

**AGENDA**  
City of Los Angeles  
EMERGENCY OPERATIONS BOARD

**REGULAR MEETING**

Tuesday, March 21, 2017  
2:00 P.M.  
Media Center Conference Room  
Emergency Operations Center  
500 E. Temple Street, Los Angeles, CA 90012

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Members of the public are invited to address the Emergency Operations Board on any item on the agenda prior to action by the Board on that specific item. Members of the public may also address the Board on any matter within the subject matter jurisdiction of the Board. The Board will entertain such comments during the Public Comment Period. Public comment will be limited to two (2) minutes per individual for each item addressed, unless there are more than ten (10) comment cards for each item, in which case the public comment will be limited to one (1) minute per individual. The aforementioned limitation may be waived by the Chair of the Board.

*(NOTE: Pursuant to Government Code Section 54954.3(b) the legislative body of a local agency may adopt reasonable regulations, including, but not limited to, regulations limiting the total amount of time allocated for public testimony on particular issues and for each individual speaker.)*

Members of the public who wish to address the Board are urged to complete a Speaker Card and submit it to the Executive Assistant prior to commencement of the public meeting. The cards are available at the sign in table at the meeting or the Emergency Management Department public counter, Room 1533, City Hall. However, should a member of the public feel the need to address a matter while the meeting is in progress, a card may be obtained from the Executive Assistant to the Board, who will submit the completed card to the Chair of the Board prior to final consideration of the matter.

It is requested that individuals who require the services of a translator contact the Board Secretary no later than the day preceding the meeting. Whenever possible, a translator will be provided.

Sign language interpreters, assistive listening devices, or other auxiliary aids and/or services may be provided upon request. To ensure availability, you are advised to make your request at least 72 hours prior to the meeting you wish to attend.

NOTE: The meeting is tape-recorded and the tape is kept for 30 days.

- I. Declaration of Quorum; Introductions; Approval of January 17 and January 25, 2017 Minutes
  - II. Action Item
    - A. Flu Vaccine Medical Point of Dispensing Exercise, Operation Hotshots After Action Report/Improvement Plan – Emily Helder**
- Recommendation
- That the Emergency Operations Board, as recommended by the Emergency Management Committee (EMC), approve the attached Flu Vaccine Medical Point of Dispensing Exercise, Operation Hotshots After Action Report/Improvement Plan and forward to the Mayor for transmittal to the City Council.
- III. Information Items
    - A. January 25, 2017 EOC Executive Exercise – Rob Freeman
    - B. 2017 LA Marathon Emergency Operations Center Activation – Rob Freeman
    - C. 2017 May Day Emergency Operations Center Activation – Rob Freeman
    - D. Active Shooter Program – Mona Curry/Kyle Campbell
    - E. Other Announcement – Board Members
  - IV. Presentations (as requested)
  - V. Public Comment Period
  - VI. Adjournment


*Upon request, sign language interpretation, real-time translation services, agenda materials in alternative formats, and other accommodations are available to the public for City-sponsored meetings and events. All requests for reasonable accommodations must be made at least three working days (72-hours) in advance of the scheduled meeting date. For additional information, contact the Emergency Management Department at (213) 485-2121.*

**CITY OF LOS ANGELES**  
INTER-DEPARTMENTAL CORRESPONDENCE



Date: March 14, 2017

To: Charlie Beck, Chair  
Emergency Operations Board  
Emergency Operations Board Members

From: Rob Freeman, Acting Assistant General Manager   
Emergency Management Department  
Executive Assistant, Emergency Operations Board

Subject: **FLU VACCINE MEDICAL POINT OF DISPENSING EXERCISE  
AFTER ACTION REPORT/IMPROVEMENT PLAN**

**Recommendation**

That the Emergency Operations Board, as recommended by the Emergency Management Committee (EMC) at its meeting of March 1, 2017, approve and forward to the Mayor and Council as an information item the attached After Action Report/Improvement Plan for the Flu Vaccine Medical Point of Dispensing Exercise (Operation Hotshots).

**Executive Summary**

On November 14, 2016, the City of Los Angeles and Los Angeles County Department of Public Health (LACDPH) conducted Operation Hotshots, a full-scale exercise to dispense vaccine to the public in the Glassell Park area of Los Angeles. This exercise was designed and developed by the City's Emergency Management Department, Department of Recreation and Parks and the LACDPH to test coordination of the three agencies in response to a medical and health emergency scenario to set up a medical point of dispensing (MPOD) using the LACDPH vaccine model with a "short team" of Medical Reserve Corps Los Angeles volunteers.

The scenario was developed by LACDPH to simulate a pandemic influenza requiring activation of the City of Los Angeles' MPOD. The exercise took players through responder check in to demobilization of one MPOD. This included responder MPOD check in procedures, staff assignment, facility set up, staff briefings, client vaccination, and demobilization. The exercise utilized the MPOD for Vaccine Field Operations Manual and MPOD event action plan for Glassell Park Recreation Center developed by LACDPH.

**Attachment**

Flu Vaccine Medical Point of Dispensing Exercise, Operation Hotshots (November 14, 2016), Glassell Park Recreation Center After Action Report/Improvement Plan

**CITY OF LOS ANGELES**  
INTERDEPARTMENTAL CORRESPONDENCE



**Date:** January 24, 2017

**To:** Rob Freeman, Emergency Management Committee Chair  
Emergency Management Committee Members

**From:** Emily Helder, Public Health Emergency Planner, Emergency Management Department

**Subject:** Flu Vaccine Medical Point of Dispensing Exercise, Operation Hotshots (November 14, 2016), Glassell Park Recreation Center After-Action Report/Improvement Plan

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**Recommendation**

A recommendation is submitted herewith to the Emergency Management Committee for approval of the Flu Vaccine Medical Point of Dispensing Exercise, Operation Hotshots (November 14, 2016), Glassell Park Recreation Center After-Action Report/Improvement Plan and upon approval, be forwarded to the Emergency Operations Board.

**Summary**

On November 14, 2016, the City of Los Angeles and Los Angeles County Department of Public Health (LACDPH) conducted Operation Hotshots, a full-scale exercise to dispense vaccine to the public in the Glassell Park area of Los Angeles. This exercise was designed and developed by the Emergency Management Department, Recreation and Parks, and the LACDPH to test coordination of the three agencies in response to a medical and health emergency scenario to set up a medical point of dispensing (MPOD) using the LACDPH vaccine model with a “short team” of Medical Reserve Corps Los Angeles volunteers.

The scenario was developed by LACDPH to simulate a pandemic influenza requiring activation of the City of Los Angeles’ MPOD. The exercise took players through responder check-in to demobilization of one MPOD. This included responder MPOD check-in procedures, staff assignments, facility set-up, staff briefings, client vaccination, and demobilization. The exercise utilized the MPOD for Vaccine Field Operations Manual and MPOD event action plan for Glassell Park Recreation Center developed by LACDPH.

**Attachment**

Flu Vaccine Medical Point of Dispensing Exercise, Operation Hotshots (November 14, 2016), Glassell Park Recreation Center After-Action Report/Improvement Plan



Flu Vaccine Medical Point of Dispensing Exercise  
Operation Hotshots, November 14, 2016  
Glassell Park Recreation Center

## **AFTER-ACTION REPORT/IMPROVEMENT PLAN**

### **DECEMBER 2016**

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City of Los Angeles  
Emergency Management Department

## EXERCISE OVERVIEW

<b>Exercise Name</b>	Operation Hotshots 2016 MPOD for Vaccine Exercise Glassell Park Recreation Center
<b>Exercise Dates</b>	November 14, 2016 1500 – 2000 hrs
<b>Scope</b>	This is a pandemic influenza exercise planned for one recreational center in the City of Los Angeles at the Glassell Park Recreational Center (3650 Verdugo Road, Los Angeles, CA 90065). The exercise aims to test the set-up and operation of the vaccine-model for a public medical point of dispensing (MPOD) site, utilizing free seasonal influenza vaccinations for the community. The scope of this exercise is limited to the Los Angeles County Department of Public Health (LACDPH), City of Los Angeles Emergency Management Department (EMD), City of Los Angeles Department of Recreation and Parks (RAP), and Medical Reserve Corps Los Angeles (MRCLA) volunteers.
<b>Mission Area(s)</b>	Protection and Response Medical Countermeasure Dispensing
<b>Capabilities</b>	<ul style="list-style-type: none"><li>• Federal Emergency Management Agency (FEMA) Core Capability: Public Health and Medical Services Public Health Emergency Preparedness (PHEP) Capability 8: Medical Countermeasures (MCM) Dispensing</li><li>• FEMA Core Capability: Public and Private Services and Resources PHEP Capability 15: Volunteer Management</li><li>• FEMA Core Capability: Operational Coordination</li></ul>
<b>Objectives</b>	<ul style="list-style-type: none"><li>• Test capability to activate public Medical POD sites.<ul style="list-style-type: none"><li>○ Demonstrate effective on-site training for first-time POD providers.</li><li>○ Demonstrate capability to set up POD and open to the public by 1700.</li></ul></li><li>• Test capability to efficiently operate and maintain a MPOD at a high level of professionalism throughout operational period to serve targeted population.<ul style="list-style-type: none"><li>○ Demonstrate capability to effectively coordinate the use of local government staff and MRCLA volunteers in support of incident</li></ul></li></ul>

	<p>management.</p> <ul style="list-style-type: none"> <li>○ Demonstrate ability to utilize an onsite Incident Command system throughout the operational period.</li> <li>○ Demonstrate ability to effectively provide mass prophylaxis to the public.</li> </ul> <ul style="list-style-type: none"> <li>● Demonstrate ability to demobilize efficiently.</li> </ul>
<b>Threat or Hazard</b>	Pandemic Influenza
<b>Scenario</b>	<p>Health surveillance systems detected growing signals of influenza-like illness (ILI) at several hospitals in the City of Los Angeles. Local authorities sent samples to the Centers for Disease Control and Prevention (CDC) for identification. Officials have identified it as a novel influenza strain with high transmission and virulence with a 30% illness attack rate and 2% case fatality rate, higher among children and elderly populations. The virus has the potential to infect hundreds and thousands of cases, hospitalizations, and death. There is a significant and sustained surge on healthcare delivery systems and multiple waves of disease present over year long duration of pandemic.</p>
<b>Sponsors</b>	<p>City of Los Angeles Department of Recreation and Parks          City of Los Angeles Emergency Management Department          Los Angeles County Department of Public Health Emergency Preparedness and Response Program</p>
<b>Funding Source</b>	Centers for Disease Control and Prevention (CDC) Public Health Emergency Preparedness (PHEP) Program
<b>Participating Organizations</b>	<p>City of Los Angeles Department of Recreation and Parks          City of Los Angeles Emergency Management Department          Los Angeles County Department of Public Health Emergency Preparedness and Response Program          Medical Reserve Corps Los Angeles</p>
<b>Points of Contact</b>	<p>Emily Helder, City of Los Angeles Emergency Management Department          200 N. Spring Street, Room 1533, Los Angeles, CA 90012          (213) 484-4811</p> <p>Jee Kim, Los Angeles County Department of Public Health          600 S. Commonwealth Avenue, Los Angeles, CA 90006          (213) 637-3636</p>



Jimmy Kim, City of Los Angeles Department of Recreation and Parks  
3900 Chevy Chase Drive, Los Angeles, CA 90039  
(213) 312-7967



## EXECUTIVE SUMMARY

On November 14, 2016, the City of Los Angeles and Los Angeles County Department of Public Health conducted Operation Hotshots, a full-scale exercise (FSE) to dispense vaccine to the public in the Glassell Park area of Los Angeles. This exercise was designed and developed by the Emergency Management Department (EMD), Recreation and Parks (RAP), and the Los Angeles County Department of Public Health (LACDPH) to test coordination of the three agencies in response to a medical and health emergency scenario to set up a medical point of dispensing (MPOD) using the LACDPH vaccine model with a “short team” of Medical Reserve Corps Los Angeles (MRCLA) volunteers.

The scenario was developed by LACDPH to simulate a pandemic influenza requiring activation of the City of Los Angeles’ MPOD. Without intervention, the identified virus has the potential to infect hundreds of thousands of people with high risk of cases requiring hospitalization and even death.

The exercise itself had 23 players, 8 exercise staff members, and 3 observers. The exercise took players through responder check-in to demobilization of one MPOD. This included responder MPOD check-in procedures, staff assignments, facility set-up, staff briefings, client vaccination, and demobilization. The exercise utilized the MPOD for Vaccine Field Operations Manual (FOM) and MPOD event action plan (EAP) for Glassell Park Recreation Center developed by LACDPH.

Overall, the exercise was a great opportunity for the agencies to work together and become familiar with MPOD protocol for vaccines. 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.

### Major Strengths

The major strengths identified during this exercise are as follows:

- Just-in-time training materials were easy to use
- Enhanced coordination and collaboration between RAP, LACDPH, EMD, and MRCLA
- MRCLA “short team” personnel were sufficient staffing for the space and number of clients

### Primary Areas for Improvement

Throughout the exercise, several opportunities for improvement were identified. The primary areas for improvement, including recommendations, are as follows:

- Need to better determine location and date for better client turnout
- Training for MPOD Leader positions on utilization of MPOD FOM and EAP
- Detailed updates to the MPOD FOM for ease of use

## EXERCISE DESIGN SUMMARY

This full-scale exercise was designed and developed by EMD, RAP, and LACDPH to test coordination of the three agencies in response to a medical and health emergency scenario. Participants were tasked to respond to a pandemic influenza scenario to set up a MPOD using the LACDPH vaccine model with a “short team” of Medical Reserve Corps Los Angeles (MRCLA) volunteers.

The following objectives were tested in the exercise:

1. Test capability to activate public MPOD sites.
  - a. Demonstrate effective on-site training for first-time POD providers.
  - b. Demonstrate capability to set up POD and open to the public by 1700 hours.
2. Test capability to efficiently operate and maintain a MPOD at a high level of professionalism throughout operational period to serve clients.
  - a. Demonstrate capability to effectively coordinate the use of local government staff and MRCLA volunteers in support of incident management.
  - b. Demonstrate ability to utilize an onsite Incident Command system throughout the operational period.
  - c. Demonstrate ability to effectively provide mass prophylaxis to the public.
3. Demonstrate ability to demobilize efficiently.

### Scenario Summary

The scenario was developed by LACDPH to simulate a pandemic influenza requiring activation of the City of Los Angeles’ MPODs. Without intervention, the identified virus has the potential to infect hundreds of thousands of people with high risk of cases requiring hospitalization and even death.

The exercise took players through responder check-in to demobilization of one MPOD in the City of Los Angeles. This included exercising MPOD check-in procedures, staff assignments, facility set-up, staff briefings, client vaccination, demobilization, and debriefing. The exercise utilized the MPOD for Vaccine FOM and MPOD EAP for Glassell Park Recreation Center developed by LACDPH.

## ANALYSIS OF OBJECTIVES

Overall, the exercise provided a good environment for learning and provided an effective tool for on-site training for all responders. Most exercise objectives were performed sufficiently. The following describes each objective evaluation in further detail:

### 1. Test capability to activate public MPOD sites.

Participants were asked to activate the Glassell Park Recreational Center for use as a MPOD for vaccine. LACDPH, EMD, and RAP confirmed the site with a walk-through and determined specific room uses, client flow, and staffing requirements. LACDPH developed a site-specific EAP for the exercise based on information gathered at the walk-through. The MPOD for vaccine staffing model requires staff with licensed medical/nursing backgrounds. The need was successfully met through MRCLA volunteers utilizing a “short team” configuration requiring less staff than normal. MRCLA volunteers and RAP staff who were all confirmed to participate three days before the event. There were no issues identified with activation of one MPOD.

#### a. Demonstrate effective on-site training for first-time POD providers.

Responders were provided with instruction materials on-site, a copy of the EAP and FOM, which contained information on how to set up the location for a vaccine-model, staffing positions, and scripts to complete staff briefings. Documents provided were laid out well in process, but initially confusing to a first-time user. Because instructions were easy to follow, the FOM and EAP gradually became easier to use and ideal for use over the operational period. Even so, participants needed to flip between both documents in order to accurately direct their staff according to individual and/or group. This caused difficulties for first-time leaders and document users. There is need to determine a solution for streamlining information needed for leaders in the EAP and FOM for greater ease of use.

MPOD leaders read from a script in the FOM to conduct staff briefings. The script is colored light blue in colored copies. However, when printed in black and white, the script is light grey and difficult to read and easy to skip over. Adjustments to later versions of the FOM should have scripts formatted to stand out more, especially where print-outs may be printed in black and white. For example, the script could be highlighted in a bold font, larger font, and/or larger titles indicating the section should be read aloud.

It is also important for vaccine administrators to know what type of vaccine was available for use during the event. Participants were unclear what type of vaccine was available because it was not part of the staff briefing scripts in the FOM. There are nine different types of vaccines that could have potentially been delivered to the MPOD and the vaccine used at this MPOD is not noted in the FOM script for leaders and staff. To improve on the FOM, a generic, fill-in-the-blank vaccine space should be provided in the MPOD leader script to brief staff on duty and any incoming staff as the operational period changes and new staff arrive. The vaccines available may be different at each delivery and changes may need to be made during the operational period and staff should be made aware of any changes.

Additionally, participants were not instructed on how to conduct intake on the vaccine delivery. An idea for improvement on the FOM is to add instructions on who should take delivery and how to take vaccine delivery and storage directions.

Individual staffing roles were not easily identifiable due to the different organizations and affiliation of responders. Following the assignments in the EAP, staffed positions should be clearly identified using name tags or colored vests.

**b. Demonstrate capability to set up POD and open to the public by 1700 hours.**

Participants successfully demonstrated the ability to set up and open the MPOD before 1700 hours—the MPOD’s operational hours were 1700-1900 hours. Responders met at 1400 hours at the Glassell Park Recreation Center and were provided the FOM and EAP and asked to perform their assigned duties. With minimal direction from exercise staff, participants were able to establish MPOD set-up efficiently.

MPOD leaders were initially unclear to the timeline of events and when critical tasks should be completed without direct guidance from the Exercise Director. It would be helpful for the FOM to include a general timeline of events and time benchmarks for the operational period to guide participants in their set up and continued MPOD operation.

**2. Test capability to efficiently operate and maintain a MPOD at a high level of professionalism throughout operational period to serve clients.**

During the course of the exercise, some participants felt excluded from other participant groups and activities. To aid in team operations and participation, MPOD leaders may need

to plan for more mixed-organization groups at non-medical staffing positions to promote teamwork.

MPOD Site Leader duties are vague after the MPOD site is determined and opened for set up and use. Any additional responsibilities the MPOD Site Leader should be responsible for should be guided by the FOM and a general duty checklist may be needed to prevent idleness during the shift. This may be similar to creating a timeline of events and time benchmarks to guide MPOD operations.

During the exercise, several clients were primarily Spanish-speaking and were more comfortable interacting with other Spanish speakers. Very quickly, a MRCLA volunteer with Spanish-language skills was able to interact with the individuals who were interested in getting flu shots. The participant was able to answer basic questions for the client and direct the individuals through the screening area. This customer service need highlighted the importance of understanding and identifying primary languages and demographics of the MPOD site area and designating appropriate language support as necessary. Identification of these at-risk population demographics should be considered at the initial planning stages.

**a. Demonstrate capability to effectively coordinate the use of local government staff and MRCLA volunteers in support of incident management.**

MRCLA volunteers were coordinated well in advance of the exercise and there were no issues meeting this objective. However, in discussions of the capability to activate multiple MPOD sites, the staffing needs would change tremendously.

**b. Demonstrate ability to utilize an onsite Incident Command system throughout the operational period.**

LACDPH has structured MPOD Site management and staffing organizations to employ ICS terms and structures to maintain coordination in span of control. Responders during this exercise were all previously trained on ICS. It would be necessary for LACDPH, EMD, and RAP to ensure ICS training is a basic requirement for all responders.

**c. Demonstrate ability to effectively provide mass prophylaxis to the public.**

MRCLA volunteers successfully vaccinated 31 adults and children during the course of the event; no clients were screened out of obtaining vaccinations.

**3. Demonstrate ability to demobilize efficiently.**

As flow of people waned, POD Leaders had the opportunity to begin demobilization of staff and resources. However, a guide in the FOM was unavailable. Demobilization instructions are needed in the FOM to direct demobilization activities for POD leaders. MPOD Leaders also successfully demobilized without a checklist of items are provided in the boxes for each vaccination station. A supply list would help ensure all supplies are collected and designate what resources need to be replenished.

## CONCLUSION

Overall, the exercise provided planners, observers, and responders with a great learning experience in a low-pressure environment. Participants were able to gain insight and hands-on experience on the full MPOD process from set-up to demobilization.

The exercise also provided an opportunity for LACDPH, EMD, RAP, and MRCLA to work together toward a common purpose. The event has opened up additional avenues for future collaboration and discussion about the possibility of creating a training plan to bolster the number of staff with some exercise experience in public health emergencies and MPOD operations.

The Emergency Management Department thanks all City, County, and volunteer personnel who contributed to this exercise.

## APPENDIX A: IMPROVEMENT PLAN

Objective	Issue/Area for Improvement	Corrective Action	Capability Element <sup>i</sup>	Priority	Primary Responsible Organization	Start Date	Completion Date
1. Test capability to activate public MPOD sites.	No Issues Identified.	---	---	---	---	---	---
1a. Demonstrate effective on-site training for first-time POD providers.	MPOD leaders read from a script in the FOM to conduct staff briefings. The script is colored light blue in colored copies. However, when printed in black and white, the script is light grey and difficult to read and easy to skip over.	Create script that stands out more in the FOM, especially where print-outs are black and white. Script can be made bold lettering, larger font, and/or indicate, "READ THIS".	Planning	High	LACDPH EPRP	January 2017	March 2017
	Participants were unclear what type of vaccine was used. There are nine different types of vaccines that could potentially be used, but the vaccine used at this MPOD is not noted in the FOM script for MPOD leaders and staff.	Provide a generic, fill-in-the-blank vaccine, space for vaccine used at MPOD because the vaccine available may be different at each delivery.	Planning	High	LACDPH EPRP	January 2017	June 2017
	Missing from FOM are instructions on how to take vaccine delivery and instruction on use and storage.	Add instructions on vaccine delivery and storage instructions.	Planning	High	LACDPH EPRP	January 2017	June 2017
	Participants needed to flip between multiple documents (EAP and FOM) in order direct their	Determine a solution for streamlining information needed for leaders in the	Planning	Medium	LACDPH EPRP	January 2017	March 2017



Objective	Issue/Area for Improvement	Corrective Action	Capability Element <sup>i</sup>	Priority	Primary Responsible Organization	Start Date	Completion Date
	staff. This caused difficulties for first-time leaders and document users.	EAP and FOM.					
	Individual staffing roles were not easily identifiable due to the different organizations and affiliation responders.	Following the staff assignments in the EAP, positions should be clearly identified using name tags or colored vests.	Planning	Low	LACDPH EPRP	January 2017	June 2017
<b>1b.</b> Demonstrate capability to set up MPOD and open to the public by 1700 hours.	Participants were initially unclear to the timeline of events and when critical tasks should be completed.	Create a general timeline of events/time bench mark for the operational period to guide participants.	Planning	Medium	LACDPH EPRP	January 2017	June 2017
<b>2.</b> Test capability to efficiently operate and maintain a MPOD at a high level of professionalism throughout operational period to serve clients.	Some participants felt excluded from other participant groups and activities.	Plan for more mixed-organization groups at non-medical staffing positions to promote teamwork.	Organization	Medium	LACDPH EPRP, EMD, RAP	January 2017	March 2017
	MPOD Site Leader duties are unclear after the site is determined and opened for set up and use.	Create a general checklist for MPOD site Leader during MPOD activation.	Planning	Medium	LACDPH EPRP	January 2017	June 2017
	Some clients were primarily Spanish-speaking and were more comfortable interacting with other Spanish speakers.	Identify primary language in MPOD area and designate bilingual support as necessary.	Planning	High	LACDPH EPRP, EMD, RAP	March 2017	June 2017
<b>2a.</b> Demonstrate capability to effectively coordinate the use of local	No Issues Identified.	---	---	---	---	---	---

Objective	Issue/Area for Improvement	Corrective Action	Capability Element <sup>i</sup>	Priority	Primary Responsible Organization	Start Date	Completion Date
government staff and MRCLA volunteers in support of incident management.							
<b>2b.</b> Demonstrate ability to utilize an onsite Incident Command system throughout the operational period.	Participants should apply ICS terms and structures with POD management to maintain coordination in span of control.	Ensure ICS training is a basic requirement for all responders.	Training	High	LACDPD EPRP, EMD, RAP	January 2017	December 2017
<b>2c.</b> Demonstrate ability to effectively provide mass prophylaxis to the public.	No Issues Identified.	---	---	---	---	---	---
<b>3.</b> Demonstrate ability to demobilize efficiently.	Participants demobilized without a checklist of items are provided in the MPOD boxes for vaccination station.	Provide supply list in FOM to ensure all supplies are collected and designate what resources need to be replenished.	Planning	Medium	LACDPH EPRP	January 2017	December 2017
	As flow of people slowed, POD Leaders had the opportunity to begin demobilization of staff and resources. However, a guide in the FOM was unavailable.	Demobilization instructions are needed in the FOM to direct demobilization activities for POD leaders.	Planning	High	LACDPH EPRP	January 2017	June 2017

<sup>i</sup> Capability Elements are Planning, Organization, Equipment, Training, or Exercise.