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IMES

MEMORANDUM THRU IMCOM Directorate- Sustainment, 4400 Martin Road Redstone Arsenal AL. 35898

FOR Garrison Commander, Redstone Arsenal, 4488 Martin Road, Redstone Arsenal, AL. 35898

SUBJECT: (U) After Action Report for Active Assailant, USAG Redstone Arsenal, conducted on 12 March 2019

1. (U) Enclosed is the After Action Report (AAR) of Active Assailant, USAG Redstone Arsenal, conducted on 12 March 2019
2. (U) This AAR contains detailed observations, analysis, and recommendations for sustaining and improving plans, policies, and procedures. You are required to provide a Corrective Action Plan (CAP) to HQ IMCOM Provost Marshal/Protection Division NLT 60 days after receipt of this report. We welcome any feedback your staff may have from the written AAR in order to help improve the team's process. This exercise qualifies as your installation's evaluated Bi-annual full scale exercise.
3. (U) The point of contact for this action is Mr. Joseph Osborn, Commercial (210) 466-0493, DSN 450-0493, email joseph.r.osborn.civ@mail.mil.



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**Redstone Arsenal
Active Assailant Full Scale Exercise
12 March 2019**

AFTER ACTION REPORT



This After-Action Report (AAR) aligns exercise objectives with National and Army preparedness doctrine to include the National Preparedness Goal and related guidance. Exercise information required for preparedness reporting and trend analysis is included.

ADMINISTRATIVE HANDLING INSTRUCTIONS

1. The title of this document is Redstone Arsenal FY19 Full-Scale Exercise After Action Report (AAR).
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EXECUTIVE SUMMARY

Redstone Arsenal conducted a Full Scale Exercise (FSE) on 12 MAR 19 named Redstone Arsenal Active Assailant FSE FY19. This exercise was designed to set conditions for the Installation to demonstrate select core capabilities to prevent, protect, mitigate, respond, and recover (P2MR2) from an Active Shooter incident in accordance with doctrine, local plans, policies, and procedures. The central framework that supports P2MR2 directly correlates to containing the incident, shortening its duration, and speeding mission recovery. The scenario and supporting exercise design triggered the start of the exercise with a 911 call reporting shots fired in Building 3222 resulting in two killed and six wounded. First responders were evaluated on their ability to successfully complete those tasks associated with each critical link in the “chain of survival” to include: stop the killing, stop the dying, and transport of victims to definitive care. Initial six Law Enforcement (LE) responders contained the shooter in the building by immediately setting up a perimeter. Contact team neutralized the shooter within four minutes of initial entry. Immediately after, an Improvised Explosive Device (IED) was discovered and first responders cleared out of the building. As LE contact team exited the building, they took two walking wounded with them; however, they were just placed on the street without any medical care until they were transported to the Casualty Collection Point (CCP) nearly 30 minutes later. Rescue Task Force (RTF) did not make entry into the building for another hour and 11 minutes delaying medical care for remaining victims for over two hours. In total, it took nearly two and a half hours to accomplish all critical response tasks which resulted in increased risk, potential unnecessary fatalities, and extended time to transition to recovery operations. The Emergency Operations Center (EOC) was activated and operational within 30 minutes. Evaluation of the EOC focused on core competencies to include: maintaining situational awareness, managing information, managing requests for information/assistance (RFI/RFA), and maintaining historical documentation. Other evaluated areas included fatality management, threat assessments, personnel accountability procedures, and recovery planning and operations. The exercise lasted six and a half hours resulting in 3 MAJOR, 19 SIGNIFICANT, 20 MINOR, and 13 SUSTAIN observations with a total of 55 overall. These observations will provide the command team detailed information to determine the extent of achievement of their five training objectives and supports T, P, U assessment.

The exercise was developed to test 12 of 27 core capabilities for Redstone Arsenal. In addition, one capability (#24 Public Health and Medical Services) was observed that was not originally planned to be addressed. The observations associated with this capability have been included in this report to provide Senior Leadership insight and the opportunity to follow up. The formal planning process began with the Initial Planning Meeting (IPM) in 6 Sep 18, Mid Planning Meeting (MPM) in 9 Jan 2019, and Final Planning Meeting (FPM) in 20 Feb 2019. Based on the exercise planning team’s coordination, the following objectives were developed for Redstone Arsenal Active Assailant FSE FY19:

Objective #1: Validate Installation Emergency Response Plans, Policies, and Procedures.

Objective #2: Validate the Installation's Public Information and Awareness Plan.

Objective #3: Validate the Installation's ability to integrate local, state, and national resources and validate existing MOUs/MOAs during and Active Assailant event.

Objective #4: Evaluate the Incident Command System (ICS) in response to an active assailant event and effectively transition to a Unified Command.

Objective #5: Assess health and social services capabilities and networks to ensure resilience, independence, health (including behavioral health), and well-being.

Training objectives are concise, action oriented statements that describe desired training outcomes. Each training objective aligns to one or more core capability to enable systematic tracking of progress over the course of the exercise or exercise cycles and standardizes exercise data to inform preparedness evaluations. Core capabilities are demonstrated through a series of critical tasks that are outlined in the IMCOM Exercise Evaluation Guides (EEG) and collectively, lead to overall validation of the chosen training objectives. Of the 12 core capabilities chosen for this exercise, all 12 were demonstrated and observed. In order for the Command leadership to make an accurate and definitive T, P, U assessment, exercise play must drive the staff to decision making points and critical tasks be performed in order to be validated.

To accomplish that validation, FSEs must have a certain level of rigor with triggers for specific tasks leading to expected actions of the players. Redstone Arsenal demonstrated significant live play for the Active Assailant scenario, including role players as victims, a K9 officer, and Rescue Task Force (RTF). All five of the training objectives had observations; however, nearly 20 observations were assigned to the gap category, both in objectives and core capabilities. In general, this means that the objectives, core capabilities, or neither aligned with the execution of demonstrated critical tasks for the scenario.

In the protection framework, the central ideas that guide planning, training, and performance include P2MR2. In exercising an Active Assailant scenario, the first patrols on scene formed a contact team; however, instead of moving direct to threat they performed a search of rooms as they moved through the building. In one case, they searched the same room twice, duplicating tasks and delaying overall mission accomplishment of time sensitive actions. During this initial search, an IED was discovered and the contact team evacuated the building. No attempt was made to extricate any of the shooting victims while they egressed, delaying care from the RTF for nearly an hour. From the beginning of the incident to the last patient evacuated from the building was 2 hours and 19 min. It is a reasonable conclusion that many of these victims would have had negative outcomes without triage and treatment.

Incident Command was established 13 minutes after arrival of initial LE units. The initial contact team had no direction on formation, which team movements should be prioritized, and collective development of tactical objectives. This resulted in the contact team not being able to rapidly isolate, neutralize the threat and deny the suspect a bigger victim pool. Incident Command transitioned to a Unified Command; however, UC was

ineffective as there was poor communication between Fire and LE. There was no identification of common objectives, no IAP developed, and gaps in overall awareness of current operations degraded the effectiveness of mission continuation and management of multiple resources. As a training objective, it is unlikely this was met as the chain of survival was seriously compromised.

The EOC was activated in support of the incident; however, struggled throughout the incident with establishing a common operating picture. There was very little information sharing between functional areas which impacted overall situational awareness. First responders passed incident information to their representatives in the EOC; however, this information was not announced or shared with the staff. There should be established priorities and frequency of what is updated and displayed within the EOC on available monitors to ensure mutual understanding of all EOC members while conducting EOC operations. The EOC must synthesize raw data into a useable form for the Garrison Commander, to include COAs and recommendations that impact the GC's overall decision making and consequence management. In addition, many functional areas in the EOC were not being proactive with consequence management which directly impacts decision making and the ability to support long-term recovery operations.

The purpose of this report is to analyze exercise results, identify strengths to be maintained and built upon, identify potential areas for further improvement, and support development of corrective actions. This after-action report provides an exercise overview to frame exercise observations, analysis of observations in the context of core capabilities and EOC core competencies, and general feedback to support the installation's continued efforts to build preparedness and strengthen resilience.

Exercise Design:

The design team engaged with the Redstone Army Arsenal staff from April 2018 through execution in March 2019 by providing direct support throughout all FSE planning phases, including the Concept and Objectives (C&O) Brief, Initial Planning Meeting (IPM), Training Objective development, Mid Planning Meeting (IPM), Final Planning Meeting (FPM), Master Scenario Events List (MSEL) development, and the FSE. The design team participated in numerous other IPRs and coordination meetings, working closely with the installation staff to create a structured exercise scenario that facilitated Redstone Army Arsenal's ability to successfully demonstrate response/recovery capabilities.

Exercise program planning, design, and execution highlights included:

In coordination with the IMCOM Lead Evaluator and Team Lead, attended the on-site IPM to refine the scenario timeline, Master Scenario Event List (MSEL), and HSEEP deliverables; met with the COP/GIS Manager to confirm simulation linkage/connectivity; conducted a windshield tour of the installation, and reviewed exercise locations.

Led White Cell activities that encompassed surge personnel training; Communications Plan confirmation; EOC/Web EOC synchronization; and final MSEL review and execution.

Utilized EDMSIM to replicate “live” play and provided a .kml link for Google Maps/WebEOC Mapper to the EOC for law enforcement, fire, HAZMAT, and EMS capabilities.

Utilized the Applied Training Solutions MSEL Tool to execute 88 MSEL injects and 236 Social Media/Media injects that provided collaborative operational results during the FSE.

Major Strengths

Capability #1: PLANNING

Redstone demonstrated effective supporting relationships with local, state and federal partners. The local Huntsville offices of the FBI and Alcohol, Tobacco, and Firearms (ATF) were well-integrated into the exercise and strengthened their working relationship with the Redstone Arsenal Garrison counterparts.

Capability #2: PUBLIC INFORMATION AND WARNING

The Redstone Garrison Public Affairs Office (PAO) established great working relationships with the other PAOs on post. The PAO coordinated across the installation tenant commands and actually formed a team of PAO representatives for this event. The team collaborated on all products released to the public which ensured unity of effort across all stakeholders in the PAO community. Additionally, PAO actions resulted in two areas that were recommended as “best practices” by the evaluation team.

Capability #24: PUBLIC HEALTH AND MEDICAL SERVICES

The medical support services performed admirably throughout the FSE. The installation medical treatment facility, Fox Army Health Clinic (FAHC), deployed Patient Administration (PAD) teams to the Huntsville medical facilities that could potentially receive patients from the garrison. These teams were fully equipped with portable patient tracking automation which was recognized as a best practice. Additionally, the Redstone Arsenal HEMSI MAA to provide ambulance support was well executed and demonstrated a sound working relationship with the stakeholders.

Primary Areas for Improvement

EOC Core Competencies:

The EOC needs improvement in the core competencies as follows:

Establishing and Maintaining Situational Awareness: The EOC Operations COP and Situational Awareness lacked fidelity and timeliness. The COP did not have an overview of all assets and information available to help the commander make effective, coordinated, and timely decisions. Items such as incident specific CCIR's, Commander's intent, casualty status, personnel accountability, asset visibility, and threat reports were not readily visible on the COP.

Managing, Taking Action on, and Tracking Requests for Information or Assistance (RFI/RFA): The EOC used a WebEOC RFI/RFA board, but it only captured about half the actual RFIs/RFAs and was never used to brief, track, or manage the RFI/RFAs effectively.

Managing Information and Communications: The EOC was not successful in managing information and communication essential to establishing a COP to support unified decision-making across all levels of responder agencies and other installation partners. While most of the pertinent incident information was making its way to different staff sections across the EOC, that information was rarely shared or fed to a centralized product with which an accurate COP could have been established and shared to all members of the EOC.

Capability #22: ON-SCENE SECURITY, PROTECTION AND LE

Incident/Unified Command: A delay in the establishment of Incident Command (IC) at the incident site led to significant problems during initial response. This led to lack of situational awareness by the IC and the IC was not able to effectively manage and direct resources. Additionally, while Unified Command (UC) was established, there was poor command and control between the functional sections (Fire and LE). There were no identified common objectives, no Incident Action Plan (IAP) developed, and the UC lacked awareness of the current operations.

EXERCISE OVERVIEW

Exercise Name	Redstone Arsenal Active Assailant FSE FY19
Exercise Type	Full-scale Exercise (FSE)
Exercise Dates	12 March 2019
Scope	This exercise was a one day FSE at Redstone Arsenal, AL. Exercise play was limited to DES, EOC, and limited tenant participation.
Mission Area(s)	Prevention, Protection, Response, and Recovery
Objectives	See Executive Summary
Threat or Hazard	Active Assailant (Shooter)
Scenario	Active Assailant enters a building on the installation and shoots occupants, results in 3 fatalities and 8 injured personnel
Participating Organizations	Players and observers from across installation directorates and tenant organizations as well as local, state, and federal partners participated in Redstone Arsenal Active Assailant FSE FY19. A full list of participants is provided in Appendix A

Core Capabilities

Redstone Arsenal Active Assailant FSE FY19 was designed to examine and validate 12 of 27 core capabilities. Observed capabilities were matched to the five training objectives.

Cap #	COMMON	Eval	Cap #	RESPONSE	Eval
1	Planning		14	Critical Transportation	
2	Public Information & Warning		15	Environmental Resp/Health & Safety	
3	Operational Coordination		16	Fatality Management Services	
PREVENTION					
4	Intelligence & Information Sharing		17	Fire Management & Suppression	
5	Screening, Searching & Detection		18	Infrastructure Systems	
6	Forensics & Attribution		19	Logistics & Supply Chain Management	
PROTECTION					
7	Access Control & ID Verification		20	Mass Care Services	
8	Cybersecurity		21	Mass Search & Rescue Ops	
9	Physical Protective Measures		22	On-scene Security, Protection & LE	
10	Risk Mitigation for Protection Programs		23	Operational Communications	
MITIGATION					
11	Community Resilience		24	Public Health & Medical Services	
12	Risk & Disaster Resilience Assessment		25	Situational Assessment	
13	Threat & Hazard Identification		RECOVERY		
			26	Health & Social Services	
			27	Housing	

SECTION 2: CORE CAPABILITIES ANALYSIS

Aligning exercise objectives and core capabilities provides a consistent taxonomy for evaluation. Table 2 crosswalks exercise objectives and core capabilities observed during the exercise and determined by the evaluation team. Consistent evaluation criteria described in the table below was applied to each observation discussed in this section.

Table 1: Evaluation Criteria

EVALUATION CRITERIA
MAJOR Improve: Effects mission assurance at a critical point and should be addressed immediately NOTE: observations rated as MAJOR indicate items that impact life safety, mission assurance, or protection of property
SIGNIFICANT Improve: Needs improvement plan in a timely manner with possible mitigation efforts in place
MINOR Improve: Tasks are being met; however, room for improvement exists
SUSTAIN: Indicates actions, procedures, best practices, or innovations that should be sustained

Analysis of exercise evaluation is organized by core capability and observations. Each observation is followed by a discussion, key references, and recommendations. Core Capabilities linked Redstone Arsenal Active Assailant FSE FY19 objectives are listed below. Observed capabilities are matched to the five training objectives.

Table 2: Exercise Objectives and related Core Capabilities

Objective	Core Capability
Objective #1: Validate Installation Emergency Response Plans, Policies, and Procedures.	Planning
Objective #2: Validate the Installation's Public Information and Awareness Plan.	Public Information and Warning
Objective 3: Validate the Installation's ability to integrate local, state, and national resources and validate existing MOUs/MOAs during and Active Assailant event.	Planning Operational Coordination Forensics and Attribution
Objective 4: Evaluate the Incident Command System (ICS) in response to an active assailant event and effectively transition to a Unified Command.	Operational Coordination Situational Assessment On-Scene Security, Protection and LE
Objective 5: Assess health and social services capabilities and networks to ensure resilience, independence, health (including behavioral health), and well-being.	Public Health and Medical Services Health and Social Services

Capability #1: Planning

Capability Summary: Conduct a systematic process engaging the whole community as appropriate in the development of executable strategic, operational, and/or tactical-level approaches to meet defined objectives.

Task 1.0: Develop, implement, maintain and exercise Antiterrorism Plan.

Observation 1.1: SUSTAIN: The Antiterrorism Plan is thorough and updated.

Discussion: Annex D, Antiterrorism Operations to the Redstone Arsenal Emergency Operations Plan addresses the requirements of Standard 7, Antiterrorism Planning, and AR 525-13. Developing, maintaining and exercising the Antiterrorism plan ensures the safety and security of the protected populace and leads to overall mission assurance.

References: AR 525-13, Redstone Arsenal Emergency Operations Plan Annex; Antiterrorism Operations Annex D

Recommendation: SUSTAIN

Task 2.0: Develop, maintain and exercise Emergency Action Plans (EAP)

Observation 2.1: SUSTAIN: The 2nd Recruiting Brigade has a thorough EAP.

Discussion: The 2nd Recruiting Brigade has well documented procedures for Shelter in Place and Active Shooter that includes procedures for lockdown. The EAP is very detailed and provides checklists as well as assigning responsibilities for actions. Ensuring building occupants perform proper lockdown/SIP procedures contribute to the overall protection of the installation personnel.

References: 2nd Recruiting Brigade Emergency Action Plan, March 2019

Recommendation: SUSTAIN

Task 3.0: Develop formal MOUs/MOAs/MAAs IAW installation gap assessments.

Observation 3.1: MINOR: The MOA on record between FBI and Redstone is outdated.

Discussion: The Installation has partnered with the Department of Justice Federal Bureau of Investigation – Huntsville Office to respond to incidents with their SWAT team within two hours. The Provost Marshal's Office no longer exists at Redstone and the police have transitioned to the Director of Operations. The most recent MOA being used is over 17 years old. Without current and approved MOUs/MOAs, significant challenges with financial reimbursement and legal ramifications may arise after an incident.

References: Redstone Arsenal EOP 13-013

Recommendation: Update and gain approval for MOA's/MOU's to ensure they are current and legally sufficient. Validate with drills and exercises.

Task 4.0: Coordinate and integrate appropriate response and recovery agencies and/or organizations in plans, training and exercises.

Observation 4.1: SUSTAIN: Fire & Emergency Services (FES) use local ambulance service provider resources to support installation response capabilities.

Discussion: In most cases, an Active Assailant incident can quickly overwhelm an installation's initial response capabilities. Augmenting equipment, resources, and manpower from local agencies contributes to shorter incident duration, promoting preservation of life, and enabling a more rapid recovery.

References: USAG-RA and HEMSI MOU 16244-02

Recommendation: SUSTAIN

Task 5.0: Develop formal MOUs/MOAs/MAAs IAW installation gap assessments.

Observation 5.1: MINOR: FES Mutual Aid Agreements (MAAs) are outdated.

Discussion: Redstone Arsenal FES currently has several MAAs with its community partners that are outdated. There are MAAs dated 2011 without signatures from current leadership. In a fiscally challenging environment, installations rely heavily on MOU/MOA support and these should be exercised regularly to ensure needs of the installation are being met, working relationships are fostered, and any response gaps identified.

References: AR 420-1; DA PAM 525-27; Redstone Arsenal Emergency Operations Plan (EOP) 13-013 Appendix 2

Recommendation: Review and update MAAs and MOUs with community partners. Validate with drills and exercises.

Task 6.0: Develop emergency operations/response plans that describe how personnel and equipment will support and sustain incident management requirements.

Observation 6.1: MINOR: The DES Crisis action plan and SOPs are outdated and inconsistent.

Discussion: The DES Crisis Action Plan, Police Department SOP and the Fire department all have different policies and guidelines for active assailant response. In addition, they use inconsistent verbiage across the documents pertaining to the same topics. For example, some use "Active Assailant", some use "Active Shooter" and some use both. This inconsistent terminology and procedural guidance can cause confusion and could lead to problems with executing these important response drills, jeopardizing the health and welfare of the installation's personnel.

References: HSPD 8, AR 525-27, DA Pam 525-27, ICS, NFPA 3000, TSP 191-AS-2015, ALERRT

Recommendation: Update the Action Plan and SOPs to be in line with proper terminology and/or consider a combined response plan for incidents that will require a

joint response. Upon completion of the updates, train and exercise to ensure all applicable personnel can execute these to standard.

Task 7.0: Execute exercises/drills that challenge management and operations and test knowledge, skill and abilities of individuals and organizations.

Observation 7.1: SIGNIFICANT: Training opportunities across multiple functional areas were missed.

Discussion: The exercise provided opportunities for organizations to conduct hands-on training that was not leveraged including: Not activating the EFAC, DFMWR not included in the Recovery Working Group, Giant Voice not used to alert the protected populace, and not interviewing victims or processing the crime scene. Missing these valuable training opportunities impacts the ability to validate plans and SOPs.

References: AR 608-1 Appendix F

Recommendation: Ensure all organizations participating in the exercise effectively execute tasks to validate plans and procedures.

Task 8.0: Develop, implement, train, exercise and update SOPs throughout the organization.

Observation 8.1: MINOR: Redstone Arsenal LE has insufficient SOPs.

Discussion: As an organization, the Redstone LE does not have many developed SOPs for their officers to follow and the large majority of the ones that they do have are outdated. SOPs are vital to how an organization operates because they provide a common language and a set of guidelines and instructions that standardize and describe specific actions for personnel to take during operations for specific incidents.

References: AR 600-20, AR 25-50

Recommendation: Develop new SOPs and update pre-existing SOPs that clearly outline TTPs during police operations. Conduct regular training and exercises to ensure proficiency.

Capability #2: Public Information and Warning

Capability Summary: Deliver coordinated, prompt, reliable, and actionable information to the whole community through the use of clear, consistent, accessible, and culturally and linguistically appropriate methods to effectively relay information regarding any threat or hazard, as well as the actions being taken and the assistance being made available, as appropriate.

Task 1.0: Publish installation emergency warnings and press information within 10 minutes.

Observation 1.1: SIGNIFICANT: Public affairs delayed posting information and warning to social media until after publishing of the initial press release.

Discussion: Publishing the initial press release took 51 minutes from the time of the initial active shooter report. Delay of public warnings led to confusion and panic of the public, as displayed in a large number of social media posts and press inquiries (over 230 combined according to the White Cell). Providing information and instruction to the public facilitates safety and expedites emergency response and recovery efforts.

References: AR 360-1, Army Public Affairs

Recommendation: Develop an SOP for timelines of collection, staffing, and release of crucial information.

Task 2.0: Inform the public of military activities.

Observation 2.1: SIGNIFICANT: Public Affairs released inaccurate information to the public.

Discussion: Information coordination was a challenge for Public Affairs resulting in confusion of information fit for release (name of assailant to media and in public release), as well as release of inaccurate information (casualty numbers) to the public in a press conference. Release of inaccurate information impacts public trust and effects the garrison's overall credibility.

References: AR 360-1, Army Public Affairs

Recommendation: Develop an SOP that clearly outlines publishable information and identifies credible sources for confirmed information.

Task 3.0: Provide timely updates when pertinent information becomes available.

Observation 3.1: SUSTAIN: Public Affairs staffed their fourth press release through a request for on-the-spot verification from the entire EOC.

Discussion: This method increases situational awareness within the EOC and expedites the process of providing accurate and timely information to the public. This process integrates all functions of the EOC, synchronizing and timing communication efforts, and facilitates a shared understanding of Commander's intent across all audiences.

References: AR 360-1, Army Public Affairs

Recommendation: SUSTAIN. This could be considered a Best Practice

Task 4.0: Establish a Joint Information Center (JIC).

Observation 4.1: SUSTAIN: PA established a virtual Joint Information Center (JIC).

Discussion: The Redstone Arsenal Garrison PAO announced the Active Assailant exercise to six Public Information Officers (PIOs) of local and state agencies including them in a virtual JIC. The virtual JIC facilitated and expedited synchronization of public information and warning with partner agencies in the spirit of the National Response Framework.

References: National Response Framework

Recommendation: SUSTAIN

Task 5.0: Coordinate and integrate, when appropriate, the resources and operations of external public affairs organizations.

Observation 5.1: SUSTAIN: Tenant unit PA assets augmented Redstone Public Affairs.

Discussion: The Redstone Arsenal Active Assailant Crisis COMMS Plan assigns communication tasks to multiple Public Affairs Offices on the installation, expanding the capacity of public information and warning assets. Several tenant units supported the garrison PA staff by helping to provide timely public information, interoperability, and surge capacity.

References: AR 360-1, Army Public Affairs

Recommendation: SUSTAIN. This could be considered a best practice.

Task 6.0: Ensure accurate and timely dissemination of proactive, protective, crisis and emergency risk information is conveyed to appropriate audiences.

Observation 6.1: MINOR: The 2nd Recruiting Brigade did not receive notification of the Active Assailant until after LE had forced entry into the site.

Discussion: The 2nd Recruiting Brigade did not receive notification about the Active Assailant through AtHoc or any other Mass Notification Warning Systems (MWNS) until after LE had initiated entry into the building, which was approximately only a block from their location. DoDI 6055.17 states “Alert notifications requiring immediate action must be issued within 2 minutes of incident notification and verification.” The Brigade had volunteered to conduct lockdown procedures and waited for the Alert, but once activity was detected at the building 3222 they alerted their facility over the intercom to conduct lockdown. Effective MWNS is a required capability to provide immediate protective action and incident specific information to the protected populace.

References: AR 525-27, chapter 6, para 6-3, 6-4, page 12; DoDI 6055.17, Sec 5, para 5.5.

Recommendation: Ensure MNWS is transmitted in a timely manner to all installation personnel. Test and train on MNWS regularly to ensure effectiveness.

Capability #3: Operational Coordination

Capability Summary: Establish and maintain a unified and coordinated operational structure and process that appropriately integrates all critical stakeholders and supports the execution of core capabilities.

Task 1.0: All required incident specific EOC personnel are present and possess internal SOPs and have access to doctrinal reference material in order to perform their mission.

Observation 1.1: MINOR: Functional Battle Books in the Emergency Operations Center (EOC) were inconsistently updated and/or not used.

Discussion: Battle Books assist and guide EOC personnel on key tasks associated with the position when activated in the EOC in response to an event. They are also instrumental in providing critical checklists and information if needed during a network outage. In the Redstone EOC, the DHR maintained a Battle Book. DFMWR maintained a Battle Book in the EOC; however, there was not an EFAC plan or any information on toll free phone number etc. Safety did not keep a Battle Book in the EOC; however, they brought it with them and took advantage of the exercise to update several products within it. The lack of updated Battle Books could indirectly lead to preventing/minimizing loss of life, injury, and property while contributing to overall situational awareness and effectiveness of the EOC.

References: DA PAM 527

Recommendation: The DoO is responsible to ensure each functional area updates battle books and create missing ones to reflect current operating procedures and requirements. Train personnel on the use during scheduled training and maintain books in the EOC for others to use as needed.

Task 2.0: EOC Coordinates Resources and Supports Incident Response.

Observation 2.1: SIGNIFICANT: Many functional areas in the EOC were not being proactive with consequence management.

Discussion: Some EOC positions had limited play due to type of incident; however, they were not being proactive managing resources and identifying potential follow-on tasks associated with secondary and tertiary effects of the incident. Resource requirements that impact decision-making should be anticipated to support operations ensuring capabilities are not late to need.

References: Redstone Arsenal Emergency Operations Plan (EOP) 13-013; DA Pam 525-27, Chap 11 Command and Control and Communications (Table 11-1)

Recommendation: EOC personnel should focus and anticipate requirements and challenges, develop COAs for potential solutions. Repetitive training for staff will help build a proactive team.

Task 3.0: Collect, analyze, and disseminate information and intelligence.

Observation 3.1: SIGNIFICANT: Operational coordination between functional staff sections in the EOC was limited.

Discussion: Early on in the incident, communication and collaboration between the staff sections in the EOC was limited due to the lack of sharing of initial reported information. For example, first responders passed incident information to their representatives in the EOC (LE, CID, Fire) which only passed the information to the DoO; however, the EOC representatives did not announce or post that information. This limited the EOC's ability to maintain accurate situational awareness. WebEOC was available, but not used for information sharing until later in the incident. Utilizing available tools ensure all members of the EOC receive near real-time updated information on the status of the incident.

References: DA Pam 525-27 Chapter 11, NIMS IS-704

Recommendation: Train EOC staff on battle drills and TTPs to ensure effective information sharing throughout the EOC.

Task 4.0: Convene the Recovery Working Group (RWG) with appropriate staff sections early in the incident process.

Observation 4.1: SIGNIFICANT: Recovery Working Group (RWG) was convened without LRC, DFMWR, or Fox Army Health Clinic (FAHC) representation.

Discussion: The DoO Plans and Ops Chief led a RWG convened at 1300 in order to facilitate recovery planning with DHR, DPW, ISO, Safety, CID, and RSO present. RWG established several priorities for the next 24-72 hours and several additional priority requirements for the next 30-90 days. The immediate recovery priorities; however, did not have specific planning and actionable recommendations for the Garrison Commander. The absence of LRC, DFMWR and FAHC representatives left questions unanswered about recovery requirements and capabilities such as logistical challenges, EFAC activation decision, and FAHC role in the critical stress management process in support of the RSO.

References: Redstone EOP

Recommendation: Develop a Recovery SOP to include core membership, tasks, purpose, roles and responsibilities in the Redstone EOP.

Task 5.0: Monitor/measure performance of assigned resources and identify resource requirements for future time periods.

Observation 5.1: SIGNIFICANT: EOC staff did not provide options for the Commander in resourcing capabilities.

Discussion: The incident presented significant resource challenges for Redstone LE. For example, the SC and GC identified the need for additional LE patrol assets to protect highly vulnerable areas (CDC, Schools, etc.), but a problem-solving process to create

COAs for Command decisions to solve these issues never occurred. This lack of staff function could have resulted in critical support being late to need, jeopardizing the protected populace.

References: DA PAM 525-27, Chapter 11-3

Recommendation: Develop Decision Support Templates to fully understand resource allocation and available options during contingencies. Conduct training and exercise events that drive the EOC staff to solve complex problems.

Task 6.0: Activate, alert, and request response from 100% EOC personnel.

Observation 6.1: MINOR: EOC was not activated until sixteen minutes after a known armed assailant (active shooter).

Observation 6.2: SIGNIFICANT: EOC activation procedures did not notify all appropriate LNOs to report to the EOC.

Discussion: Once Incident Command (IC) was established and the active assailant was confirmed, the IC did not call for activation of the EOC. DA PAM 525-27 requires the activation of the EOC for an “Active Shooter” by the IC. The official call to activate the EOC was done by the Unified Command (UC), which was established sixteen minutes after the initial IC. Quick activation of the EOC leads to more timely analysis and command decisions which will result in the timely delivery of required services and logistics to areas of need.

Further, the Redstone IEOC employs a tiered activation concept, consisting of 5 activation levels. In an active shooter scenario of this magnitude, activation of level 4 would be warranted; however, there was no evidence that the IEOC appropriately conducted Level 4 activation. For example, the FAHC was omitted from the IEOC activation, which caused a delay in the FAHC LNO reporting to the IEOC. This delay resulted in reporting gaps of patient statuses, which eventually led to inaccurate medical information in the IEOC COP. The absence of representation of key staff functions in the EOC leads to lack of pertinent information needed for the Commander to make mission critical decisions.

References: DA Pam 525-27; Fire SOP35; Redstone Arsenal Emergency Operations Plan (EOP)

Recommendation: Refine SOPs and Plans pertaining to IC/UC to ensure checklists and timelines are in compliance with governing doctrine and regulations. Train and exercise these checklists to ensure proficiency by all Fire and LE responders. Review notification groups within mass warning notification systems and exercise EOC notification and recall systems regularly to ensure compliance by all required personnel.

Task 7.0: Brief incoming IEOC representatives on current situation.

Observation 7.1: MINOR: There was no initial situation brief given to the CrMT upon their arrival in the IEOC.

Discussion: Upon arrival of CrMT, an initial situational update brief was not conducted. Providing a situational update brief will ensure that all members of the CrMT are operating from the same level of situational understanding and assists in focusing effort to ensure objectives and priorities are clearly defined.

References: DA Pam 525-27 Chapter 11

Recommendation: Establish an initial in-brief template with H-hour designated when the CrMT is first assembled in the EOC (Battle Rhythm).

Capability #4: Intelligence and Information Sharing

Capability Summary: Provide timely, accurate, and actionable information resulting from the planning, direction, collection, exploitation, processing, analysis, production, dissemination, evaluation, and feedback of available information concerning physical and cyber threats to the United States.

Task 1.0: Maintain, Operate, and Staff the Threat Working Group (TWG).

Observation 1.1: SIGNIFICANT: There was no Threat Working Group convened.

Discussion: There were at least two opportunities to convene a TWG to develop recommendations for consideration of FPCON measures change and provide a recommendation. During the exercise, the staff discussed numerous actions to protect the installation, but did not include key considerations into their decision to make a recommendation. After planning or developing recommendations, staff should identify risks, impacts, criticality, and consequences that effect the commander's decision.

References: AR 525-13, Redstone Arsenal Emergency Operations Plan

Recommendation: Conduct TWG to include all essential stakeholders. Recommendations for FPCON change should include the resources requirements and time allocation to achieve and operate at elevated FPCON.

Task 2.0: Law enforcement and other appropriate personnel utilize all available tools and resources to collect and/or share information.

Observation 2.1: SIGNIFICANT: CID and LE did not use intelligence resources to obtain current background information on the suspect.

Discussion: Although the FBI was available to provide a criminal profile of the subject, no information was ever requested. Databases such as JPAS, NCIC and Terrorist Watch List were not accessed. Providing timely intelligence information on a subject would have revealed relevant background information. In addition, it would have provided the Commander with additional information that may have been useful during his public affairs updates.

References: ATP 2-01.3, Intelligence Preparation of the Battlefield/Battlespace, 10 November 2014 and ATP 2-22.9, Open Source Intelligence, June 30, 2017

Recommendation: Consider using all resources when looking for intelligence on potential threats. Conduct training opportunities with the FBI, CID, LE and local agencies to understand all the available capabilities and establish MOAs/MOUs, policies and procedures to share intelligence information.

Capability #6: Forensics and Attribution

Capability Summary: Conduct forensic analysis and attribute terrorist acts (including the means and methods of terrorism) to their source, to include forensic analysis as well as attribution for an attack and for the preparation for an attack in an effort to prevent initial or follow-on acts and/or swiftly develop counter options.

Task 1.0: Conduct field interviews of witnesses, victims and suspects; and protect physical evidence.

Observation 1.1: SIGNIFICANT: Witness and victim status was not clearly defined.

Discussion: All personnel involved in the incident scene (victims, observers, etc.) should be considered for interviews by LE/CID. During this incident, three persons at the incident site were not injured, but they were not interviewed by LE and allowed to vacate the scene after it was determined that they were not injured. An additional six personnel were injured by the shooter and taken to Huntsville Medical Hospital. The LE involved made no effort or consideration to have representatives go to the hospital to conduct interviews with the victims once they were medically stable. These types of personnel from the incident scene may have critical information about the incident, the suspect, and/or the crime scene as a whole. By not following up with these LE actions, important information and physical evidence about the crime scene could be lost and likely lead to lengthier and incomplete investigative processes.

References: ST-19 LESM (Law Enforcement and Security Manual), June 1, 2015

Recommendation: Update SOPs and TTPs to ensure LE responders conduct field interviews and preserve crime scene evidence IAW ST-19 LESM. Train and exercise on these to ensure proficiency.

Capability #16: Fatality Management Services

Capability Summary: Provide fatality management services, including decedent remains recovery and victim identification, working with local, state, tribal, territorial, insular area, and federal authorities to provide mortuary processes, temporary storage or permanent internment solutions, sharing information with mass care services for the purpose of reunifying family members and caregivers with missing persons/remains, and providing counseling to the bereaved.

Task 1.0: Identify medico-legal authority.

Observation 1.1: SIGNIFICANT: Medico-legal authority was never clearly defined.

Discussion: At 1210, CID and FBI assumed investigative control of the crime scene at building 3222 and notified the Director of Operations that no additional security would be required at the scene. Three deceased victims remained within the facility. At 1428, DHR reported that deceased personnel had been released by CID to the county coroner and coordination with Armed Forces Medical Examiner (AFME) would be initiated; however, AFME was not activated. No report of a medical authority pronouncement of death or deferment of this authority to the county coroner was observed or noted within historical documentation. This is not in-line with established guidance and federal law, and without legally vetted MOU/MOAs, this could potentially expose the installation to legal scrutiny.

References: Title 10 United States Code, Section 1471

Recommendation: Establish and define specific guidance and concurrent jurisdiction of the medico-legal authority on the installation, and designated AFME activation process.

Capability #22: On Scene Security, Protection, and LE

Capability Summary: Ensure a safe and secure environment through law enforcement and related security and protection operations for people and communities located within affected areas and also for response personnel engaged in lifesaving and life-sustaining operations.

Task 1.0: Conduct searches according to policies, procedures, and use of force.

Observation 1.1: MINOR: Contact team did not properly clear rooms.

Discussion: The contact team conducted the search of one of the large rooms twice. Upon entry into the room, after about a minute of searching, one of the team members was heard stating “we cleared this room already”. The contact team agreed and exited the room. Duplicating tasks delays overall mission accomplishment of time-critical actions, which could delay neutralizing the threat and life-saving intervention for victims during the response.

References: ATP 3-39.11

Recommendation: Develop an SOP that clearly outlines proper clearing procedures and identifies a uniform way to mark rooms once they have been cleared. Train and exercise patrols in best practice TTPs.

Task 2.0: Remove injured personnel and emergency responders from the incident site as appropriate.

Observation 2.1: SUSTAIN: LE quickly moved walking wounded to safe location.

Discussion: LE identified a victim outside the facility and quickly directed her to cover behind their vehicle, positioning her by the rear axle for maximum cover. LE Personnel continued to facilitate the movement of walking wounded by identifying and directing them outside to a safe location to facilitate transport to definitive medical care. Getting personnel out of victim pool to a safe environment is paramount to clearing the building and providing follow-on care.

References: TSP 191-AS-2015, ALERRT

Recommendation: SUSTAIN

Task 3.0: Identify and establish an incident perimeter and zones.

Observation 3.1: SIGNIFICANT: The LE patrols did not establish a 360 degree perimeter of the incident site.

Discussion: During the initial response to the incident site, the patrols only focused on establishing security and roadblocks along Snooper Road, which runs along one side of the incident site. Vincent Drive is a major road that runs behind and in close proximity to the incident site, but was not addressed by LE in their response. This left one entire side of the building unsecured, which not only jeopardized the safety of occupants of the numerous cars traveling along the road, but also allowed for a potential escape route for the shooter.

References: AR 190-13

Recommendation: Update response SOPs to ensure that patrols understand the requirement to establish 360 degree security to any incident site containing an active threat. Train and exercise all first responders to ensure proficiency.

Task 4.0: Ensure that responders have the appropriate equipment to perform assigned tasks.

Observation 4.1: SUSTAIN: LE utilized proper equipment for an AS response.

Discussion: All responding LE personnel had Level IV plates and helmets and did not delay the response to implement it. Further, all LE personnel were using an ear piece with their radio and had breaching equipment on-scene with numerous personnel. These decisions and implementation of equipment helped ensure that personnel were prepared for an armed suspect and were able to hear radio communications despite the loud and chaotic situation. These decisions and the implementation of gear is in line with best practice from active assailant events and shows that the command team is implementing lessons learned from other after action reports, allowing for a higher likelihood of rapidly transitioning successfully through the chain of survival.

References: TSP 191-AS-2015, ALERRT, Washington Navy Yard Shooting AAR

Recommendation: SUSTAIN

Task 5.0: Employ K9 and other similar resources to search for hazardous devices.

Observation 5.1: SUSTAIN: K9 team conducted secondary device sweeps.

Discussion: After conducting the initial internal sweep of the building, the K9 team identified the need to conduct a sweep of the outside area and locations where personnel had set up operations. The K9 team ensured that they communicated the plan and only conducted the sweep after the scene was transitioning to stabilization.

References: TSP 191-AS-2015, ALERRT

Recommendation: SUSTAIN

Task 6.0: Rescue Task Force (RTF) removes injured personnel and emergency responders as appropriate.

Observation 6.1: MINOR: LE security escort for RTF did not comply with FES SOP.

Discussion: Initial RTF made entry into the building with two LE and four fire personnel. While inside, the RTF split up into two teams that consisted of one LE and two fire personnel. FES SOP defines a RTF as a team that “consists of two firefighters (the rescue element) and two law enforcement officers (the security element)”. The lack of proper security puts emergency personnel at a greater risk of injury or death impacting the effectiveness of first responders.

References: FES SOP-61

Recommendation: FES and LE adopt similar protocols so that proper coordination can be established prior to the request of a RTF.

Task 7.0: Employ movement and clearing techniques as situation dictates.

Observation 7.1: MAJOR: The contact team “flagged” each other several times during search/movement to contact operations.

Discussion: While clearing rooms searching for wounded personnel and the active assailant, the contact team walked in front of each other’s weapon muzzles on several occasions. Proper muzzle discipline awareness keeps all officers in the contact team safe and prevents potential fratricide.

References: ATP 3-39.11

Recommendation: Contact teams should train using a shoot house regularly so that all patrol officers can practice TTPs as members of entry teams.

Task 8.0: Control traffic and crowds.

Observation 8.1: MINOR: The Redstone Arsenal LE did not establish effective Traffic Control Points (TCPs) in the vicinity of the incident site.

Discussion: The LE patrols did not establish dedicated and manned TCPs within the incident site. LE did properly block off Snooper Road, which ran in front of the incident site, but no officer stayed with the vehicles in the roadway to inform passing motorist that they could not drive on the road and direct them to alternate routes. This resulted in two motorists allowed to drive around the LE vehicles and pass by the incident site. In an active assailant scenario, it is important to keep the protected populace away from the dangers of the situation and provide motorist with alternate safe routes during the event.

References: FM 3-19.4, Incident Response Checklist 6

Recommendation: Conduct refresher training on how to properly establish and man TCPs IAW Army Regulation and local SOPs.

Task 9.0: Establish Incident Command.

Observation 9.1: MAJOR: Delay in the establishment of Incident Command (IC) at the incident site led to significant problems during initial response.

Discussion: The first patrols immediately formed a contact team and began movement to the incident site rather than establish IC. Initially the contact team had no direction on formation, where team movements should be prioritized and/or development of plans or objectives. As a result, the contact team was not able to rapidly isolate, distract and neutralize the threat, allowing the suspect to continue to have access to the victim pool in the building.

References: DES Incident Response Checklist 6, AR 525-27, NIMS, ALERRT

Recommendation: Reinforce Tactics, Techniques, and Procedures (TTPs) according to organizational checklists and SOPs. Conduct training and exercises to ensure all responding patrols can execute tasks to standard.

Task 10.0: Employ movement and clearing techniques as situation dictates.

Observation 10.1: SIGNIFICANT: LE Contact Team began searching for a possible Improvised Explosive Device (IED) prior to completing their search for active assailant threats.

Discussion: The Contact Team became distracted upon neutralizing the active assailant. They found a possible detonator and note which led them to believe there was an IED present in the building. At that moment, their searching techniques switched from searching for another possible shooter to solely looking for an IED. During events such as an active assailant, it is important to complete higher priority tasks before

moving on to second and third order tasks. This deviation from the primary task could have put all the personnel in the building at risk of there being another shooter.

References: FM 3-19.4, AR 3-39.11

Recommendation: Refine the SOP pertaining to Active Assailants to include priorities of actions. Train and exercise all LE responders to ensure proficiency.

Task 11.0: Remove injured personnel and emergency responders from the incident site as appropriate.

Observation 11.1: MAJOR: LE did not evacuate victims after identifying a suspected IED inside the facility.

Discussion: While conducting the initial search of the building, the LE contact team discovered a possible IED. LE personnel decided to evacuate the building without extricating the victims to a safe area. This resulted in the injured victims remaining untreated in the building for an additional 45 mins before being rescued and treated by medical personnel with the RTF.

References: TSP 191-AS-2015, ATP 3-39.10, ALERRT, ICS

Recommendation: Train and exercise on proper procedures for response and priority of operations IAW TSP 191-AS-2015. Update policy and procedures to address response actions during incidents involving explosive devices.

Task 12.0: As appropriate, transition from Incident Command (IC) to Unified Command (UC)

Observation 12.1: SIGNIFICANT: Unified Command (UC) was established, but there was poor command and control between the functional sections.

Discussion: Lack of UC resulted in poor command and control as there were no identified common objectives, no Incident Action Plan (IAP) developed, and a lack of awareness of the current operations. Although information between LE and Fire ICs was shared, each operated independently directing and employing assets. An IAP helps the incident commander from losing focus on overall mission objectives. The IAP also serves as a running history of the incident for the incoming shift to help them know what actions were planned and what actions actually happened. In a Unified Command, communication and coordination is essential for continuing the mission and the management of multiple resources across multiple functional areas.

References: HSPD-5, SOP 61 & 64, NIMS

Recommendation: Update the installation response plans and SOPs to clearly identify UC procedures and processes. Conduct training and exercises to gain proficiency in this area.

Task 13.0: Determine perimeter, standoff distance(s), and hazards associated with explosive devices.

Observation 13.1: SIGNIFICANT: RTF staged too close (150 feet) from the actual IED.

Discussion: The area that the initial responding rescue task force was stopped at to facilitate the stabilization of victims was at the bare minimum for an IED at 50 feet. This was not based on calculated risk as the information for the size and description of the IED was not well relayed. In addition, the RTF was working in closer proximity of the IED than the 150'. The close proximity of the responders to the IED could have resulted in numerous additional casualties had the IED detonated.

References: National Ground Intelligence Center IED Data Card, NFPA 3000, TSP 191-AS-2015, ALERRT

Recommendation: Train on establishment of perimeter zones (hot, warm, etc.) and what they mean to all responding personnel. Update policy and procedures to contain information on route establishment and information flow to the IC for rapid decision making.

Task 14.0: Provide and plan for access to the site for skilled support personnel.

Observation 14.1: MINOR: Safe Routes were not established or identified for follow on units.

Discussion: The initial arriving patrol didn't provide follow on units' safe routes to ensure that they facilitated follow on requirements. In addition, safe routes needed to be established to facilitate the transport of incoming equipment and personnel. This also ensures that responding units are put into a compromising position and unable to respond or into unneeded danger. Further, safe routes help ensure later operations are able to be facilitated without trying to move vehicles or equipment unnecessarily.

References: NFPA 3000, TSP 191-AS-2015, ALERRT, DA Pam 525-27

Recommendation: Training on setting up an initial on-scene commander who can then direct patrols response to facilitate better response. Update the Action Plan and SOPs.

Task 15.0: Demobilize Public Safety and Security Response Operations.

Observation 15.1: MINOR: Law Enforcement elements were released from the incident scene improperly.

Discussion: All the LE personnel were released from the incident scene without decontamination of possible blood borne pathogens (BBPs) and having evidence collected from them. Numerous police officers were involved in a shooting along with being exposed to BBPs and/or other contaminants. This not only puts officers at risk to possibly transfer BBPs to others, but jeopardizes the preservation of potential evidence from the crime scene.

References: AR 195-5, ATP 3-39.10, AR 385-10, NFPA 1500, NFPA 3000, TSP 191-AS-2015

Recommendation: Develop guidance in the crisis response plan for properly deactivating personnel from the incident scene. Conduct training and exercises to ensure proficiency.

Task 16.0: Ensure safety considerations are addressed throughout operations.

Observation 16.1: SUSTAIN: LE ensured safety at all times throughout the exercise.

Discussion: During the morning guard mount, the Trusted Agent for the police department provided a safety brief to all law enforcement personnel who could possibly respond to the exercise incident site. This briefing included instructions on the use of force and procedures to ensure all LE personnel's weapons were visually and physically inspected prior to entering the incident scene. This provided a necessary guarantee that all weapons utilized at the scene were training weapons and greatly reduced the margin for error of a safety incident occurring during the exercise.

References: Redstone Arsenal Risk Management Plan for Active Assailant FSE 2019

Recommendation: SUSTAIN

Task 17.0: Employ movement and clearing techniques as situation dictates.

Observation 17.1: MINOR: Contact Team delayed neutralizing the threat by dealing with victims while clearing the building.

Discussion: While in the process of clearing the facility, the responding patrol contact team got tied up with providing aid to victims. This is inconsistent with doctrine, as it delays ensuring that the suspect has been isolated and/or neutralized. By stopping to triage casualties prior to eliminating the active assailant, the contact team allowed for a longer window of opportunity for the suspect to gain access to additional victim pools and/or continue the killing.

References: TSP 191-AS-2015, ALERRT

Recommendation: Update policy to ensure that clear priorities of effort are provided for initial contact teams. Continue to train on initial response to ensure proficiency by all first responders.

Task 18.0: Employ movement and clearing techniques as situation dictates.

Observation 18.1: SUSTAIN: The LE Contact team properly conducted area bypass operations.

Discussion: Upon entry into the building, the LE Contact team was able to identify areas that were barricaded and/or locked. The team was able to identify this and bypass the area to move onto different locations within the facility and didn't get bogged down trying

to breach doors. This proper identification of bypass criteria led to a quicker isolation and elimination of the shooter threat, which minimized the number of victims at the incident scene.

References: TSP 191-AS-2015, ALERRT

Recommendation: SUSTAIN

Capability #23: Operational Communications

Capability Summary: Ensure the capacity for timely communications in support of security, situational awareness, and operations by any and all means available, among and between affected communities in the impact area and all response forces.

Task 1.0: Ensure redundant communications.

Observation 1.1: MINOR: The EOC didn't have a process in place for redundant communications.

Discussion: WebEOC was used by the EOC staff throughout the exercise; however, at no time did any of the EOC leaders prepare an analog plan for contingency operations if connectivity had been lost. Actions such as printing off all reports and important communication traffic and establishing analog boards and visual aids are just two ways the EOC could have prepared for operations during periods where connectivity was unavailable. The lack of a P.A.C.E. plan for communications and connectivity degrades situational awareness and could the EOC's effectiveness in support of the response.

References: DA PAM 525-27

Recommendation: Establish battle drills and tools for establishing operations when connectivity is degraded or unavailable. Exercise these as part of regular EOC training.

Task 2.0: Implement interoperable communication with applicable local, state, and federal officials.

Observation 2.1: MINOR: The Redstone Arsenal Emergency Operations Plan does not clearly define notification matrix.

Discussion: The Annex C (Operations) to Redstone Arsenal Emergency Operations Plan does not clearly define notification requirements to external supporting agencies for Operations, FES, LE or CID. Most emergency incidents for the Redstone Arsenal will require some type of outside agency support. To ensure timely coordination, without duplicating efforts, a tracking tool of some type (spreadsheet, matrix, etc.) should be used that delineates notification and coordination tasks by agency and time. Not clearly defining notification requirements could result in no one contacting the outside agency resulting, which would cause delays and jeopardize mission assurance.

References: Annex C (Operations)

Recommendation: Develop a notification matrix within the SOP to ensure there is no miscommunication on who is responsible for designated notifications.

Capability #24: Public Health and Social Services

Capability Summary: Provide lifesaving medical treatment via Emergency Medical Services and related operations and avoid additional disease and injury by providing targeted public health, medical, and behavioral health support, and products to all affected populations.

Task 1.0: Initiate a patient tracking system.

Observation 1.1: SUSTAIN: Fox Army Health Clinic (FAHC) deployed Patient Administration (PAD) specialists to surrounding facilities with robust technology package.

Discussion: The Chief of PAD, FAHC directed deployment of PAD contact teams to surrounding facilities with primary and secondary means of communication capability to include laptops with independent internet capability. This equipment allowed for PAD specialists at Huntsville Hospital to obtain immediate access to WebEOC for the incident patient tracking. This resulted in reducing reporting lag using conventional telephone relays to Fox Army Health Clinic and subsequently the IEOC.

References: Redstone Arsenal Emergency Operations Plan; PAD SOP

Recommendation: SUSTAIN

Task 2.0: Provide medical support to installation incident as required.

Observation 2.1: MINOR: Emergency Operations Plan does not fully leverage medical assets triage and patient tracking for the Garrison Commander.

Discussion: During the activation of the Fox Army Health Clinic (FAHC) Medical Emergency Operations Center (MOC) at 0946, the FAHC Commander asked his staff to identify who was in command and control of medical response forces and updating the Garrison Commander with relevant medical response information and decisions. The consensus was that the Unified Command Post was in control of those assets, per MOU/MOA's with off-post ambulance services, and that patient casualty information would be tracked and relayed via the FAHC LNO at the IEOC. Annex Q of the EOP designates FAHC Operations as the command and control element of medical response forces, which was not exercised. Additionally, DES Checklist 06 for Active Shooter designates FAHC to provide medics and triage as well as patient tracking capabilities to the incident scene.

References: Redstone Arsenal Emergency Operations Plan (EOP)

Recommendation: Review and refine EOP to clarify available medical resources, define roles and responsibilities to maximize those resources and assist the Incident Command Post with triage and tracking of patient evacuation. Ensure TTPs are established and trained.

Capability #25: Situational Assessment

Capability Summary: Provide all decision makers with decision-relevant information regarding the nature and extent of the hazard, any cascading effects, and the status of the response.

Task 1.0: Provide the commander with the incident's cascading effects on the installation's mission.

Observation 1.1: SIGNIFICANT: CCIRs, EOC/Commander updates, and WebEOC entries did not reflect impacts of the incident on garrison, installation, or tenant missions.

Discussion: The EOC did not track or keep the Commander informed on mission impacts from the incident. During update briefs, the Senior Commander and Garrison Commander identified several CCIRs that they specifically needed to know in a timely manner, such as personnel accountability, high vulnerable areas and assets available for protection tasks. The EOC staff did not annotate these and deliberately track them in the EOC. Lack of oversight to place priorities on incident specific CCIRs and tasks dilutes efforts to complete tasks with a sense of urgency and impacts of Commander's decision-making.

References: AR 190-45 par 8-1; FM6.0 page 3-7 par 3-36 and Redstone Arsenal Emergency Operations Plan (EOP) 13-013

Recommendation: Modify/update EOC SOP to ensure CCIRs and incident impacts are identified and tracked.

Task 2.0: Establish & Maintain RFI/RFA board.

Observation 2.1: MINOR: The Mission/Request for assistance (RFI/RFA) board was not utilized to track progress.

Discussion: Multiple RFI/RFAs received or established in the EOC were not captured or reflected in the tracking tool. There were a total of ten RFI/RFAs entered into WebEOC for the incident. The Senior Commander's stated RFI/RFA's were not entered into WebEOC for action. Effectively managing, prioritizing, and tracking RFIs/RFAs informs decision-making and promotes unity of effort.

References: TM 3-11.42, Multi Service Tactics, Techniques, and procedures for Installation EM, June 2014 page 3-2

Recommendation: Update EOP to articulate the requirement for capturing RFIs/RFAs into WebEOC and conduct repetitive training for all EOC staff members.

Task 3.0: Provide Situational Awareness & Common Operating Picture (COP) to the Commander.

Observation 3.1: SIGNIFICANT: EOC staff was unable to establish and maintain overall incident situational awareness.

Discussion: The EOC COP lacked fidelity and timeliness. The COP did not have an overview of all assets and information available to help the commander make effective, coordinated, and timely decisions. Items such as incident specific CCIR's, Commander's intent, casualty status, personnel accountability, asset visibility, and threat reports were not readily visible on the COP. Inadequate Situational Awareness seriously impacts EOC functional integration and synchronization that significantly raises potential for delayed decision-making, resulting in impacts to the protected population and mission assurance.

References: TM 3-11.42, Multi-Service Tactics, Techniques, and Procedures for Installation EM, June 2014; ANNEX C (OPERATIONS) to Redstone Arsenal Emergency Operations Plan (EOP) 13-013

Recommendation: Refine the EOC SOP to include checklists for establishing situational awareness in the EOC. Establish priorities and frequency of what is updated and displayed within the EOC on available monitors to ensure mutual understanding of all EOC members. Conduct training and exercises on these products to ensure proficiency.

Task 4.0: Utilize WebEOC as a common operating platform and database for historical documentation.

Observation 4.1: SUSTAIN: Redstone Arsenal EOC maintained a WebEOC Subject Matter Expert on site.

Discussion: The EOC Operations Specialists were well versed in how to troubleshoot WebEOC and assisted many others on how to utilize the system. One individual went above and beyond his scope of duties as he assisted LRC with trying to resolve their issue with the classes of supply board that disappeared and also assisted LE with a DIM Count issue, where their board was not computing correctly. Having competent WebEOC technicians present in the EOC during incident response operations enables the EOC staff representatives to perform their duties and responsibilities without being disrupted with WebEOC technical issues.

References: Redstone Arsenal Emergency Operations Plan (EOP) 13-013

Recommendation: SUSTAIN

Capability #26: Health and Social Services

Capability Summary: Restore and improve health and social services capabilities and networks to promote the resilience, independence, health (including behavioral health), and well-being of the whole community.

Task 1.0: Develops Emergency Family Assistance Center (EFAC) plan, procedures and protocols for short and long-term social services.

Observation 1.1: MINOR: EFAC Plan detailing staffing requirements and tasks for phases of activation are not identified or included in the Garrison IEM Plan or EFAC SOP.

Discussion: EFAC SOP identifies primary and secondary locations for EFAC activation and agencies required to support with basic descriptions of service capability, but does not provide step-by-step procedures for conducting assigned tasks or functions assigned to EFAC Staff or coordinating agencies. The SOP also does not include any annexes that cover required checklists during phased activation and there is no coordinating EFAC Plan. Lack of EFAC Plan for each phase of activation delays agency integration and increases potential to impact service capability to protected populace.

References: AR 608-1, EFAC SOP

Recommendation: Update SOP and create coordinating EFAC plan, ensure TTPs are established to develop and enable phased activation of EFAC operations, and conduct EFAC staff and affiliate agency training to become more proficient in EFAC activation procedures.

Task 2.0: Provide reunification services to the affected population.

Observation 2.1: SIGNIFICANT: Reunification of families was not addressed during the event.

Discussion: The active assailant event resulted in three fatalities and eight casualties. Strategies for reunification of families or personal effects should be identified as part of fatality management. DFMWR was not included in the Recovery Working Group. Plans to accommodate families or personnel associated with the victims waiting for reunification need to address all aspects of reunification. This could receive high visibility by the media and could result in second and third order effects.

References: DA PAM 525-27

Recommendation: Develop reunification plan to include possible MOU/MOAs for supporting services.

Task 3.0: Identify a local or toll-free hotline for distribution to friends and family of Category 1–5 personnel regarding information on the status of evacuees, casualties, and fatalities.

Observation 3.1: MINOR: Neither a call center or information hotline for community information and referral was established.

Discussion: There were at least nine phone calls that came into the EOC from spouses and parents of Redstone Arsenal personnel requesting information about family member status, counseling support and legal assistance. At 1027, the PAO received phone call asking for a hotline number that community members could call for information regarding the incident. PAO rep was unaware of phone number to utilize and did not communicate with DFMWR regarding the possibility of establishing an EFAC Hotline. DFMWR has a 1-866 number that is designated for community information when the EFAC is activated that can be publicized by PAO; however the EFAC was never activated during the exercise. The EFAC can be activated during phase one to solely provide and maintain a hotline number if needed, then move to phase two when able to include additional agency support for needed services. Additionally, EFAC hotline can provide DHR call center number for distribution to friends and family regarding information on the status of evacuees, casualties, and fatalities. EOC is not aware of difference between DHR call center for accountability versus the EFAC hotline number for community information and referral of services available or needed. Lack of an established information hotline or call center causes delay of needed services to the protected populace, affecting community resilience and well-being.

References: AR 608-1 Appendix F

Recommendation: Train key leaders on EFAC/Call Center operations. Update EFAC SOP and IEM Plan to include policy and procedures on Call Centers and EFAC phased activation for information hotline establishment.

SUMMARY OF OBSERVATIONS: TOTAL 55

MAJOR: 3

SIGNIFICANT: 19

MINOR: 20

SUSTAIN: 13

SECTION 3: CONCLUSION

It was obvious there was a significant amount of planning, coordination, and collaboration that went into developing and conducting Redstone Arsenal one-day All Hazard Full-Scale Exercise designed to validate core capabilities and installation plans/procedures to deliver them in response to an Active Assailant. It was clear that Redstone Arsenal was invested in conducting a quality exercise to provide training and experience for their staff. Leadership, EOC staff, and first responders thought through a series of complex issues associated with this scenario and made sound decisions.

Redstone Arsenal should be commended for their efforts to strengthen the installation community's emergency preparedness. Dan Huber, the lead exercise planner, showed determination, attention to detail, and an overall commitment to a quality exercise. His experience in exercise planning was a key contribution to the overall success of the exercise. Conduct of both the Press Conference as well as the Recovery Working Group demonstrated commitment to improving processes and procedures needed to deliver relevant core capabilities needed to meet the needs of the affected protected populace while supporting mission assurance and sustaining readiness.

Included in the appendices of this document is an Objective/Capability Matrix. This tool offers a collective snapshot across identified training objectives and target capabilities. Demonstrating defined tasks in an installation's chosen capabilities allows Senior Leaders to determine whether or not exercise training objectives have been met. It is important to remember that not every capability will apply to every training objective; however, those that do must have critical tasks demonstrated, observed, and evaluated. The Evaluation Team does not offer a TPU assessment, rather they identify strengths and potential gaps, so leadership can make an informed decision as to their installation's readiness, priorities, and the way ahead.

Overall, there were 55 total exercise observations for Redstone Arsenal. There were a significant amount of observations that fell into the gap category that related directly to a capability, but were not associated with a Training Objective. For example, there was no specific EOC objective and no specific response objective, other than a very narrow focus on IC/UC operations. Often, training objectives that are too broad or narrow result in exercise development shortfalls as critical tasks associated with each core capability chosen are left without specific triggers for player expected action. In addition, training objective #4 (IC/UC) only had two observations noted; both as needs improvement. It is unlikely this training objective could be considered met. In order for the Command leadership to make an accurate and definitive T, P, U assessment, exercise play must drive the staff to decision making points and critical tasks be performed in order to be validated.

In the future, focusing on exercise design and maturing training objectives will strengthen exercise design and evaluation contributing to the success of Redstone Arsenal's emergency preparedness program. IMCOM is committed to providing installations with design team assets that work hand-in-hand with Redstone Arsenal to develop an exercise to meet Commander's intent, demonstrate the ability of the installation to respond and

recover from an incident, and provide valuable insight into how participating programs can build and sustain core capabilities and strengthen installation community resilience.

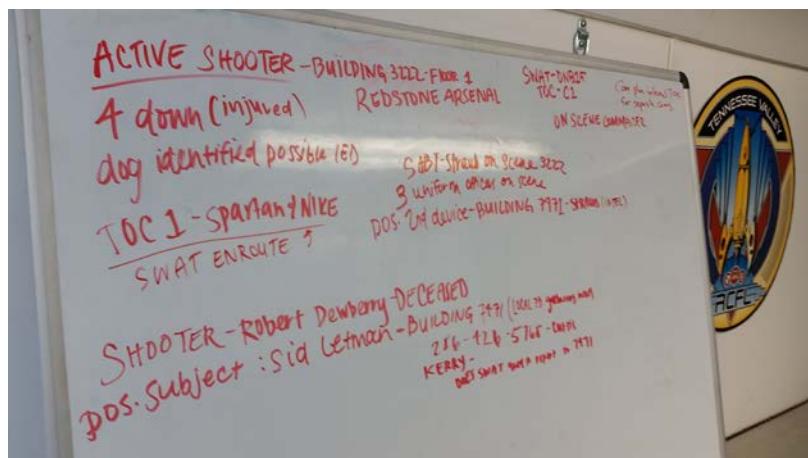
APPENDIX A: EXERCISE PARTICIPANTS

Participating Organizations	
FSE Crisis Management Team Members	
1. Garrison Commander: COL Kelsey Smith	
2. Deputy to the Garrison Commander: Robert Myers	
3. Director, Directorate Operations (DO): Ron Thomas	
4. Directorate of Human Resources (DHR): Glen Reese, Reuben Ferguson	
5. Directorate of Public Works (DPW): Keith Cook, Henry Millican	
6. Director, Directorate of Family, Morale, Welfare, and Recreation (DFMWR): Derick Gould, Jeannie Johnston	
7. Logistics Readiness Center (LRC): Tony Fuller, Glenn Burney	
8. Director, Resource Management (RM): John Lonczynski, Andrea Schilling	
9. Network Enterprise Center (NEC): Steven Thornton	
10. Public Affairs Officer: Julie Frederick, Chris Colster	
11. Law Enforcement: CPT Mark Thompson, Essence Nesbit	
12. Fire & Emergency Services: Chief Ragnar Opiniano, CPT Robert Simmons	
13. Garrison Safety: Michael Mitchell, Je'Neen Russell	
14. Religious Services: MAJ Christian Goza	
15. EOC Operations: Tim D 'Ambrosio, Mark Olson, Briona Brewer, Dathan Black, Antonio Acklin	
Tenant Organizations	
1. ACC	2. AMC HQ
3. AMCOM	4. CCDC
5. FAHC	6. LDAC
7. MDA	8. MSIC/DIA
9. RNEC-R	10. PEO-AVN
11. PEO-MS	12. RTC
13. SMDC	14. USASAC
15. 2nd REC BDE	16. MSFC
Local	
1. Huntsville Hospital	
2. HEMSI	
3. Huntsville EMA	
State	
None	
Federal	
1. Huntsville and Birmingham FBI, Huntsville ATF	

- Role Players/Actors: 15
- Observers: 15
- Controllers: 7
- Evaluators: 17

APPENDIX B: Redstone Arsenal Active Assailant SUMMARY

The exercise started at 0845, when the active shooter began engaging personnel in building 3222 on the Redstone Arsenal installation. The building had eleven role-players inside; eight were casualties of the shooter (2 killed, 6 wounded), one person was barricaded in a room, and two evacuated the building and took shelter near-by. One of the evacuees called 911 to report the incident. The first law enforcement official arrived at the incident site at 0847, followed by another five LE patrol units within the next two minutes. Initial actions by the LE patrols was to form a contact team to enter and clear the building. At 0850, two nearby buildings (2nd recruiting Bde and Fire Station #2) conducted lockdown procedures. At 0852, one of the evacuees from the building ran across the street and made contact with one of the LE patrols conducting TCP duties. The evacuee confirmed to the LE unit that there was indeed a shooter in the building and she witnessed several people shot and wounded. At 0854 LE Unit 04 radioed in to dispatch that he was now the Incident Commander (IC). At 0857, the initial LE contact team entered the building.



Meanwhile, in the EOC, the Director of Operations (DoO) and the core Operations personnel were monitoring the situation via communication with the IC and informed the Garrison leadership of the incident. At 0902, the DoO announced in the EOC that the shooter had been neutralized and there were at least four casualties at the incident site. At 0901, the contact team discovered a possible IED (which was a backpack left in a room by the shooter), so the IC decided to move the ICP to Fire Station #2, which was approximately 200 meters from the incident building.

The EOC Crisis Management Team (CrMT) was activated at 0906. At 0910, an AtHOC message was sent out informing the installation of the incident and to begin lockdown procedures. (Of note about the exercise was that Giant Voice was not used due to a command decision to reduce disruption and confusion to other major tenant units on the installation who were unable to participate in the FSE.) At 0914, the IC announced that they were now a Unified Command (UC), with Fire and FBI representation. At 0936, the CrMT formed in the EOC and provided the Garrison Commander (GC) an update brief on the incident. At 0940, the EOC PAO team published their first social media post regarding the incident. Back at the incident site, the first victims (walking wounded) were escorted out of the building and given medical treatment at the CCP at 0941. At 1015, the senior controller at the incident site called for a PAUSEX due to

confusion between the Redstone LE and the EOD responders in the building. The LE stated that they could not get the rest of the injured victims out of the building since there was an active IED present, and the EOD responders contested that they could not render the IED safe until all other personnel (including the victims) were out of the hot zone. At, 1048 the PAUSEX ended and the FSE continued. The EOD element rendered the IED safe and the RTF entered the building and evacuated the last of the injured victims at 1052.



At 1200 the Garrison Commander conducted a Press conference outside of Gate #9. At 1250, the EOC gained 100% accountability of installation personnel. At 1300, the EOC DoO convened the Recovery Working Group in a conference in the EOC. The EOC conducted a shift change brief at 1430, and after the brief, the GC determined that training objectives had been met and called ENDEX.

APPENDIX C: EXERCISE EVENTS SUMMARY TABLE

Table C.1: *Exercise Events Summary*

DATE	TIME	SCENARIO / EVENT	EVENT / ACTION
12 MAR 18	0845	STARTEX	Active Assailant begins shooting inside the facility
	0847	Incident Scene	Initial LE Patrol pulls up on scene
	0850	Fire Station #2 and 2nd Recruiting Brigade	Both buildings activate their own Lockdown procedures
	0850	Incident Scene	Staging area established at Activity Field
	0854	ICP	LE Unit 04 confirms that he is IC
	0857	Incident Scene	Initial Entry into the facility
	0902	EOC	DoO announces that there are four casualties and suspect is down at the incident site, and LE is blocking Vincent Rd.; News feeds are coming into the EOC about the incident
	0903	ICP	ICP moved to Fire Department Station #2
	0906	EOC	Activation of the CrMT (EOC Staff); UC established at FS #2
	0911	EOC	EOC receives report of possible IED found at incident site
	0911	EOC	AtHOC notification sent
	0914	UCP	UC decided to move UCP to Nike Street
	0936	EOC	EOC CrMT provided the GC an updated brief
	0936	FAHC	Hospital begins lockdown procedures; MOC activated; IEOC calls and asks about FAHC EOC rep
	0940	PAO	First announcement of the incident on social media
	0941	Incident Site	First four victims receive treatment outside the building by the RTF at the CCP; three other victims still remain in the incident building
	1002	FAHC	MOC reports Huntsville PAD team is set at Huntsville Hospital
	1016	FAHC	First Patients arrive Huntsville Hospital
	1052	Incident Site	RTF makes entry into the building and retrieves remaining casualties
	1109	Incident Site	Final victim evacuated from building
	1200	Gate 9	GC conducts press conference at Gate 9
	1250	EOC	Reports 100% accountability for all personnel
	1300	EOC	Recovery Working Group convened.
	1457	EOC	Shift Change Brief occurred
	1520	EOC	GC announces ENDEX
	1525	EOC	EOC conducts Hotwash

APPENDIX D: EVALUATOR TEAM ORGANIZATION AND CONTACT INFORMATION

Evaluator	Capability Evaluated	Contact Information
Floyd Williams	IMCOM HQ	IMCOM PM-P, Deputy Provost Marshall Ft. Sam Houston, TX floyd.d.williams4.civ@mail.mil
Dale Roth	IMCOM HQ	IMCOM PM-P, Director Protection Branch Ft. Sam Houston, TX dale.e.roth.civ@mail.mil
Joseph Oglesby	IMCOM Team Chief	IMCOM PM-P, Ft. Sam Houston, TX joesph.b.oglesby.ctr@mail.mil
Daniel Cuevas	IMCOM Team Lead	IMCOM PM-P, Ft. Sam Houston, TX daniel.cuevas11.ctr@mail.mil
Sean Smith	IMCOM Team Lead	IMCOM PM-P, Ft. Sam Houston, TX michael.s.smith294.ctr@mail.mil
Nicole Heller	EFAC	Ft. Benning, GA
Nate Allen	PAO	Ft. Lee, VA
John Nolt	OPS/Plans	Ft. Polk, LA
Felicia Jackson	EOC Mgr	Ft. Wainwright, AK
James McArthur	DES-Fire	Ft. Polk, LA
Ryan Jewell	DES-Fire	TEAD
Vittorino Dimattia	DES-LE	Ft. Riley, KS
Vernon Branson, SFC	DES-LE	Schofield Barracks, HI
Ryan Cunningham	DES-LE	Ft. McCoy, WI
Daniel Gilson	ATO	Ft. Wainwright, AK
Bryan Leiby	Logistics	Yongsan, Korea
Alex Heller	Medical / DHR	Ft. Benning, GA

APPENDIX E: OBJECTIVE/CAPABILITY MATRIX

Objectives	Planning	Public Information and Warning	Operational Coordination	Intel & Info Sharing	Forensics & Attribution	Physical Protective Measures	Environmental Response/Health & Safety	Fatality Management	On-Scene Security, Protection, & LE	Operational Communications	Situational Assessment	Health & Social Services	Gaps
Validate Installation Emergency Response Plans, Policies and Procedures.	1-SIG 2-MIN 3-SUS							1-SIG		1-MIN			
Validate the Installation's Public Information and Awareness Plan.		2-SIG 1-MIN 3-SUS											
Validate the Installation's ability to integrate local, state, and national resources and validate existing MOUs/MOAs during an Active Assailant event.	2-MIN			1-SIG									
Evaluate the Incident Command System (ICS) in response to an active assailant event and effectively transition to a Unified Command.									1-MAJ 1-SIG				
Assess health and social services capabilities and networks to ensure resilience, independence, health (including behavioral health), and well-being.											1-SIG 2-MIN	1-MIN 1-SUS	
Gaps				5-SIG 3-MIN	1-SIG	1-SIG			2-MAJ 3-SIG 6-MIN 4-SUS	1-MIN	2-SIG 1-MIN 2-SUS		

APPENDIX F: ACRONYMS

Acronym	Meaning
AAR	After Action Report
ACP	Access Control Point
BEMP	Building Emergency Management Plan
CCIR	Commander's Critical Information Requirement
C/E	Controller/Evaluator
COA	Course of Action
COP	Common Operating Picture
COOP	Continuity of Operations Plan
CPAC	Civilian Personnel Advisory Center
CrMT	Crisis Management Team
CUB	Command Update Brief
DACP	Department of the Army Civilian Police
DES	Directorate of Emergency Services
DHR	Directorate of Human Resources
DFMWWR	Directorate of Morale, Welfare, and Recreation
DGC	Deputy Garrison Commander
DOD	Department of Defense
DPTMS	Directorate of Plans, Training, Mobilization, and Security
DPW	Directorate of Public Works
EAP	Emergency Action Plan
EDRO	Explosive Device Response Operations
EFAC	Emergency Family Assistance Center
EAP	Emergency Action Plan
EMP	Emergency Management Plan
ENDEX	End Exercise
EOC	Emergency Operations Center
EXPLAN	Exercise Plan
FBI	Federal Bureau of Investigation
FE	Functional Exercise
FOUO	For Official Use Only
FPM	Final Planning Meeting
FPCON	Force Protection Condition
FSE	Full Scale Exercise
GC	Garrison Commander
GM	Garrison Manager
IMCOM	United States Army Installation Management Command
HSEEP	Homeland Security Exercise and Evaluation Program
IAP	Incident Action Plan
IAW	In Accordance With
IC	Incident Commander
ICS	Incident Command System
ICP	Incident Command Post
IEMP	Installation Emergency Management Plan

Acronym	Meaning
IMCOM	Installation Management Command
IPM	Initial Planning Meeting
IPR	Interim Progress Report
JIC	Joint Information Center
LNO	Liaison Officer
LRC	Logistics Readiness Center
MCU	Mobile Command Unit
MOA	Memorandum of Agreement
MOC	Medical Operations Center
MOU	Memorandum of Understanding
MPM	Mid Planning Meeting
MSEL	Master Scenario Events List
MWN	Mass Notification and Warning System
NEC	Network Enterprise Center
NIMS	National Incident Management System
OPORD	Operations Order
PAO	Public Affairs Officer
PAUSEX	Pause in Exercise
POC	Point of Contact
PPE	Personal Protective Equipment
RWG	Recovery Working Group
SAR	Search and Rescue
SC	Senior Commander
SIP	Shelter-in-Place
SIR	Serious Incident Report
SITREP	Situation Report
SFO	Senior Fire Officer
SOP	Standard Operating Procedure
STARTEX	Start of Exercise
START	Simple Triage and Rapid Treatment (Triage)
TCL	Target Capabilities List
TTX	Table Top Exercise
TWG	Threat Working Group
UC	Unified Command
WARNO	Warning Order