

**CITY OF TEXARKANA  
EXERCISE AFTER ACTION REPORT**



**AFTER ACTION  
REPORT**

**Submitting Jurisdiction:** City of Texarkana  
**Exercise Hazard Scenario** Hostage situation in a hospital  
**Exercise Level** Full-scale

**Name of Person Submitting:** Dave Hall

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## EXECUTIVE SUMMARY:

**Overview:** Officials at the psychiatric hospital (Living Hope) became concerned recently when they had a former patient get into a security area and tried to attack a staff member. They requested a training exercise involving emergency management and law enforcement to test their emergency plan. In pre-exercise meetings we assisted them in reviewing their plan and helped them to develop an internal emergency operations center (EOC).

As a part of the exercise key staff activated an EOC and an emergency management and a police representative were in their center to assist and coordinate with law enforcement and EMS.

A portion of the hospital was evacuated to test the hospital's evacuation plan. A tabletop portion of the exercise was also conducted to exercise evacuation and relocation plans. It dealt with the patients, preparing to move them and developing an alternate site for relocation.

The Texarkana SWAT team responded to secure a perimeter and began negotiations with the hostage taker. This was the first time that SWAT has ever responded to and had to interface with a large facility and coordinate with another command staff.

After extensive negotiations with the hostage taker, SWAT was able to enter the hospital and take the subject into custody without incident.

Following the exercise a joint debriefing was held among hospital staff, role players, SWAT and emergency management.

**Major Strengths Demonstrated:** SWAT team was very effective. It was the first time for them to utilize their new mobile command post and it proved to be very effective, particularly with communications.

**Areas that Require Improvement:** SWAT is reviewing its internal policies in regard to interfacing with private entities. As previously stated, this was the first exercise event deal with a large facility and administrative staff; from time to time there were coordination issues.

The hospital staff realized that they were not prepared for a major internal or external incident and hospital's emergency plan; as well as, coordination within administrative staff is being reviewed. Evacuation planning and relocation of patients are also under review by hospital administration.

**SECTION 1: EXERCISE OVERVIEW:**

**1.1. Exercise Name/Designation:** Living Hope Hospital Exercise

**1.2. Exercise Date(s):** 1/16/07

**1.3. Exercise Type:** Terrorism

**1.4. Exercise Scenario:** See Attached

**1.5. Location(s):** Living Hope Hospital

**1.6. Organizations & Participants:**

<b>Agency / Organization</b>	<b># Of Participants</b>
Living Hope Hospital	17
Texarkana Police Department	2
Texarkana Metro SWAT	27
Texarkana Emergency Management	3
Volunteer Role Players	4
EMS	2
PIO	1
<b>TOTAL Participants:</b>	<b>56</b>

**1.7. Overview: Separate briefings were held with hostage taker, hospital staff and administration and role players prior to exercise. When scenario unfolded, a call was made by the hospital administrator to 911. Hostage taker took 8 hostages in the in-take area of the hospital. Shortly after that, the hospital administrator recalled staff and established an emergency operations center in an adjoining building. The scenario and profile of hostage taker are attached.**

**Exercise Evaluation: Hospital Administration was very pleased with exercise. They indicated a need to completely re-evaluate their emergency plans. Evacuation of patients was also a major concern and the hospital had no plans in place to relocate patients or staff. The SWAT team had some communications difficulties, in carrying out tasks in conjunction with the hospital's efforts, such as getting electricity turned off, without consulting with hospital staff. Public communication was tested and hospital staff had no trained PIO. The hospital administrator was tasked with handling releases to the media. However, he was not available during the entire exercise. Lack of training also created problems in trying to set up a joint information center between the hospital and law enforcement PIO. Hospital attempted to set up an internal emergency operations center but had difficulty in coordinating various staff tasking. There was heavy dependence on the hospital administrator. There were also some problems for the SWAT team due to the hospital records on the former employee being in an office where the hostage situation was occurring.**

**SECTION 2: EXERCISE EVENTS**  
(Time Sequenced Master Scenario Events List)

- 5:00 p.m.—Briefing with role players. Marking hospital areas which were “in play” for the exercise.
- 5:20 p.m.—Briefing with hospital staff.
- 5:30 p.m.—SWAT team commanders called briefing of officers and did weapons safety check.
- 5:35 p.m.—Brief hostage taker.
- 5:50 p.m.—Set up scenario inside hospital.
- 6:05 p.m.—9-1-1 call is made reporting an armed suspect in the hospital.
- 6:07 p.m.—Second 9-1-1 call made by hospital administrator reporting a possible hostage situation.
- 6:08 p.m.—Hospital begins evacuating staff.
- 6:10 p.m.—Two PD units arrive on scene and get report from hospital administrator.
- 6:12 p.m.—Officers enter hospital and spot armed hostage taker with several hostages. Officers attempt to make verbal contact with hostage taker without luck.
- 6:17 p.m.—Officers retreat to block both exits to the hospital and request SWAT.
- 6:19 p.m.—Hospital administrator begins notifying key hospital staff and decides to set up a make shift emergency operations center in a building immediately north of the hospital.
- 6:25 p.m.—Hospital staff begins gathering (NOTE: time is compressed for arrival of hospital staff).
- 6:30 p.m.—SWAT team begins to arrive. (NOTE: time is compressed for response for timeline purposes)
- 6:35 p.m.- Hospital EOC activated. Emergency Management staff person sent to EOC to coordinate with SWAT and assist staff.
- 6:39 p.m.—Mobile Command Post is set up and hospital administrator is brought inside for questioning and debriefing.
- 6:40 p.m.-SWAT team briefing and deploys, making entry into building and establishing perimeter
- 6:54 p.m. Entry team makes voice contact with hostage taker.
- 7:13 p.m.-Hostage taker demanding to talk to CEO of hospital.
- 7:14 p.m.—One entry team has visual contact. Hostage taker is armed with a pistol and has 6 hostages.
- 7:28 p.m.—Hostage taker is demanding \$10,000 in back pay.
- 7:29 p.m.—Other employees in the building have been safely removed and are being questioned by SWAT team.
- 7:48 p.m.—SWAT deploys throw phone to communicate with hostage taker.
- 7:55 p.m.—One of the hostages picks up throw phone and talks to negotiator. Hostage taker takes phone away.
- 7:59 p.m.—Hostage taker requesting food and drinks. Negotiator trying to work release of hostage in exchange for sandwiches.
- 8:02 p.m.—Hostage taker agrees to release hostage in exchange for food.
- 8:04 p.m.—Hostage taker threatening to shoot one hostage who is making her mad. Again demanding money.
- 8:19 p.m.—Hostage experiencing chest pains. Hostage taker agrees to release him.
- 8:21 p.m.—Hostage is out. Checked by paramedics and is debriefed.
- 8:25 p.m. -Hostage tells debriefers the hostage taker has what looks like an explosive device in a backpack.
- 8:39 p.m.—Sandwiches and drinks delivered to hostage taker.
- 8:47 p.m.—Second hostage is released and debriefed.
- 9:02 p.m.—Hostage taker has turned lights out in room.
- 9:05 p.m.—Hostage taker again demands money and wants Xanax. Threatens to activate explosive device in 10 minutes.
- 9:08 p.m.—Hospital maintenance man requested at command post to turn out lights to hospital.

**9:10 p.m.—Maintenance man in position with SWAT to turn out lights and provide master key to unlock area where hostages are being held.**

**9:15 p.m.—Lights turned out.**

**9:16 p.m.—Hostage taker in custody.**

**9:17 p.m.—All hostages and other personnel cleared from building. EOD requested to check and disarm possible explosive device.**

**9:21 p.m.—Incident terminated.**

**9:25 p.m.—After action hot wash conducted with SWAT, role players, hospital personnel and other participating agencies.**

**10:05 p.m.—Hot wash completed and all units back in service. Hospital returned to normal operations.**

### SECTION 3: EXERCISE OBJECTIVE REVIEW

#### **Objective: Test hospital's emergency plan.**

Points of Review Available: Hospital administration realized their plan is very inadequate for incident of this size. They had never opened an internal Emergency Operations Center.

Points Not Met: Hospital administration had difficult time managing resources and evacuation plans for patients and staff had not been addressed. Many staff members had no idea what their role would be in a major emergency. Staff had no training or idea on how to set up and staff and EOC. Emergency management staff member was assigned to EOC to assist in issues and to act as liaison with law enforcement.

Points Not Applicable:

Recommendations: A committee has been appointed to revisit and rewrite internal emergency plans. Staff will also research alternate sites for housing patients if evacuation is necessary. Transportation issues will also be reviewed.

#### **Objective: Test hospital's coordination with outside agencies in emergency situation.**

Points of Review Available: When emergency management personnel assisted in assigning staff liaison roles with PD and SWAT things began to go quite a bit more smoothly. Administration was very impressed with SWAT operations and its capabilities.

Points Not Met: Hospital administration was not aware of a liaison role or need for such a position. Staff was also at a loss on how to handle news media.

Points Not Applicable:

Recommendations: As stated above, administration is reviewing hospital plans and will appoint a liaison officer as well as media contact. Redundancy was also discussed with hospital staff for key personnel and they accepted recommendation that they have three deep layering in key assignments.

#### **Objective: Test hospital lockdown capabilities**

Points of Review Available: this procedure actually worked pretty well once key staff members were able to get their arms around the potential of a hostage situation.

Points Not Met: NA

Points Not Applicable:

Recommendations: Hospital committee will review lockdown procedures as a part of rewriting their in-house emergency plan.

**Objective: Test SWAT callout and deployment system.**

Points of Review Available: CodeRed, an internet based phone notification system, was utilized to notify all SWAT personnel of the call out. Recorded message instructed SWAT team where to muster. Once everyone arrived, an incident briefing was held and weapons/safety check was conducted. System worked very well.

Points Not Met: NA

Points Not Applicable:

Recommendations: SWAT will include CodeRed in all future callouts and/or deployments.

**Objective: Test SWAT coordination with other emergency response agencies.**

Points of Review Available: SWAT worked very well with EMS and emergency management which assisted with resources and liaison between hospital EOC and SWAT command post.

Points Not Met: NA

Points Not Applicable:

Recommendations: Continued coordination and maintain avenues of communications with various emergency response agencies which might respond on SWAT situation.

**Objective: Test SWAT interaction with private section/entities.**

Points of Review Available: This was the first time that SWAT had responded on a private sector facility. As SWAT captain reported, “previously all of our responses have been to residences and we own the building until the situation is concluded.” SWAT commanders sometimes forgot to stay in touch with hospital EOC and administration. Emergency management finally acted as liaison between SWAT and hospital EOC.

Points Not Met: As stated above, sometimes SWAT command post did not interact with hospital EOC prior to taking certain actions or steps.

Recommendations: SWAT commanders are reviewing their plans to include interaction with administrators.



#### **SECTION 4: CONCLUSIONS**

Exercise was very beneficial for both hospital staff and SWAT. The exercise and the actual occurrence, which sparked the interest in doing an exercise, was a major learning experience for hospital staff. As a result of the exercise the hospital is developing an in-house emergency plan much more comprehensive than they currently have. It will include evacuation procedures, MOUs with other locations to house patients as well as ramping up an internal emergency operations center when a major incident occurs. Hospital has already requested that we design another exercise for them sometime later in the year.

The major learning experience for SWAT was, having to coordinate with responsible parties (hospital administrator/staff). As stated earlier in this document, all previous SWAT responses have been to either residences or apartments. This was their first experience in dealing with an incident at a large commercial facility and having to coordinate information flow, resources and access with civilians. SWAT is rewriting a portion of its standard operating procedures to address using a liaison officer and possibly having to work within the confines of an outside agency's EOC.

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CORRECTIVE ACTION  
IMPROVEMENT PLAN**

**CITY OF TEXARKANA  
EMERGENCY MANAGEMENT EXERCISE  
CORRECTIVE ACTION / IMPROVEMENT PLAN**

**Objective:** Assist both Living Hope Hospital and Texarkana Metro SWAT in reviewing and updating plans. We will be assisting hospital staff in rewriting and expanding its emergency plan to include evacuation, an internal emergency operations center, evacuation planning and, dealing with the news media. Objective for SWAT is to assist them in including a liaison with outside agencies in their response plans and coordination with other EOCs or command posts if they are ramped up on a scene.

**Issue:** Hospital's plan did not include any of the above. SWAT was also made aware of the issues involved in lack of communications with critical infrastructure representatives during the exercise.

**Corrective Action Recommendation:** Texarkana Emergency Management has already begun assisting hospital administration with plan redevelopment. A meeting has been held and e-mail exchanges and telephone conversations of ideas for plan development has taken place. After a follow up meeting with SWAT commanders, their plan has already been revised to address utilizing a liaison officer among non-traditional personnel on scene.

**Primary Agency:** Texarkana Emergency Management

**Point of Contact & Phone:** Dave Hall 903-798-3042

<b>Support Agencies:</b>	Living Hope Hospital	Don Shipp, 870-774-4673
	Texarkana Metro SWAT	Capt. Mark Lewis 903-798-3560
		<b>Contact &amp; Phone #:</b>
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**Steps / Timeline for Completion:**

<b>Step 1:</b>	Follow up meetings with both hospital and SWAT	<b>Completion Date:</b>	February 2007
<b>Step 2:</b>	Revise SWAT response SOPS	<b>Completion Date:</b>	February 2007
<b>Step 3:</b>	Hospital continues work on plan	<b>Completion Date:</b>	August 2007
<b>Step 4:</b>		<b>Completion Date:</b>	
<b>Step 5:</b>		<b>Completion Date:</b>	
<b>Step 6:</b>		<b>Completion Date:</b>	

**Implementation of Corrective Action/Improvement Completion Date:**

SWAT revisions already completed. Recommendations from Emergency Management to hospital staff already delivered. Hospital staff is working on revisions. They hope to have everything completed by August of this year.

**Signature of Primary Agency Contact:** \_\_\_\_\_

**Date:** 3/15/07

*Note: This document can be copied as necessary.*

**EMERGENCY MANAGEMENT EXERCISE  
CORRECTIVE ACTION / IMPROVEMENT PLAN TABLE**

<p><b><u>Jurisdiction Name</u></b> <b>CORRECTIVE ACTION / IMPROVEMENT PLAN</b></p>
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Objective	Recommendations	Corrective / Improvement Action	Responsible Party/Agency	Projected Completion Date
#1 Test plan	Rewrite plan to include EOC, MOU's and evacuation.	Rewrite and expand current plan.	Living Hope	Aug. 2007
#2 Test Coordination	Rewrite plans. Develop and train liaison officer, appoint PIO	Develop role assignments and build in redundancy in those roles.	Living Hope	Aug. 2007
#3 Lockdown	Review lockdown procedures with staff	Review is underway	Living Hope	Aug. 2007
#4 SWAT callout	Utilize CodeRed for call out	CodeRed now included in call out/deployment procedure	SWAT commander	Completed in February
#5 Coordination with emergency services	Continue current procedures. Went well.	None needed	SWAT/emergency management	N/A
#6 Interaction with private sector	Develop procedure for liaison officer.	Liaison officer has been appointed.	SWAT/emergency management	Completed in February

**EMERGENCY MANAGEMENT EXERCISE  
CORRECTIVE ACTION / IMPROVEMENT PLAN TABLE**

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