

American Civic Association Shooting

April 3, 2009

September 2009

After-Action Report & Improvement Plan

Prepared by Beck Disaster Recovery
on behalf of Broome County, New York



BROOME COUNTY
American Civic Association Shooting April 3, 2009
After Action Report and Improvement Plan

HANDLING INSTRUCTIONS

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EXECUTIVE SUMMARY

The Broome County Office of Emergency Services (OES) initiated the effort to develop a comprehensive After Action Report and Improvement Plan (AAR/IP) following the tragic events surrounding the American Civic Association (ACA) Shooting on April 3, 2009. The intent of this document is to identify strengths and areas for improvement observed during response and recovery activities. The strengths and areas for improvement identified in this AAR/IP affect the ability of the City of Binghamton (City) and Broome County (County) governments, first responder agencies and associated support organizations as a whole to respond to and recover from major incidents and are not specific to any one organization. As such, identifying and implementing solutions to ensure that strengths are repeatable and areas for improvement are remedied rests in the hands of all City and County departments, other government agencies, not-for-profit organizations and other private sector partners.

This After Action Report in no way overlooks the noble dedication of City of Binghamton and Broome County government and first responders, and associated support agencies during the ACA Shooting. It strives to improve upon these strengths for even better preparedness for and response to any future emergency.

The resulting improvement plan serves as a roadmap to enhance the outcomes of emergency management efforts and potentially guide funding decisions. This roadmap is applicable to all organizations that are involved in a broad array of emergency response and recovery activities. In support of this AAR/IP process, the City of Binghamton Mayor and the Broome County Executive agreed that this report will be fully disclosed to the public. This clearly demonstrates the proactive approach being taken by senior leadership to ensure that lessons learned from this tragic event are institutionalized and carried forward.

While this process is focused on the events surrounding the ACA Shooting, it is designed to strengthen Broome County’s capacity to effectively respond as a region to any catastrophic incident in a highly coordinated way, whether that incident is natural or human-caused.

With the singular goal of improvement as a guide, the main objective of this AAR/IP process is:

To understand and review the processes and procedures undertaken by Broome County OES and the City of Binghamton in post-event deployments and to provide a comprehensive report and process improvement plan that will highlight both key strengths and areas for improvement.

The AAR/IP process used to develop this document is based on a Capabilities-Based Planning (CBP) approach that focuses on all-hazards planning using a wide range of possible scenarios to plan, prepare and train for response and recovery efforts that can address modern-day challenges. Capabilities-Based Planning involves a functional analysis of operation requirements, identification of current capabilities, and cost-effective and efficient options for achieving full operation requirements.

The United States Department of Homeland Security (DHS) has developed a Target Capabilities List (TCL) that identifies 36 target capabilities jurisdictions can use to enhance

comprehensive response plans, procedures and training to support a multi-agency/multi-jurisdictional response effort. The following TCLs were identified for review during the development of this document:

- Planning
- Communications
- On-site Incident Management
- Emergency Operations Center (EOC) Management
- Responder Safety and Health

- Emergency Public Information and Warning
- Fatality Management

Using those TCLs as a baseline, the AAR/IP was developed in four phases or steps over an eight-week period shortly following the ACA Shooting:



During the AAR/IP interview and meeting steps, a number of major strengths were identified by those involved that highlight the response efforts to the ACA Shooting incident:

- Demonstration of high level of experience and training by County and City personnel
- Timely response from police, fire, OES, medical/forensic professionals and state government
- Partnership and integration of resources between Broome County OES and the City of Binghamton
- Rapid organization of the County EOC to include necessary resources for short- and long-term management
- Recognition of need and implementation of a Joint Information Center (JIC) and Family Assistance Center (FAC) despite the lack of a formal County plan for either
- Utilization of State Incident Management Assistance Team (IMAT) resources for EOC staffing and guidance
- Commitment and active participation of elected officials during response and recovery efforts
- Effective lockdown of Binghamton High School and Nursing Facility and rapid activation of local hospitals to prepare for potential of medical surge
- Use of language interpreter service
- Cooperation between local crime scene investigators and funeral directors to expeditiously process fatalities from the scene
- Assistance for victims and families from the State regarding legal issues and other federal and state processes, including expedited death certificates
- Use of local law enforcement agencies to respond to Binghamton Police Department (BPD) calls for service

- Increased staffing among Crime Victims Assistance, American Red Cross and local behavioral health agencies to provide assistance to families of victims after notification; availability of Critical Incident Stress Debriefing (CISD) to County and local staff

Brought to a successful conclusion by dedicated response personnel, the ACA Shooting incident, one of the largest multi-agency response efforts undertaken by the City and County, also highlighted areas that could be strengthened or improved to allow for enhanced response and coordination efforts in the future. Areas for improvement include:

- Full implementation of an Incident Command System (ICS), including Unified Command
- Better integration of communications, particularly with regard to interoperable communications among law enforcement, fire and EMS
- Utilization and integration of the Broome County mobile communications vehicle
- Timely information flow and enlistment from the State Office of Emergency Management; NY ALERT (Broome County Public Notice Information System) should be utilized earlier in an event and to its full potential
- Familiarization of victim services personnel with the tenets of ICS
- Familiarization of first responders with Government Emergency Telecommunications Service (GETS) and Wireless Priority Service (WPS)
- Increased experience/training of American Red Cross in post-disaster criminal situations
- Enhancement of current plans to address the areas of worst-case scenario medical surges, the handling of large numbers of deceased, Family Assistance Center planning, etc.
- Creation of plans for determining which agency is the lead agency for human services needs and providing guidance regarding who is responsible for that determination
- Integration of coroner liaison or other informed designee available to families at the FAC to conduct regular briefings on the death identification process and treatment of deceased
- Clear guidance for the dissemination of public information and the role of Public Information Officers (PIOs)
- Incorporation of self-dispatched responder protocols to alleviate response redundancies

INTRODUCTION

The Broome County Office of Emergency Services (OES) strives to be a national model of best practices in emergency planning, preparation, response and recovery. Its core function is to help prepare, safeguard and protect the residents of Broome County and their property from disaster. During times of crisis, OES is the lead coordinating agency for regional response. OES activates the County EOC and supports the efforts of its regional emergency management partners. OES initiated the development of the ACA Shooting AAR/IP in an effort to improve the County's ability to respond to future emergencies.

This After Action Report reflects the County's emergency management strengths and provides a roadmap for future assessments and improvements.

This AAR/IP serves to document the strengths and areas for improvement observed during response and recovery activities. The strengths and areas for improvement identified in this AAR/IP affect the ability of the County as a whole to respond to and recover from a disaster and are not specific to any one organization. As such, identifying and implementing solutions to ensure that strengths are repeatable and weaknesses are remedied rests in the hands of all City and County departments, other government agencies, not-for-profit organizations and other private sector partners. The resulting improvement plan serves as a roadmap to enhance the outcomes of emergency management efforts and potentially guide funding decisions. This roadmap is applicable to all City and County organizations that are involved in a broad array of emergency response and recovery activities.

AMERICAN CIVIC ASSOCIATION SHOOTING APRIL 3, 2009 EVENTS SUMMARY

The American Civic Association Shooting on April 3, 2009, during which 14 people were killed and 4 people were injured, was the deadliest mass shooting in the United States since the 2007 massacre at Virginia Tech. On the morning of April 3, 2009, at approximately 10:30 a.m. EDT, Jiverly Wong entered the Binghamton, New York American Civic Association building and fired 99 shots; 88 from a 9mm Beretta and 11 from a .45-caliber Beretta. He had barricaded the back door with a car before entering through the front of the building and immediately shooting two female receptionists. Though one receptionist did not survive, the other feigned death after a shot to the stomach and waited until Wong left before taking cover under a desk and calling 911. Wong then entered the nearest classroom and continued to fire, inflicting multiple shots and fatally shooting the professor and 12 of 15 students in the English as a Second Language (ESL) class. When fire sirens sounded at 10:33 a.m., Wong shot himself in the head. The spree lasted only 3 minutes, killing 13 victims and culminating in the shooter's suicide.

At 10:30 a.m. EDT, Broome County 911 Center received two 911 calls after bystanders heard the gunshots aimed at the receptionists. Within two minutes, four Binghamton Police Department (BPD) officers were dispatched to the scene, arriving at 10:33 a.m. Upon arrival, no further shots were heard. Binghamton Fire Ambulance and Superior Ambulance Service responded minutes later and EMS staged nearby. At 10:37 a.m., BPD headquarters requested SWAT team assistance. Police remained outside the building until confirmation that the shooter and any potential accomplices were dead. Binghamton High School and nearby streets were locked down. SWAT members entered the ACA building at 11:13 a.m. and escorted ten survivors from the building at noon. Approximately ten more followed at 12:40 p.m., while the other survivors remained hidden in the boiler room of the ACA basement for nearly three hours as SWAT members secured the building. Four were taken to local hospitals in critical condition.

Located in the City of Binghamton in Broome County, New York, the American Civic Association building provides English as a Second Language (ESL) classes and other services to recent U.S. immigrants. Wong, a naturalized immigrant, had attended ESL classes there. In a letter mailed on the day

of the shootings and received by Syracuse television station News 10 Now, Wong blamed his actions on perceived police harassment and feelings of degradation due to his lack of English skills.

CAPABILITIES-BASED PLANNING

The AAR/IP process used to develop this document is based on a Capabilities-Based Planning (CBP) approach that focuses on all-hazards planning, using a wide range of possible scenarios to plan, prepare and train for response and recovery efforts that can address modern-day challenges. Capabilities-Based Planning involves a functional analysis of operation requirements, identification of current capabilities, and cost-effective and efficient options for achieving full operation requirements.

The United States Department of Homeland Security (DHS) has developed a Target Capabilities List (TCL) that identifies 36 target capabilities which jurisdictions can use to enhance comprehensive response plans, procedures and training to support a multi-agency/multi-jurisdictional response effort. The following TCLs were identified for review during the development of this document:

- Planning
- Communications
- On-site Incident Management
- Emergency Operations Center (EOC) Management
- Responder Safety and Health
- Emergency Public Information and Warning
- Fatality Management

Using those TCLs as a baseline, the AAR/IP was developed in four phases or steps over an eight-week period shortly following the ACA Shooting:



With the singular goal of improvement as a guide, the main objective of this AAR/IP process is:

- To understand and review the processes and procedures undertaken by Broome County OES and the City of Binghamton in post-event deployments and to provide a comprehensive report and process improvement plan that will highlight both key strengths and areas for improvement.

- The evaluation of activities, processes and procedures is a fundamental link to improvement planning because it assesses performance in a real-world event and identifies strengths and areas for improvement. The evaluation process identifies improvement opportunities and improvement planning provides a disciplined process for implementing corrective actions.
- Utilizing standard evaluation methodology, BDR employed an analytical process to assess the demonstration of capabilities during the response and recovery of the ACA Shooting.

The standard evaluation process incorporates three distinct levels of analysis:

- Capability Level
- Activity Level
- Task Level

This AAR/IP process looks at Capabilities-Based Planning (CBP) as the underlying foundation used in a comprehensive approach to organizational preparedness. The fundamental questions identified in CBP translate seamlessly to the process used here.

A meeting was held on Wednesday July 15, 2009 with a diverse group of stakeholders involved in the ACA Shooting incident. During this session, the CBP approach and the entire AAR/IP process was introduced.

Using the CBP approach, participants were asked a series questions. The stakeholders themselves identified key CBP components necessary for a truly integrated, multi-agency, multi-jurisdictional response to incidents of significance. It is important to note here that BDR staff served to facilitate this process. The critical information contained in this report was provided by those personally involved in the incident.

Utilizing this information along with CBP methodology, area responders can review the improvement plan and corrective action matrix and quickly address all of the areas for improvement through this methodology. The questions and participant responses are as follows:

What should we be prepared for?

- The unexpected
- Participants offered that one week prior to the incident, an analysis was conducted for the County and this incident was deemed so low of a priority, it was almost off the radar
- Natural disasters, floods, ice storms
- Infrastructure failures
- Bombings, IED and VBIED
- Shootings at schools or universities, participants indicated that police train for active shooter incidents
- Evacuations or reception of evacuated populations
- HAZMAT incidents
- Epidemic or pandemic
- Communications failures
- Utility failures, water, power
- Cyber terrorism
- Aircraft crash
- Bioterrorism

What tasks need to be performed?

- Security
- Planning
- Training, drills, AAR/IP process lessons learned

- Communicate
 - Resources
 - Who can do what when
 - Situation reports, situation awareness
 - Interoperability
 - Did the incident go to simulcast? Do they have that ability?
 - EMS response
 - Hospitals
 - Recovery
 - Human Services Component

Under what conditions are the tasks performed?

- Stressful
- Emotional
- Physical
- Time
- Urgent, no notice, limited notice
- Outside demands
- Simultaneous incidents
- Location
- Scrutiny, visibility

What standards or laws govern response?

- Recover, reconstitute
- Ethnic considerations
- OSHA, PESH
- NFPA
- HIPPA
- Agency SOPs
- Public Health Law
- Article 2B State of Emergency
- NIMS/ICS
- Past practice, incident review

Which tasks are critical?

- Communications
- Personnel accountability
- Chain of command
- Initial response
- Planning
- Public awareness/information
- Span of control
- Security
- Logistics
- Finance
- Administration
- Training
- Recovery

What capabilities are needed?

- Technical infrastructure
- Flexibility to deploy resources/resource typing
- Trained/skilled personnel
- Sustainability
- Leadership
- Cooperation
- MOUs/Mutual aid agreements

What level of capability is needed to perform tasks?

- Multi-agency response
- Expansion capability
- Local Incident Management Assistance Team (IMAT)
- Mental health intervention team
- Political manpower
- Case workers
- Interpreter services by telephone and in person
- Cultural awareness
- Immigration and international law
- PIO technology NY ALERT
- Budget capacity
- Lead agency change/hand-off
- Credentialing/accountability
- Patient tracking

How do we share responsibilities across agencies?

- Training/joint training with other agencies
- High level planning meetings
- Development of protocols
 - Mass casualty/mass fatalities
 - Mutual aid agreements
 - Incident Command System (ICS)
 - Standard Operating Guidelines (SOG)
 - Continuity of Operations (COOP)/Continuity of Government COG
 - Technical and resource redundancy
 - Communications interoperability
 - Media/PIO shared message

What capabilities need to be developed?

- Access to scene /transportation
- Plan review and updates
- OES development of IMAT capabilities
- Education/awareness of other agency capabilities
- Financial ability to cover expenses
- Contingency plans for space needs
- Contingency for specialists
- Codify public information strategies
- Better technology and equipment

What capabilities are needed for functional area?

- Pre-incident agreements

How do we allocate resources to have the greatest impact?

- Centrally
- Through ICS
- Pre-incident response plan

What could be done better?Planning

- Space planning was not adequate
 - Confusion regarding the FAC location; some thought it had been moved several times
- Finance/Fund-raising plans are deficient
 - No plans in place for victim/family assistance fund-raising efforts
 - No plans for cost recovery from state and federal resources
- No published material exists to assist victims or families specific to the language needs of this event
 - Pamphlets exist in English, but there is no means of rapid translation
- No plans exist for determining which agency is the lead agency for human services needs and providing guidance on who makes that determination
- Mass fatality plan not used to its full potential. It was implemented by Broome County OES, but this was unknown to Binghamton Police Department
- Hospital plans should incorporate worst-case scenarios
 - Bring surgical teams in to support the number of surgical suites available
 - Plans need to be developed for flying in surgical teams (Rochester Memorial made the offer to do so)

Interoperable Communications

- Mobile communications vehicle from Broome County was not utilized
 - Vehicle was delivered on request from commanders on scene with two staff but never utilized
- There was no BPD representative in the Communications/dispatch center during the response
- Information did not flow out of City on the morning or afternoon of the incident
 - Conference meeting on Saturday morning post-event set the stage to advise the City that assistance was available and should be enlisted from the State Office of Emergency Management and that the County OES and State would manage the incident long term
 - Improved relationship between City and County regarding emergency operations would improve ability to respond
- NY ALERT should be utilized earlier in the event.
 - BPD officials not familiar with NY ALERT and declined offer from County to utilize it early in the event
 - Subsequently used to notify community to minimize cell phone use during response efforts
- Human Services from the State were not engaged in a timely fashion
- Responders were not familiar with GETS/WPS programs and were reticent to make use of those programs

On-site Incident Management

- Unified command could have been done better

- Command seemed to involve law enforcement only. Fire and EMS response chiefs were not included
- Accurate and timely sharing of information across disciplines did not occur
- Dispatch communications could have been accomplished on one channel versus multiple channels in the absence of a unified command
- Credentialing/accountability was nonexistent at scene
- Victim services personnel were not familiar with the tenets of ICS
 - Responders did not know where they were supposed to be

Responder Safety and Health

- American Red Cross personnel had never worked a situation that was a crime scene
 - Always work natural disasters
 - No training for crime scene considerations
 - No plans exist with American Red Cross for crime scene response/how to integrate with law enforcement and crime victim assistance programs while dealing with active crime scene

Fatality Management

- Need a standardized process for confirming identity of bodies (Dr. Telerzian)
- Standardize death investigation from hospital pathologists perspective (Lourdes Hospital)
- Plans needed for post death notification.
 - Contingencies needed for home of relatives after notification to include clergy, family, friends, law enforcement and funeral directors
- No coroner available to families at Family Assistance Center (FAC)/American Red Cross facility.
 - Coroner would explain process to family and loved ones with respect to treatment of deceased
 - Coroner would conduct regular briefings with families until ID confirmed (coroner suggested)

As evidenced by the participant responses, there is a clear understanding of the need and benefit to preparing for catastrophic incidents utilizing a multi-agency/multi-jurisdictional response effort. The challenge is to ensure that personnel in all levels of the organization have the necessary training, equipment and documented procedures to support the response. These procedures must then be translated into common practice and use during actual incidents.

Throughout all of the meetings and interviews conducted by BDR, those personnel involved in this incident identified “great things” that happened during the response. These strengths are a tribute to the dedication of all personnel involved in the incident.

KEY STRENGTHS

The major strengths identified during the ACA Shooting response and recovery:¹

1. Demonstration of high level of experience and training by County and City personnel

¹ The numbering matches the numbering used in Chapter 3 and can be used as a reference to find out more about each issue.

2. Timely response from police, fire, OES, medical/forensic professionals and state government
3. Partnership and integration of resources between Broome County OES and the City of Binghamton; speedy organization of the EOC to include necessary resources for short- and long-term management
4. Recognition of need and implementation of a Joint Information Center (JIC) and Family Assistance Center (FAC) despite the lack of a formal County plan for either
5. Utilization of State Incident Management Assistance Team (IMAT) resources for EOC staffing and guidance
6. Commitment and active participation of elected officials during response and recovery efforts.
7. Effective lockdown of Binghamton High School and Nursing Facility and rapid activation of local hospitals to prepare for potential of medical surge
8. Use of language interpreter service
9. Cooperation between local crime scene investigators and funeral directors to expeditiously process victims at the scene
10. Assistance for victims and families from the State regarding legal issues and other federal and state processes, including expedited death certificates
11. Use of local law enforcement agencies to respond to BPD calls for service
12. Increased staffing by Crime Victims Assistance, American Red Cross and local behavioral health agencies to provide assistance to families of victims after notification; availability of Critical Incident Stress Debriefing (CISD) to county and local staff

PRIMARY AREAS FOR IMPROVEMENT

1. Full implementation of an Incident Command System (ICS) including Unified Command
2. Better integration of communications, particularly with regard to interoperable communications among law enforcement, fire and EMS
3. Utilization and integration of the Broome County mobile communications vehicle
4. Timely information flow and enlistment from the State Office of Emergency Management; NY ALERT (Broome County Public Notice Information System) should be utilized earlier in an event
5. Familiarization of victim services personnel with the tenets of ICS
6. Familiarization of first responders with GETS/WPS
7. Increased experience/training of American Red Cross in crime scene situations
8. Enhancement of current plans to address the areas of worst-case-scenario medical surges, the handling of large numbers of bodies, Family Assistance Center (FAC) planning, etc.
9. Creation of plans for determining which agency is the lead agency for human services needs and providing guidance regarding who is responsible for that determination
10. Integration of coroner liaison or other informed designee available to families at the FAC to conduct regular briefings on the death identification process and treatment of deceased
11. Clear guidance for the dissemination of public information and the role of Public Information Officers

12. Incorporation of self-dispatched responder protocols to alleviate response redundancies

AFTER ACTION REPORT METHODOLOGY

The AAR/IP was developed in four phases, or steps, over an eight-week period shortly following Broome County's ACA Shooting on April 3, 2009:



The process used to create this AAR/IP strived to follow national best practices and can be replicated in the future, not only by Broome County OES but by other jurisdictions. The AAR/IP development methodology described below was time-intensive and corresponded to the magnitude of the event. However, for less significant events or for jurisdictions with less time and resources, this methodology can be scaled down. All communications, including the interview tool, capabilities-based planning matrix and other AAR/IP developed documents, are included as appendices and can serve as a template for other entities wishing to follow the same methodology.

STEP I – IDENTIFY PROJECT GOALS AND ENGAGE STAKEHOLDERS

Broome County OES personnel met to discuss the issue areas that the AAR/IP should cover and the timeline for completing the AAR/IP, and to review the major activities and meetings required to successfully develop the AAR/IP. Members of the OES planning team were identified to lead the project and work with a contractor to complete the AAR/IP. The results of this meeting were documented in a project work plan.

A secure web-based AAR/IP collaboration site was established using Microsoft SharePoint. The site served as a document repository for efficient document management that allowed designated users to access current and past versions of documents. Drafts of this AAR/IP were placed on the site to provide an easy means of disseminating information to all stakeholders.

The key to the successful development and completion of this AAR/IP was the active participation of stakeholder groups.

Throughout the project, a significant amount of effort was dedicated to stakeholder engagement. Broome County OES Director Brett Chellis identified and invited critical stakeholders to participate in the AAR/IP process. Stakeholders included agencies at the city and county levels. To ensure that the resulting AAR/IP accurately reflected the observations of all stakeholders and included recommendations they

would implement, it was essential to engage them throughout the AAR/IP development process and the resulting conclusions.

STEP II – REVIEW INCIDENT DOCUMENTATION AND CONDUCT AAR/IP INTERVIEWS

The AAR/IP personnel task leaders reviewed incident documentation and emergency operation plans to get an understanding of County roles and responsibilities as well as emergency management capabilities and processes. Previous AAR/IPs for the Virginia Tech Shooting, the Columbine Shooting and other events provided a baseline for comparison with the ACA Shooting response and the foundation for identifying strengths and areas for improvement in the overall emergency management process.

Using the information learned during the plan review, the AAR/IP task leads developed an interview method using capabilities-based planning as a framework. This interview method asked a series of questions focusing on the following areas, which were identified by Broome County OES senior staff during the project kickoff meeting:

- Planning
- Communications
- On-site Incident Management
- Emergency Operations Center (EOC) Management
- Responder Safety and Health
- Emergency Public Information and Warning
- Fatality Management

In order to gather information, a stakeholder group meeting was conducted on July 14, 2009. Executive briefings were held by the Binghamton Office of the Mayor, Broome County Executive Office and Broome County OES. In addition, BDR facilitated a three-hour interview session with 911 dispatchers on shift-duty during the April 3, 2009 incident. A multi-disciplinary/jurisdictional After Action Interview/town hall meeting occurred on Wednesday, July 15th, 2009. Also, the media was invited to participate and share its feedback on public information in a media-specific breakout session. On Thursday, July 16, 2009, a facility operations tour of the 911 Operation Center was conducted, as well as individual response team interviews. In instances in which further information was desired or stakeholder representatives could not be available, conference calls enabled full communication of response and recovery events. On July 21, 2009 a conference call was held with Binghamton Police Department Police Chief Zikuski to discuss hot zone and incident command activity.

STEP III – DRAFT AAR/IP AND SUBMIT FOR COMMENTS AND APPROVAL TO STAKEHOLDERS

This AAR/IP will identify strengths, areas of improvement and present a roadmap for any additional assessments and improvements that may need to be made. The AAR/IP draft was distributed to all stakeholders. Comments from stakeholders were incorporated into the AAR/IP prior to finalization.

The AAR/IP consists of these sections:

- Introduction and ACA Shooting Timeline describes the impetus for this AAR/IP along with important events and impacts of a mass fatality emergency.
- AAR/IP Methodology section describes the process used to develop this report.

- Analysis of Strengths and Areas for Improvement includes a comprehensive summary of the strengths and challenges as observed by those involved in the ACA Shooting emergency response and recovery activities.
- Improvement Plan Matrix (Appendix A) can serve as a stand-alone document and provides a road map for County organizations to improve overall emergency response and recovery capabilities.
- Conclusion is a summary of the overall After Action Report.
- Appendices A to E are all of the documents used during the development of this AAR/IP. These documents can serve as a template for other jurisdictions wishing to complete a similar analysis for future incidents.

STEP IV – HOST IMPROVEMENT PLANNING MEETING

Once stakeholder information was gathered and the draft AAR/IP was completed, Broome County OES hosted an Improvement Planning Meeting on September 9, 2009. The purpose of the meeting was to review and confirm findings identified during the interviews, to offer solutions and recommendations to address areas for improvement and to assign an organization(s) to implement the solutions.

Significant effort was again given to encourage stakeholder participation. Invitations were e-mailed to stakeholders and followed up with phone calls to ensure attendance.

During the Improvement Planning Meeting, leadership from all participating agencies engaged in facilitated discussion regarding the key areas of improvement. The goal of the meeting was to establish clear and reasonable ownership of improvement measures that will best benefit the area-wide jurisdictions. Each area of improvement was discussed, affirmed or denied, and given an improvement leader using a consensus method. The results of this interactive session can be reviewed in Appendix A: Improvement Plan Matrix.

ANALYSIS OF STRENGTHS AND AREAS FOR IMPROVEMENT PLANNING

This section of the report reviews the performance of the County's response and recovery capabilities. While each observation is a highlighted strength, BDR recognizes that many response and recovery actions occurred as a result of leadership's sound judgment. Many of these strengths will be included in the improvement planning process as means of formalizing the actions taken.

STRENGTHS

Observation 1

Demonstration of high level of experience and training by County and City personnel

Observation 2

Timely response from police, fire, OES, medical/forensic professionals and state government

Observation 3

Partnership and integration of resources between Broome County OES and the City of Binghamton

Observation 4

Rapid organization of the EOC to include necessary resources for short- and long-term management

Observation 5

Recognition of need and implementation of a Joint Information Center (JIC) and Family Assistance Center (FAC) despite the lack of a formal County plan for either

Observation 6

Utilization of State Incident Management Assistance Team (IMAT) resources for EOC staffing and guidance

ANALYSIS OF STRENGTHS AND AREAS FOR IMPROVEMENT PLANNING

Observation 7

Commitment and active participation of elected officials during response and recovery efforts

Observation 8

Effective lockdown of Binghamton High School and Nursing Facility and rapid activation of local hospitals to prepare for potential medical surge

Observation 9

Use of language interpreter service

Observation 10

Cooperation between local crime scene investigators and funeral directors to expeditiously process victims at the scene

Observation 11

Assistance for victims and families from the State regarding legal issues and other federal and state processes, including expedited death certificates

Observation 12

Use of local law enforcement agencies to respond to BPD calls for service

Observation 13

Increased staffing by Crime Victims Assistance, ARC and local behavioral health agencies to provide assistance to families of victims after notification; availability of Critical Incident Stress Debriefing (CISD) to staff

AREAS FOR IMPROVEMENT

Area 1

Full implementation of an Incident Command System (ICS) including Unified Command

Recommendation:

- Group defined as a non-issue; however, BDR recommends fortifying concept in all incident trainings.
- Continue to train jurisdictions within the county regarding the use and implementation of ICS.
- NIMS training should also be incorporated into training programs and exercised appropriately.

Area 2

Better integration of communications, particularly with regard to interoperable communications among law enforcement, fire and EMS

Recommendation:

- Establish a unified command center and staff it appropriately with all relevant players.
- Assign a communications liaison from the Command Post to the EOC. Designate a central location near site of the incident to filter information.
- Create a policy statement to pre-plan radio overhaul.
- Create a controlled access policy.
- First response agencies should develop policies for when an officer initiates self-dispatch. A staging area should be created for such officers given the inability to control self-dispatch.
- Assign a BPD representative to the EOC or deploy the mobile command vehicle on scene.
- Remove ICS language from EOC forms where it is not applicable to Broome EOC operations.

Area 3

Utilization and integration of the Broome County mobile communications vehicle

Recommendation:

- Use of the Mobile Command vehicle will alleviate transfer communications and multiple radio frequencies issues. Broome County DHS is currently conducting a needs assessment study.

Area 4

Timely information flow and enlistment of help from the State Office of Emergency Management; NY ALERT (Broome County Public Notice Information System) should be utilized earlier in an event

Recommendation:

- Ensure all field commanders are educated and trained to use the NY ALERT system.
- PIOs should maximize the capability of NY ALERT system to provide information to public.

Area 5

Familiarization of victim services personnel with the tenets of ICS

Recommendation:

- Provide training to Victim's Assistance staff in ICS 100/ICS200.

Area 6

Familiarization of first responders with GETS/WPS

Recommendation:

- Obtain WPS assets and training for personnel at city and county level-enabled phone.

Area 7

Increased experience/training of American Red Cross personnel in post-disaster criminal situations

Recommendation:

- Expose ARC staff to instruction and protocols for working within a crime scene, perhaps through a program similar to the Citizens Police Academy already offered by BPD
- American Red Cross will follow the lead of Crime Victims Assistance to ensure crime scene compliance and legal compliance maintained for crime-related incidents.

Area 8

Enhancement of current plans to address the areas of worst-case scenario medical surges, the handling of large numbers of bodies, Family Assistance Center planning, etc.

Recommendation:

- Because the Red Cross has initiated development of a plan, it is recommended that the Red Cross FAC plan incorporate a county approach and integrate with the county EOP. This plan should set guidelines for selecting a site and/or multiple jurisdictions to host FAC services.

ANALYSIS OF STRENGTHS AND AREAS FOR IMPROVEMENT PLANNING

- Hold a Public Officials Conference to establish an understanding of roles and responsibilities under article IIB, as well as guidelines for recognizing the size and scope of an incident.
- Develop a Comprehensive Appendix with a list of available state resources.
- Incorporate state, county and municipality into the state mobilization plan. The Emergency Manager and incident management should agree on use of IMAT based on the size and scope of the incident.
- Develop a crisis communications plan that integrates municipality and county levels.
- Add the mass fatality plan component to the crisis communication plan and ensure training.
- Develop plans with area-wide hospitals, including Binghamton General, to establish centralized management of hospital resources.
- Provide mental health resources through American Red Cross.

Area 9

Creation of plans for determining which agency is the lead agency for human services needs and providing guidance regarding who is responsible for that determination

Recommendation:

- Broome County is currently updating language for NIMS compliance.
- Create a policy statement to establish the following: In the emergency action plan for criminal events, crime victims specialists lead the situation. In a natural disaster, biological/medical hazard, the health department leads the situation.

Area 10

Integration of coroner liaison or other informed designee available to families at the FAC to conduct regular briefings on the death identification process and treatment of deceased

Recommendation:

- Chiefs should be briefed on the county fatality management plan, which should be reviewed by OES and the County Coroner. The Erie County Plan should be reviewed as an example.
- Review death investigation and body identification plans with Dr. Tarzian to gather best practice.
- Because integration in the planning process is critical, create a death notification plan and integrate with the mass fatality plan. Victim's assistance should be included in this process to make personnel, referrals and other resources available to families.
- During a potential mass fatality incident, it will be beneficial to include the County Coroner or a coroner representative in the EOC to assist with planning modifications.

Area 11

Clear guidance for the dissemination of public information and the role of Public Information Officers

Recommendation:

- Establish clear use of public information tools, such as NY ALERT, Jurisdiction sites, 311 and/or specific hotlines.
- Develop a Joint Information Center (JIC) plan (currently in process). The plan should include specific information regarding the role of a Public Information Officer (PIO), which should be discussed at the Public Officials Conference.
- Provisions should be made for an at-incident PIO to handle media queries and to contain public confusion.
- Emergency public information is currently being developed for Broome County in 17 languages.

Area 12

Incorporation of self-dispatched responder protocols to alleviate response redundancies

Recommendation:

- First response agencies should develop policies for when an officer initiates self-dispatch. A staging area should be created for such officers given the inability to control self-dispatch activities.

ACKNOWLEDGEMENT: NON-COUNTY AREAS FOR IMPROVEMENT

Several areas for improvement are not within the domain of Broome County but were identified by stakeholders in the AAR/IP process as issues to be addressed as a regional working group. The recommendations are suggestions from a County perspective and the County acknowledges that these are complicated issues that may require complex solutions. Broome County applauds the hard work of their state and municipal emergency management, law enforcement and health and human services colleagues and thus looks forward to working with them on these issues.

CONCLUSION

The American Civic Association April 3, 2009 After Action Report and Improvement Plan is intended to provide a path forward for improving Broome County's emergency response and recovery capabilities. The action items and next steps listed in this report will be implemented and require the full support of all County departments and elected officials. Some of the items listed are simple solutions, while others require a major, long-term investment of time and money. However, all will work to make Broome County better prepared to handle all types of emergencies, particularly a shooting event.

It is the intent of this document to serve Broome County and act as a guideline for other jurisdictions in the event they may be faced with similar active shooter, hostage, or terrorist-related incidents.

APPENDIX A - IMPROVEMENT PLAN MATRIX

This Improvement Plan has been developed specifically for Broome County. The recommended solutions, lead and supporting agencies identified and suggested resources were developed by stakeholders during the Improvement Planning Meeting. The recommendations are based on the findings detailed in the Analysis of Strengths and Areas for Improvement Planning Chapter of this AAR/IP. This Improvement Plan Matrix is intended to be a stand-alone document and can be excerpted from the rest of this AAR/IP.

The recommended solutions described in this Improvement Plan Matrix represent the best thinking of regional stakeholders at this time. Lead and supporting organizations may choose another path upon further investigation and reflection on the issue. A task force coordinated through Broome County OES will periodically update this Improvement Plan Matrix and provide an update to the Director of OES on a quarterly basis.

All lead and supporting agencies are encouraged and empowered to initiate the recommendations offered in this improvement plan immediately.

The lead coordinating agencies are simply coordinating entities that are responsible for bringing stakeholders together to develop and implement the recommended solutions. In many cases, Broome County OES has been identified as the lead coordinating agency, which matches the office's role as the lead coordinating entity for emergency response. However, the support from all governmental departments, precincts, non-profit and private sector stakeholders is important for the successful implementation of these solutions.

The following timeframe represents recommendations for when the activity or solutions should be *completed*. All activities should be initiated immediately or as appropriate based on the following guide:

- Immediate (Next 6 months) – Improvements to processes and protocols
- Short-term (Next 12 months) – Development of plans to include changes in processes and protocols
- Medium-term (Next 13-24 months) – Multi-jurisdictional training and integration of processes and protocols into practice

BROOME COUNTY AAR/IP IMPROVEMENT PLAN MATRIX

Target Capability	Task	Activity	Issues	Recommendations	
				Recommendations	Responsibility
1. Planning	1. Family Assistance Center (FAC) Plan	1. Space Planning	1. Currently, no FAC plan exists. Although an FAC was opened quickly and remained in the same location, unclear communication led some to believe it had been moved several times due to lack of space planning.	Because the American Red Cross has initiated development of a plan, it is recommended that the American Red Cross FAC plan incorporate a county approach.	American Red Cross in coordination with city, county and state efforts.
		2. Coroner Availability	1. No coroner was available at the FAC to explain the process to family and loved ones with respect to the treatment of the dead.	During a mass fatality, include the County Coroner in the EOC activation.	
	2. NIMS Compliance	1. NIMS Compliance in All Planning Documents	1. Multiple local, state and federal documents outline the requirement to integrate NIMS into planning documents.	Broome County is currently updating language for NIMS compliance.	Broome County OES
	3. Incident Management Assistance Team (IMAT)	1. Request For IMAT Assistance	1. Broome County OES requested state IMAT assistance to assist in the EOC and provide guidance. Once requested, the IMAT resources were integrated into the EOC and worked extremely well with County resources.	Incorporate state, county and municipality into the state mobilization plan. The emergency manager and incident management should agree on use of IMAT based on the size and scope of the incident.	County and Municipalities
		2. Integration of Human Services Component	1. Human services should be incorporated as a component of the IMAT deployment.	Develop a comprehensive Appendix with a list of available state resources.	NY SEMO will provide list to Broome County OES for inclusion in the EOP
	4. Crisis Communications	1. Use/Implementation	1. No crisis communications plan exists.	Develop a crisis communications plan that integrates municipality	Integrated effort by City of Binghamton and Broome County

ANNEX A – IMPROVEMENT PLAN MATRIX

Target Capability	Task	Activity	Issues	Recommendations	
				Recommendations	Responsibility
	Plan		2. No coordination between command post and EOC.	and county levels. Assign a communications liaison from the command post to the EOC. Designate a central location near site of the incident to filter information.	City of Binghamton and Broome County OES
	5. Agency Integration	1. Plan Implementation	1. The City was slow to incorporate County assistance.	Hold a Public Officials Conference to establish an understanding of roles and responsibilities under article IIB, as well as guidelines for recognizing the size and scope of an incident.	Broome County OES will request the Public Officials Course from NY SEMO
		2. Lead Agency Identification	1. No plan exists for determining which agency is the lead agency for human services needs.	Create a policy statement to establish the following: In the emergency action plan for criminal events, crime victims specialists lead the situation. In a natural disaster, biological/medical hazard, the health department leads the situation.	Broome County OES, City of Binghamton
	6. Hospital Plan Integration	1. Worst -case Scenario Planning	1. Hospital plans should incorporate worst-case scenario planning.	Develop plans with area-wide hospitals, including Binghamton General, to establish centralized management of hospital resources.	Broome County OES Medical Services Coordinator
	7. Mass Fatality Plan	1. Mass Fatality	1. LE unfamiliar with plan.	Add the mass fatality plan component to the crisis	NYSEMO will provide tools used

ANNEX A – IMPROVEMENT PLAN MATRIX

Target Capability	Task	Activity	Issues	Recommendations	
				Recommendations	Responsibility
		Management		communication plan and ensure training.	during Buffalo crash to address uniform language. Also, Binghamton Chief offered to share with the Police Chiefs Association.
2. Communication	1. Dispatch Center Operations	1. Fire Department Radio Monitoring/Use	1. Three dispatchers oversee more than 15 individual radio channels for local city/county fire department dispatch and operations along with fifteen 911 trunks and approximately 30 other public lines.	Create a policy statement to pre-plan radio overhaul	Dispatch Supervisor
		2. Communications Center Access Control	1. Access control between EOC and 911 dispatch center is unobstructed during EOC activation, which potentially disrupts dispatch operations.	Create a controlled access policy	Dispatch Supervisor
		3. Self Dispatch of Law Enforcement Resources	1. Many law enforcement resources from the County Sheriffs Office and State Police self-dispatched to the incident upon hearing the initial BPD dispatch assignment. Broome County Communications did not know the number of resources that responded and could not assist with accountability and location status of these resources.	First response agencies should develop policies for when an officer initiates self-dispatch. A staging area should be created for such officers.	Chief will raise issue at chief's meeting.
		4. Jurisdiction Officer In Dispatch	1. A Sheriff's' Sergeant was assigned to work in the dispatch center assisting with law enforcement operations. A representative of BPD that could have been assigned to the dispatch center would have been able to provide assistance	Assign a BPD representative to the EOC or deploy the mobile command vehicle on scene.	Binghamton Police Department
		5. Transfer of Communications	1. There was a request made by the BPD Chief to transfer communications to the BPD desk Sergeant. The request was intended to transfer a cell phone caller but was initially thought to mean the transfer of all communications to the BPD desk.	Broome OES recommends the use of the mobile communication center vehicle, which can facilitate these requests.	It is of jurisdictional responsibility to request the mobile command center to an incident.
		6. Dispatch Phone	1. During this incident, the phone system in the dispatch	A new phone system and	Broome County

ANNEX A – IMPROVEMENT PLAN MATRIX

Target Capability	Task	Activity	Issues	Recommendations	
				Recommendations	Responsibility
		System	center was found to have some volume issues and the supervisor's console did not have a headset available for use.	equipment will be in place by January 1, 2009.	OES
		7. Call Transfer	1. There was significant confusion during the incident and in the days post-incident on where to transfer callers who were requesting information on victims and assistance. Transfer numbers provided to the dispatchers were in many cases returned to the call center.	The PIO should distribute information about a victim's assistance line or location and/or a crisis communication line.	PIO
	2. Interoperable Communications	1. On-Scene Communications	1. City/county response agencies use multiple radio frequencies, spread across low band, VHF and UHF channels. Radio interoperability was never instituted on scene between first responders.	Use of the Mobile Command vehicle will alleviate this issue. Broome County DHS is currently conducting a needs assessment study.	Broome County OES will submit RFP
	3. Response Asset (Apparatus) Dispatch	1. Dispatch of Specific Resource	1. Multiple police units self dispatched to the incident scene.	See recommendation for Section 2.1.3.	
	4. Cell Phone Communications	1. Wireless Priority Access (WPS)	1. Specific cell phones assigned to staff that responded to the scene were equipped with WPS. Cell phone coverage in the area was overwhelmed and it became difficult for responders to use their cell phones. Those with WPS capable phones did not know how to activate the system.	Obtain WPS assets and training for personnel at city and county level-enabled phone.	
	5. Senior Staff Briefings	1. Integration With City And County Senior Staff		See recommendation for Section 1.5.2.	
3. Community Preparedness and Participation	1. Victim Services	1. Use/Understanding Of ICS	1. Victims services personnel did not have training or an understanding of ICS/EOC operations that were employed during the incident.	Provide training to Victim's Assistance staff in ICS 100/ICS200	Brett Chellis, ICS Director in conjunction with CVA Supervisor
4. Intelligence and	1. Incident Specific Information	1. Provide Critical Incident Updates to All	1. Accurate and timely information sharing across response	Establish a unified command center and	All agencies

ANNEX A – IMPROVEMENT PLAN MATRIX

Target Capability	Task	Activity	Issues	Recommendations	
				Recommendations	Responsibility
Information Sharing	Sharing	Response Personnel On-Scene	disciplines did not occur.	staff it appropriately with all relevant players.	
	2. Information Sharing Between City and County				
5. On-Site Incident Management	1. Incident Command	1. Use Of The Incident Command System (ICS)	1. The primary response agency, BPD did not use a detailed, documented Incident Command System during the incident although law enforcement operations were being directed.		
		2. Unified Command	1. No plan currently exists on how to establish and run Unified Command.		
			2. No Unified Command was established to include police, fire and EMS response agencies in a single location.	Group defined as a non-issue; however, BDR recommends fortifying concept in all incident trainings.	Broome County, City of Binghamton
		3. ICS Training			
	2. Staging of Response Assets	1. Designated Staging Area	1. Although a staging area was announced for fire and EMS equipment, the area was moved multiple times. Additional consideration should have been given to the proximity of the staging area to the actual incident.		
			2. No staging officer was assigned.		
		2. Personnel and Equipment	1. Personnel and equipment need to remain with the vehicles in the staging area.	Corrective action has already been taken; ambulance/equipment and staff will remain with vehicle until deployed.	EMS Coordinator will issue plan
	3. Regulatory Compliance	1. NY State Executive Order	1. State of New York Executive Chamber No. 26 Executive Order issued on 3/5/96 establishes the National Interagency Incident Management System (NIIMS) - Incident Command System as the State standard command	Continue to train jurisdictions within the county regarding the use and implementation of	NIMS training

ANNEX A – IMPROVEMENT PLAN MATRIX

Target Capability	Task	Activity	Issues	Recommendations	
				Recommendations	Responsibility
			and control system during emergency operations.	ICS.	
		2. City of Binghamton Executive Order - 2007-2	1. City of Binghamton Executive Order 2007-2 issued on 12/12//07 clearly states that the National Incident Management System (NIMS) be utilized for all incident management within the City of Binghamton. Based on the information collected during this AAR/IP process, significant work in this area needs to be performed.	NIMS training should be incorporated into the training programs and exercised appropriately.	City of Binghamton and Broome County
	4. Crime Scene Management	1. Personnel Training	1. Many responders had never worked on a mass fatality crime scene prior to this incident. Personnel did not have the appropriate training or understanding of how to integrate with law enforcement operations.	Develop a multi-disciplinary training and exercise program to build organizational resilience and reinforce protocols.	N/A
6. Emergency Operations Center Management	1. Activation				
	2. Use of Common Terminology	1. EOC Management	1. The term Incident Commander is used on the Incident Action Plan forms developed at the EOC during the incident. This appears in contradiction to the ICS process that should have been employed on scene.	Remove ICS language from EOC forms.	Broome County OES
7. Responder Safety and Health	1. Critical Incident Stress Management	1. Long Term Review of Incident Stress and Provision of Stress Management Services	1. Incident stress debriefings were conducted post incident. There are a number of staff members still exhibiting profound emotional distress as a result of this incident. Follow on review and care by professionals should be provided.	Provide mental health resources through American Red Cross.	Employee has responsibility to follow through and supervisor should make recommendations.
8. Emergency Public Information and Warning	1. Public/Media Information Distribution	1. Joint Information Center (JIC)	1. No JIC plan currently exists.	A JIC plan is currently being developed.	Broome County OES
		2. Provide Information In Multiple Languages	1. No published material exists to assist victims or families specific to the language needs of this incident.	Emergency public information is currently being developed for Broome County in 17 languages.	Office of Temporary Disability Assistance (OTDA)

ANNEX A – IMPROVEMENT PLAN MATRIX

Target Capability	Task	Activity	Issues	Recommendations	
				Recommendations	Responsibility
		3. Media Engagement	1. Immediately following the event, the role of incident PIO was unclear, and information did not appropriately flow to the media or public, thus creating speculation.	In the JIC plan currently being developed, include specifics on the role of the PIO; this should be discussed at the Public Officials Conference.	Broome County OES, City of Binghamton
	2. Mass Information Distribution	1. Use Of The NY ALERT System	1. The NY ALERT system was used with success multiple times during the incident. In addition to the information provided to NY ALERT, the same information should have been provided to the local media outlets, but was not.	Ensure all field commanders are educated and trained to use NY ALERT.	Broome County OES
9. Mass Care (Sheltering, Feeding and Related Services)	1. Family Assistance Center	1. Open/Run a FAC	1. No FAC plan currently exists.	Build FAC plan into county EOP and set guidelines for selecting a site and/or multiple jurisdictions to host FAC services.	Broome County OES
10. Fatality Management	1. Mass Fatality Plan	1. Mass Fatality Management	1. Mass fatality plan exists but Broome County jurisdictions are unaware of it.	Chiefs should be briefed on the county fatality management plan, which should be reviewed by OES and the County Coroner. The Erie County Plan should be reviewed as an example.	County Coroner (NY SEMO will provide Erie County Sample).
		2. Death Investigation	1. There is no formal standardization of the death investigation process. Consideration should be given perspective of hospital pathologist.	Review plan with Dr. Tarzian to gather best practice.	NY SEMO to supply State Mass Fatality Plan
		3. Body Identification	1. There is no standardized process for confirming identity.	Review plan with Dr. Tarzian to gather best practice.	NY SEMO to supply State Mass Fatality Plan
		4. Post Death Notification	1. No contingencies exist to provide home support to families after death notification has been give. These include clergy,	Because integration in the planning process is	County Coroner, Family Assistance

ANNEX A – IMPROVEMENT PLAN MATRIX

Target Capability	Task	Activity	Issues	Recommendations	
				Recommendations	Responsibility
			family, friends, law enforcement and funeral directors.	critical, create a death notification plan and integrate with the mass fatality plan. Victim's assistance should be included in this process to make personnel, referrals, and other resources available to families.	Team, Broome County OES (NY SEMO will provide the state fatality plan)
	2. Information Distribution	1. Provide Information to Families of the Deceased	1. A coroner should have been present at the FAC at designated briefing times to provide critical information to the families of the deceased.	See recommendation in Section 10.1.4	

APPENDIX B – LIST OF PARTICIPANTS

City and County participants in the AAR/IP development process are listed below. Their reflections and perspectives were instrumental in the development of this report. Following the list of participants are questions used during the group stakeholder review to identify and articulate observations of the strengths and weaknesses demonstrated during ACA Shooting response and recovery efforts. These questions were not asked verbatim, but rather served as a general tool to ensure the group review and any subsequent phone conversations were comprehensive.

BROOME COUNTY AAR/IP LIST OF PARTICIPANTS

Name	Title	Department	Function During Incident	Discipline	Supervisor
Andrew Block	Director, Community Relations	City of Binghamton	City of Binghamton PIO	Government Administration/Media Relations	City of Binghamton Mayor
Arthur Johnson	Commissioner of Social Services and Mental Health	Broome County	Human Services Branch Director	Social Services Administration	County Executive
Barbara Fiala	County Executive	Broome County	County Executive	Government Administration	Citizenry
Benjamin Krakauer	Emergency Preparedness Coordinator	Broome County OES/DOH	Director's Aide/Planning Section	EMS/Public Health/Emergency Management	OES Director/Public Health Director
Brett Chellis	OES Director/Fire Coordinator	Broome County OES	Response Coordinator	Emergency Management	County Executive
Carrie Abbott	Supervising Public Health Educator	Broome County DOH	Call Center Supervisor	Public Health	Director, Public Health
Claudia Edwards	Public Health Director	Broome County DOH	Public Health Liaison	Public Health	County Executive
Daniel Thomas	Fire Chief	City of Binghamton	Fire/EMS Commander	Fire Service	City of Binghamton Mayor
Darcy Fauci	Deputy County Executive	Broome County	D/County Executive	Government Administration	County Executive
David Harder	Sheriff	Broome County	Law Enforcement	Law Enforcement/Corrections	Citizenry

ANNEX B – LIST OF PARTICIPANTS

Name	Title	Department	Function During Incident	Discipline	Supervisor
Gary O'Neil	Undersheriff	Broome County	Law Enforcement	Law Enforcement	Sheriff
Jason Ellis	Detective Sergeant / Deputy Fire Coordinator	Broome County Sheriff/OES	Law Enforcement Liaison/Operations Section Chief	Law Enforcement/Emergency Management	Sheriff/OES Director
Jeff Winchell	Senior Fire Investigator	Broome County OES	Operations Section Chief	Fire Service/Law Enforcement	OES Director
Joseph Zikuski	Chief of Police	City of Binghamton	Law Enforcement Commander	Law Enforcement	City of Binghamton Mayor
Katie Cusano	Deputy Commissioner for Mental Health	Broome County Department of Mental Health	Humans Services Branch	Mental Health	Commissioner Social Services/Mental Health
Leigh Ann Scheider	Executive Assistant to County Executive	Broome County	Broome County PIO	Government Administration/Media Relations	County Executive
Matthew Ryan	Mayor	City of Binghamton	Chief Executive	Government Administration	Citizenry
Michael Ballard	Communications Supervisor	Broome County OES	911 Supervisor/Operations	Public Safety Telecommunications	OES Director
Patrick Brennan	Deputy County Executive	Broome County	D/County Executive	Government Administration	County Executive
Raini Baudendistel	Executive Director	Crime Victims Assistance Center	Victim Assistance Center	Victim Assistance	CVAC Board of Directors
Raymond Serowik	EMS Coordinator	Broome County OES	EMS Coordinator/Incident Commander	Emergency Medical Services/Emergency Management	OES Director
Sharon Aswad	Director, Emergency Services	Southern Tier Chapter - American Red Cross	Victim Assistance Center	Mass Care	Red Cross Executive Director
Thomas McCartney	Regional Coordinator	NYS SEMO	Regional Coordinator	Emergency Management	Regional Director, SEMO
Tom Vroman	Chief Deputy Fire Coordinator	Broome County OES	Logistics Section Chief	Fire Service/Emergency Management	OES Director

ANNEX B – LIST OF PARTICIPANTS

Name	Title	Department	Function During Incident	Discipline	Supervisor
William Campbell	Planning Section Chief	NYS SEMO	Planning Section Chief	Emergency Management	Director, SEMO

APPENDIX C – DOCUMENT INVENTORY

To facilitate the multi-disciplinary After Action Session, BDR reviewed the following prior to the meeting:

- 911 Logs
- Mutual Aid
- Incident Action Plans
- Emergency Operation Plan
- Family/Victims Assistance
- State of Emergency Requests
- PIO/Media
- Agency Contacts
- Situation Reports
- Incident Action Reports
- Status Boards
- Ops, Planning and Logistics
- EOC Notes

BROOME COUNTY AAR/IP DOCUMENT INVENTORY

Document Name	Jurisdiction	Discipline	Date of Issue
AAR Contact Sheet	City of Binghamton, Broome County, NYSEMO	Multi	4/3/2009
040409 Incident Contact List	City of Binghamton, Broome County	Broome County, Binghamton Police Dept, SEMO, American Red Cross, NYS BAR, Crime Victims Assistance Center, NYS Office of Mental Health, Congressman Hinchey's Office	4/4/2009
Incident Action Plan Cover	Broome County	Broome County	4/4/2009
203 Org 040409 1600 Organization Assignment List	City of Binghamton, Broome County, New York	Broome County Mental Health, Broome County Health Dept, Congressman Hinchey, Governor's Office, Binghamton PD, SEMO, SEMO IMT	4/4/2009
Incident Objectives 040409 1600			4/4/2009
Report_2358			
Ops 4 IAP 4-6-09	City of Binghamton, Broome County, New York State, Federal	Broome County, Broome County Mental Health, Broome County Health Department, Congressman Hinchey, Governor's Office, Binghamton Police Dept, SEMO, SEMO IMT, Crime Victims Assistance Center, American Red Cross, Office of Temp Disabilities, Broome Security, Government Rep, Binghamton Police Dept, Binghamton Fire Dept, Broome Sheriff, EOC, Superior Ambulance Services, Binghamton General Hospital, PSC, SUL, RUL, State Bar, IC, PIO, OSC, LSO, SO	4/6/2009
Report_2362			4/6/2009
Report_2363			4/6/2009
SitRep 040609 1100	Broome County, New York State, Fed	NYS IMT, Family Assistance Center, American Red Cross, NYS Bar Association, Broome County Emergency Management Office, Crime Victims Assistance Bureau, NYS Emergency management Office, NYS Office of Children and Family Services, NYS Office of Temporary and Disability Assistance, Governor's Office Representative; NYS Deputy Secretary, Congressman Hinchey's Office, Community Organizations Active in Disasters, US Senators Schumer and Gillibrand, Broome County Sheriff's Department	4/6/2009

ANNEX C – DOCUMENT INVENTORY

Document Name	Jurisdiction	Discipline	Date of Issue
Ops 4 IAP 4-6-09	City of Binghamton, Broome County, New York State, Federal	Broome County, Broome County Mental Health, Broome County Health Department, Congressman Hinchey, Governor's Office, SEMO, SEMO IMT, Crime Victims, American Red Cross, Office of Temp Disabilities, Broome Security, Government Rep, U.S. Department of State, State Bar Associations, Binghamton Police Dept., Binghamton Fire, Crime Victims Assistance Center	4/6/2009
Report_2364			
IAP 5 4-7-09	City of Binghamton, Broome County, New York State, Federal	Broome County, U.S. State Department, State Bar Association, Broome County Mental Health, Broome County Health Department, Congressman Hinchey, Governor's Office, Binghamton Police Department, SEMO, SEMO IMT, Red Cross, NYS Bar Association, Crime Victims, CVAC, NYS IMT, EOC, Binghamton Fire Department, Binghamton General Hospital, PSC, SITL, RESL, Crime Victims Assistance., IC, PIO, OSC, LSC, SOFR,	4/7/2009
Report_2366			4/7/2009
Report_2373			
SitRep 040709 1300	City of Binghamton, Broome County, New York State, Federal	Broome County, Family Assistance Center, NYS IMT, NYS OCFS, SUNY/Binghamton, U.S. Senators Schumer and Gillibrand, Binghamton City Mayor	4/7/2009
Broome County, New York State		Broome County, County Social Services, Crime Victims Assistance Center, Community Organizations Active in Disaster, Broome County mental Health, Broome County Department of Social Services, Family Assistance Center, American Red Cross, Broome County Office of Mental Health, Broome County Office of Mental Health-Children's Health Clinic, Broome County Office of Emergency Services, Crime Victims Assistance Center, New York State Bar Association, Crime Victims Board, NYS Office of Mental Health, New York State Office of Temporary and Disability Assistance, NYS Volunteer Agencies Active in Disaster, NYS Office of Children and Family Services, NYS Crime Victims Board	
Report_2376			

ANNEX C – DOCUMENT INVENTORY

Document Name	Jurisdiction	Discipline	Date of Issue
SitRep 040809	City of Binghamton, Broome County, New York State	Broome County Health Department, Broome County IT, Family Assistance Center, Human Needs Task Force, NYSEMO, American Red Cross, FBI, Broome County Sheriff, BOCES, City of Binghamton, Broome County, State level Crime Victims Board, NYSOTDA, NYOMH, Governor Paterson, Broome County Emergency Operations Center, SED/Albany Health and Safety, NYSUT, PIO, Community Organizations Active in Disasters, Broome County Crime Victims Assistance Center, Commissioner of Social Services and Mental Health, Red Cross Disaster Assistance, NYSIMT	4/8/2009
09_04_amer_civic			4/8/2009
Broome County, New York State		Broome County Office of Emergency Services, Broome County Mental Health Department, Broome County Fire Dept., Broome County Mental Health Department, U.S. State Department, State Bar Association Victims Assistance Center, Broome County Crime Victims Assistance Center, NYSEMO, City of Binghamton government, EOC,	
Ops 7 IAP 4-9-09	City of Binghamton, Broome County, New York State	Broome County, U.S. State Department, State Bar Association, Broome County Health Department, Broome County mental Health, Broome County Health Department, Congressman Hinchey, Governor's Office, Binghamton Police Department, SEMO IMT, FBI, Department of Justice, United Way, City of Binghamton, County of Broome, Broome/Tioga Boces,	4/9/2009
Report_2377			4/8/2009

ANNEX C – DOCUMENT INVENTORY

Document Name	Jurisdiction	Discipline	Date of Issue
VACPlan_040809	City of Binghamton, Broome County, New York State, Federal	Broome County Health Department, County Social Services, Crime Victims Assistance Center, Community Organizations Active in Disaster, American Red Cross, Broome County Department of Social Services, Greater Binghamton Health Center, NYS CVB, MHAAT, Broome County Office of Mental Health- Children's Health Clinic, United Way, Broome County PR, WSKG, Broome County Office of Emergency Services, Crime Victims Board, Crime Victims Assistance Center, NYS Office of Mental Health, NYS Office of Temporary and Disability Assistance, NYS Volunteer Agencies Active in Disaster, NYS Office of Children and Family Services, NYS Crime Victims Board, Broome County Health Department, Greater Binghamton Health Center, FBI, CVAC, Congressman Hinchey's Office, NYS Bar Association, BCMH, City of Binghamton, County of Broome, Broome County Council of Churches, Wilson Memorial Hospital, Family Care Center, Binghamton City Council, Binghamton School District, Binghamton Council of Churches, NYS IMT, NYS SBA, NYS CVB, NYS DHCR, Salvation Army	4/8/2009
Report_2378			4/9/2009
SitRep 040909 1730	Broome County, New York State	Broome County Health Department, American Red Cross, Family Assistance Center, Victims Assistance Center, NYSOTDA, WSKG, County Emergency Management Office, NYSEMO, NYS IMT, U.S. Senators Schumer and Gillibrand,	4/9/2009
Report_2352	City of Binghamton, Broome County	City of Binghamton, Broome County	4/3/2009
Report_2353	City of Binghamton, Broome County	City of Binghamton, Broome County	
Report_2354	Broome County, New York State	Broome County, Broome County Sheriff's Office, Binghamton City High School, NYS DOT,	4/3/2009
Report_2355	City of Binghamton, Broome County	Broome County, Broome County Office of Emergency Services, City of Binghamton Police	4/3/2009
Report_2356	Broome County	Broome County, City of Binghamton, New York State, Binghamton City Police, Broome County Sheriff's Department, Broome County EOC, Broome County Health Department, NYSEMO, NYSIMT	4/4/2009

ANNEX C – DOCUMENT INVENTORY

Document Name	Jurisdiction	Discipline	Date of Issue
Report_2357	City of Binghamton, Broome County	City of Binghamton, Broome County mental Health Commissioner, Broome County health Department, Broome County Emergency Services, NYS Emergency Management Office, Broome County Mental health, NYS Office of Mental Health Broome County Catholic Charities, American Red Cross, Broome County Crime Victims Assistance Center. Broome County Victim's Assistance, Broome County Council of Churches	
Report_2359	Broome County	Broome County	
Report_2360	Broome County	Broome County	
Report_2361	Broome County, New York State	NYSIMT, Broome County EOC, Family Assistance Center, Red Cross	4/5/2009
Report_2361_4850	Broome County, New York State	NYSIMT, Broome County EOC, ,Family Assistance Center, Red Cross, Crime Victims Assistance Board	4/5/2009
Report_2361_4851	Broome County, New York State	NYSIMT, Broome County EOC, Family Assistance Center, SEMO IT, American Red Cross	4/5/2009
Report_2361_4852	Broome County, New York State	NYSIMT, Broome County EOC, Family Assistance Center, SEMO IT, American Red Cross	4/5/2009
Report_2361_4853	Broome County, New York State	NYSIMT, Broome County EOC, Family Assistance Center, SEMO IT, American Red Cross	4/5/2009
Report_2365	Broome County, New York State, Federal	Senator Schumer and Gillibrand, American Civic Association, Broome County, Broome County Emergency management Director	4/6/2009
Report_2365_4858	Broome County, New York State, Federal	Senator Schumer and Gillibrand, American Civic Association, Broome County, Broome County Emergency management Director	4/6/2009
Report_2367	Broome County, New York State, Federal	Broome County EOC, Senators Schumer and Gillibrand, Broome County, Family Assistance Center, Broome County Emergency Management Director, SEMO	4/7/2009
Report_2374	Broome County, New York State, Federal	Broome County, Family Assistance Center, NYS IMT, U.S. Senators Schumer and Gillibrand, Binghamton City Mayor, CVB, OMH, Bar Association, SEMO, OTDA, OCFS, County Mental Health, Public Health, Crime Victims Assistance, VOAD, American Red Cross, Broome County Emergency Management, Broome County EOC	

ANNEX C – DOCUMENT INVENTORY

Document Name	Jurisdiction	Discipline	Date of Issue
46814883-44241017 (Broome County Mass Fatality Plan)	Broome County	Broome County Coroner	

APPENDIX D – CITY OF BINGHAMTON EXECUTIVE ORDER



OFFICE OF THE MAYOR

Matthew T. Ryan, Mayor

EXECUTIVE ORDER: 2007-2

WHEREAS, In Homeland Security Directive (HSPD-5), the President directed the Secretary of the Department of Homeland Security to develop and administer a National Incident Management System (NIMS), which would provide a consistent nationwide approach for federal, state, local, and tribal governments to work together more effectively and efficiently to prevent, prepare for, respond to, and recover from domestic incidents, regardless of cause, size or complexity; and

WHEREAS, the collective input and guidance from all federal, state, local, and tribal homeland security partners has been, and will continue to be, vital to the development, effective implementation and utilization of a comprehensive NIMS; and

WHEREAS, it is necessary that all federal, state, local, and tribal emergency agencies and personnel coordinate their efforts to effectively and efficiently provide the highest levels of incident management; and

WHEREAS, to facilitate the most efficient and effective incident management it is critical that federal, state, local, and tribal organizations utilize standardized terminology, standardized organizational structures, interoperable communications, consolidated action plans, unified command structures, uniform personnel qualification standards, uniform standards for planning, training, and exercising, comprehensive resource management, and designated incident facilities during emergencies or disasters; and

WHEREAS, the NIMS standardized procedures for managing personnel, communications, facilities and resources will improve the state's ability to utilize federal funding to enhance local and state agency readiness, maintain first responder safety, and streamline incident management processes; and

WHEREAS, the Incident Command System components of NIMS are already an integral part of various incident management activities throughout the state, including all public safety and emergency response organizations training programs; and

WHEREAS, the National Commission on Terrorist Attacks (9-11 Commission) recommended adoption of a standardized Incident Command System.

NOW THEREFORE, Pursuant to the authority vested in me by the Charter and Code of the City of Binghamton, the Mayor, as the Commissioner of Public Safety, does hereby mandate the National Incident Management System be utilized for all incident management in the City of Binghamton.

I further proclaim this to take effect immediately.



Matthew T. Ryan
Matthew T. Ryan, Mayor

Dated: 12/12/07
Binghamton, New York