until almost 1400.)

Description of activity: This exercise simulated a mass casualty incident in the Kansas City area that overloaded local hospitals, necessitating the evacuation of overflow patients to various destinations with available hospital beds and specialized medical care. The purpose of the exercise was to test the ability of local NDMS personnel to accurately track patient movement from arrival at the Colorado Springs airport (COS), through triage, and on to local hospital admittance.

ARES® provided communications between COS airport and 7 hospitals from the USAF Academy south to Parkview hospital in Pueblo. Traffic consisted of numbers of patients, the associated transport ambulance number, and general exercise message traffic. A remote NCS was utilized.

Locations:

- Exercise Control: Old Colorado Springs Airport
- Net Control: El Paso County, Black Forest
- Hospitals
  - US Air Force Academy
  - Penrose Main, Colorado Springs
  - Penrose Community, Colorado Springs
  - Memorial, Colorado Springs
  - Cedar Springs, Colorado Springs
  - Evans Army Community, Ft Carson (two stations - ER and EOC)
  - Parkview Medical Center, Pueblo

Amateur radio groups: ARESCO District-14 (PPARES)

Served agency: US Army, NDMS Area Coordinator

Served agency role: Design, plan, and execute the exercise; Operation Mountain Move

Amateurs participating: 22 operators total

Mission Coordinator: Mike Allen NØMIK

Assistant MC: Tom Dawson KCØNRZ

- ABØVO, KØFCM, KØHBZ, KØTER, K4ARM, KAØPII, KCØAQU, KCØDTQ, KCØMIR, KCØMQK, KCØPRM, KCØQPS* KCØQQO*, KRØMAG, NØNKG, NØXIA, N4PIM, W5MJC, WAØVSL, WA6TTY

Amateur service hours: 129 Total

- Planning, testing, preparation: 49
- Operator Hours: 80

Frequencies:

- Phone
  - MARC 447.475 repeater (Colorado Springs) Primary
  - CMRG 147.345 repeater (Colorado Springs) Secondary
- Packet
  - 145.010 using the Deer Peak Node (NDØQ-1) with stations at COS, Evans Army Community Hospital EOC, US Air Force Academy, Parkview Medical Center, and NCS.

Goals of activity:

- Provide communications (including digital) to handle tactical and logistical traffic or inquiries as requested between the Exercise Coordinator at COS, and the 7 hospitals involved in the exercise. (The EOC at Evans Army Hospital was not a participant in the exercise but was activated to allow US Army command personnel a way to monitor the exercise.)
- Explore and test communication capabilities, both voice and digital, between adjacent districts (D-14 and D-16).

Goals accomplished? Yes to all.

What went well?

- The exercise as a whole went well from a communications standpoint. All patient/ambulance information was passed as requested by the Exercise Coordinator.
- Although initially skeptical, Evans EOC command personnel were very impressed with amateur radio capabilities. They were extremely impressed by our prompt, accurate, and complete responses to their questions. Putting one of our best operators in this "PR" role paid real dividends. Kudos to KØHBZ. (Although not officially participants, the EOC did ask for exercise information and status.)
- Stations at all locations were set up and fully operational by 0815, 45 minutes before the exercise began.
- Numbers of patients dispatched to the various hospitals were accurately tracked.
- VHF packet was deployed at 5 locations (COS, US Air Force Academy, Evans EOC, Parkview Hospital, and NCS). Paths were found and packet traffic passed between Parkview, COS, Evans EOC, and USAF Academy.
- Two operators were unable to report to their stations due to a traffic accident. Having multiple operators at each location allowed a last minute re-deployment to cover their position. (* Thankfully, Kirby KCØQPS and Melinda KCØQQO were home that evening with only minor injuries.)
- Access to the USAF Academy and Ft Carson by non-military operators went smoothly. Lists of supporting operators were in place at facility gates beforehand and aided access by ARES® operators.
- Very evident interest in amateur radio was expressed by Cedar Springs and at COS where outside agencies observed, and the media reported, the exercise.

Improvement Needed:

- While not all packet traffic needed to be passed using the ICS-213 General Message form, messages intended for "command" personnel at any location should be passed on the ICS-213.

- While not part of the exercise per se, the bus picking up volunteer patients at each hospital after the exercise should have had an operator on board. Without an operator, there were extended periods of time where the location/status of the bus was unknown, raising questions and causing concern.
- There were way too many missed calls on the UHF phone frequency, especially at one station in particular. There MUST be dedicated operators for each function at each location, who will not be called away to perform other tasks. One operator to cover multiple frequencies/modes/duties is unacceptable. For this exercise, there should have been at least 2-3 operators at each location; 3-4 for locations using packet. This would have allowed all frequencies/modes to be covered and let one operator act as a "runner" when needed.
- Greater attention needed to be paid to when operators could stand down. Many were left on station even after exercise patients had departed and there was no further exercise traffic for them.
- The use of "Exercise Message" was not consistently used prior to and right after exercise traffic. It was forgotten more than it was remembered.
- Throughout the exercise, there was significant clipping on the repeater by some operators resulting in the loss of the first 2-4 syllables. Operators must key the microphone, [W.A.I.T] then talk.

Lessons learned:

- Where only one dual-band antenna is available, and voice/packet operations are taking place on both VHF and UHF frequencies, a duplexer would be a valuable addition to the operator's go-bag. This will allow the connection of separate phone and packet radios to a common antenna when packet is on one band and phone is on the other.
- When planning event or exercise support, allow for enough operators at each location so that each one has only one function to perform, all functions are covered, and all radios are manned at all times.
- Schedule a few reserve or stand-by operators to allow last minute re-deployments and still have enough operators as noted above.

Recommendations:

- Add Cedar Springs Hospital to the list of those contacted by our PPARES AEC Hospital Liaison.
- Explore the possibility of installing antennas at Cedar Springs Hospital. Personnel there were very interested in amateur radio and wanted to be involved in more exercises of this type.

General comments:

- (+) Cooperation received from AMR, Skywest (COS facility manager), all hospitals (especially Parkview and Cedar Springs), and the military was superb.
- (+) PPARES Involvement in exercise planning was a big plus. Because of this, we had a clear understanding of the exercise as a whole and what was expected of us regarding patient tracking; something lacking in previous exercises of this type.
- (-) Throughout the exercise, information critical to our function was not passed to operators at COS in a timely manner, if at all. While not our responsibility, we had to repeatedly go looking for the correct information in a situation where conflicting information was the norm.
- (-) There was confusion later in the exercise when we were told to record and track the numbers on the patient wristbands as they arrived and departed the various hospitals. This was NOT asked of us during any of the planning or during the first hour or so of the exercise.

- (-) We were never notified of it, and the primary hotwash was conducted with all major players except ARES®. Valuable information could have been exchanged at this time. It's notable that this hotwash occurred before the exercise was entirely over. A second hotwash with the simulated patients provided little, if any, value for those in attendance.
- My thanks to all PPARES operators who participated and especially KØHBZ, KAØPII, KCØQPS, KCØPRM, N7LV, and WA6TTY for taking the time to submit well thought out and insightful post-exercise comments.

Additional training:
- Mission Coordinator training (course in development).

Agency Feedback:
- Major Fred Boettcher, the Area NDMS Coordinator and several other NDMS personnel were very complimentary to ARES® after the exercise. Major Boettcher wrote in his After Action Report: "Excellent support from the local ARES service in Colorado Springs."

Future exercise ideas:
- A packet-only exercise where voice would be used only to coordinate/resolve packet issues.

Report submitted by: Mike Allen, NØMIK
Mission Coordinator
ARESCO D-14