



PUBLIC HEALTH EMERGENCY DISPENSING EXERCISE

2017

Regional After Action Summary and Improvement Plan

June 15-17, 2017

Southeast Colorado

(Baca, Bent, Crowley, Kiowa, Otero and Prowers Counties)

EXERCISE OVERVIEW

Exercise Name	Public Health Emergency Dispensing Exercise (PHED Ex)
Exercise Dates	June 15-17, 2017
Scope	This exercise was a full scale exercise, held on June 15-17, 2017.
PHEP/HPP Capabilities	<p>PHEP Capabilities</p> <ul style="list-style-type: none">· Emergency Operations Coordination· Information Sharing· Medical Countermeasures Dispensing· Medical Material Management and Distribution <p>HPP Capabilities</p> <ul style="list-style-type: none">· Healthcare and Medical Response Coordination· Continuity of Health Care Service Delivery
Objectives	<p>Capability: PHEP: Information Sharing; HPP: Health Care and Medical Response Coordination</p> <ul style="list-style-type: none">· Objective: Demonstrate the ability to effectively collect, synthesize, and share information with local and state partners throughout the duration of the incident. <p>Capability: PHEP: Emergency Operations Coordination; HPP: Health Care and Medical Response Coordination</p> <ul style="list-style-type: none">· Objective: Demonstrate the ability to activate an operations center, develop a coordinated response strategy, and manage and sustain response to a public health incident. <p>Capability: PHEP: Medical Countermeasures Dispensing/Medical Material Management and Distribution; HPP: Continuity of Health Care Service Delivery</p>

	<ul style="list-style-type: none">Objective: Demonstrate the ability to support and participate in Colorado's medical supply chain procedures.
Threat or Hazard	Public Health - Disease Outbreak
Scenario	A novel, highly contagious respiratory illness has been spreading through Colorado, leading to over 400 hospitalized cases and a number of deaths throughout the entire state. Direction from CDPHE to treat the illness, as well as prophylax hospital staff, using doxycycline and ciprofloxacin, has lead to the need to order MCM resources through the CDC and utilize Regional and Local Transfer Points and Points of Dispensing to get necessary materials to hospitals and citizens.
Sponsor	Colorado Department of Public Health and Environment
Participating Organizations	Baca County Public Health Southeast Colorado Hospital Southeast Colorado Home Health Southeast Colorado Physicians Clinic Walsh Healthcare Center Bent County Home Health Agency Bent County Emergency Management CCA-Bent County Correctional Facility Bent County Sheriff Las Animas/Bent County Fire Protection District Hasty/McClave Fire Protection District Bent County Ambulance Valley Wide Health Systems Bent County Healthcare Las Animas Family Practice Prairie View Village of Las Animas Kiowa County Public Health Eads School District Prowers County Public Health Southeast Health Group Weisbrod Hospital Colorado Division of Homeland Security & Emergency Management Kiowa County Ambulance Service Kiowa County Office of Emergency Management Kiowa County Commissioners & Administrator Bent County Public Health Agency

Southeast Regional Planner
Colorado Department of Public Health and Environment
Onward Innovation
KBLJ/KTHN Radio Station
Southeast Health Group
Southeast Medical Reserve Corps
Valley Wide Health Systems
Otero County Health Department
Triad Computers
Sangre de Cristo Hospice
Otero Junior College Nursing Department
Otero Junior College Health Navigator Interns
Southeast Healthcare Coalition
Otero County Commissioners
Otero County Emergency Management
Otero County Sheriff's Department
La Junta Police Department
City of La Junta
Country Plains Home Health
La Junta High School Music
Arkansas Valley Family Practice
Ryon Medical
Arkansas Valley Regional Medical Center
Inspiration Field
Rocky Ford Family Health Center
Otero County Board of Health
Centennial Family Health Center
La Junta Tribune Democrat
Rocky Ford Daily Gazette
Otero County Road and Bridge
Prowers County Public Health and Environment

Point of Contact

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Summary and Overview of Exercise Planning, Implementation and Evaluation

Colorado developed a *statewide* full scale exercise after conducting table top and functional exercises with the above mentioned capabilities. This was coordinated through the Office of Emergency Preparedness and Response (OEPR) at the Colorado Department of Public Health and Environment. OEPR developed a multi-disciplinary planning team for the full scale exercise.

Local planning teams were assembled to determine *response* to the capabilities and objectives outlined in exercise plans developed by OEPR and the statewide planning team. Since this was a statewide exercise, there were no local exercise directors identified, however regional staff requested information about exercise support structures, such as exercise controllers and coordination statewide. Local and regional staff emphasized that participants needed to register for exercise play in CO-Train in order to be listed in exercise planning, communication and after action reporting documents. It is customary in exercise design to provide exercise participants with an exercise and communication plan so they know the rules of play, scope of the exercise and who they would be interacting with during exercise play. It is also customary to provide exercise participants with an exercise briefing to share guidance and answer questions they may have regarding exercise play. This was not done in all jurisdictions.

There were no exercise directors at the local level since this was a statewide exercise, nor were there controllers to implement and monitor exercise play. OEPR clarified that evaluators would suffice as exercise controllers, however they did not initiate exercise play through them. Once play ensued, some agencies actually activated and staffed their DOC, or coordinated with their emergency manager to activate an EOC. This is customary in a full scale exercise.

Exercise play began two days prior to the identified exercise start date and time with OEPR providing scenario statistics and background information to local public health agencies and medical facilities. This created confusion among local agencies. Were they to begin exercise play immediately? Were they to engage their partners two days ahead of schedule and begin exercise play? Good exercise design, implementation and evaluation provides structure, dates and times that are adhered to, and support (director, evaluator, actors and controllers) in order to conduct a safe, well understood test of capabilities, scope and duration of exercise play.

Local agencies conducted hot washes and some provided participant feedback forms to local players, some did not. Some evaluator notes were collected, some were not.

OEPR determined to use an electronic form to be completed by local public health agencies to complete an after action report. The form itself had objectives and capabilities confused. Most local public health agencies and individuals are not trained in exercise design, implementation or evaluation; however some are familiar with an HSEEP overview. Usually an exercise director has identified an evaluation team to gather information such as hot wash notes, controller interventions, individual participant feedback forms, and completed exercise evaluator guides in order to utilize data from a number of sources. Information that was included in the AAR was often listed under the wrong capability or objective, or pertaining to capabilities not included in the exercise. The local AAR may have identified that they completed capabilities without challenges, and then went on to list areas of improvement.

OEPR also determined that regional staff, who did not have all the above mentioned data, would write a regional AAR summary and improvement plan.

In Southeast Colorado, the regional AAR Summary and improvement plan will be provided and finalized at the Healthcare Coalition meeting.

It is determined by southeast regional personnel that Homeland Security and Exercise Evaluation Program (HSEEP) training should be revisited and provided to all health and medical agencies that may be required to complete AAR's. Exercise design, implementation and evaluation can be improved if more personnel at the local, regional and state level understand exercise design, implementation and evaluation concepts.

The following sections provide an overview of the performance related to each exercise objective and associated core capability, highlighting strengths and areas for improvement.

Information Sharing

Demonstrate the ability to effectively collect, synthesize, and share information with local and state partners throughout the duration of the incident.

Regional Strengths

Strength 1: Baca County Public Health effectively shared communications using email and cell phone.

Strength 2: Bent County Health was able to share information seamlessly (via email, cell phone, and landline) with EM, ambulance, nursing homes, health care agencies, and emergency services community wide.

Strength 3: Information sharing went well/use of WEB EOC (Kiowa). Walkie Talkies improved communication. IC provided good briefing to communicate situational awareness and expectations to staff and volunteers.

Regional Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 1: Bent County Health wants to implement more means of communication with its partners (ie, 800 mhz radios) (note this is a different capability.)

Area for Improvement 2: Baca County Public Health does not utilize or have access to EM resource.

Area for Improvement 3: Greeters in Kiowa POD did not have triage information.

Emergency Operations Coordination

Demonstrate the ability to activate an operations center, develop a coordinated response strategy, and manage and sustain response to a public health incident.

Regional Strengths

Strength 1: Baca County Public Health opened a DOC, which was effectively ran by the ESF 8 Lead. Excellent use and coordination of outside entities (law enforcement, behavioral health, emergency management) was demonstrated in Otero County.

Strength 2: Bent County Health activated a DOC at the local health department with Emergency Management present.

Strength 3: Incident Commander activated ICS structure, shared IAP, EOC (Kiowa) was activated, organized, informative, requested updates, worked well with other

entities, well prepared for exercise utilizing salamander system to track responders throughout the exercise.

Regional Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 1: Most public health disasters would require both DOC and EOC coordination. Public health can only request that emergency manager's play, but cannot dictate the activation of an EOC during play or a real event.

Area for Improvement 2: All players (multi-disciplinary) did not have access to critical access points (ie, computers, internet, radios, etc.). Maintenance and use of walkie talkies and 800 mhz radios is not done daily in most public health agencies.

Area for Improvement 3: Some agency staff was unfamiliar with ICS roles.

Medical Material Management and Distribution

Demonstrate the ability to support and participate in Colorado's medical supply chain procedures.

Regional Strengths

Strength 1: Baca County Public Health distributed via email the IMS ordering tool and inventory list to players in a timely manner.

Strength 2: Bent County Health and its partners submitted orders correctly and efficiently to the RTP site and OEPR. Prowers County local public health and hospital coordinated orders well. All local agencies coordinated well with regional staff to order supplies through IMS.

Strength 3: RTP provided continuous updates throughout the exercise. RTP staff had material organized and ready to distribute upon arrival.

Regional Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 1: Agency staff that may be required to order supplies through IMS do not have a plan to review (local, regional or state). Protocols for using the IMS system change frequently.

Area for Improvement 2: Security was not on site at the onset of exercise play for the second day, which tested the RTP.

Area for Improvement 3: (State) Training prior to the exercise for the IMS unorganized, confusing, and not "user friendly". We are testing a system that does not yet have a statewide plan for implementation as of yet.

Medical Countermeasure Dispensing

Demonstrate the ability to support and participate in Colorado's medical supply chain procedures and provide countermeasures to the public.

Regional Strengths

Strength 1: Southeast is familiar with dispensing in Otero, Kiowa and Prowers Counties. Baca and Bent county public health agency directors participated in Otero and Kiowa POD within their ICS general and command staff to obtain experience.

Strength 2: Southeast is adept at POD operations with drive through and walk-in models in Otero and Prowers counties, and with this exercise Kiowa now has experience in POD operations.

Strength 3: Multiple locations in Southeast have been tested for POD operations so redundant and flexible models exist.

Regional Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 1: POD protocols did not track patients through the whole process (Kiowa). For example, if a participant was pulled out for screening, quarantine, or behavioral health intervention, it was unclear how and when they would complete the dispensing process or tracked if this would not be the outcome.

Area for Improvement 2: Open POD operations in Baca and Bent Counties have not been tested in recent years.

Appendix A: Regional Improvement Plan

This IP has been developed specifically for Southeast Colorado as a result of PHED Ex conducted on June 15-17, 2017.

Objective	Issue/Area for Improvement	Corrective Action	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Exercise Design, Implementation and Eval	Individuals and Agencies completing AAR's and explains did not have training	Obtain HSEEP training for local agencies and new regional staff LPHA, regional staff review PHEP capabilities	LPHA	Regional staff, EPR Coor, director	August 1, 17	August 1, 18
Information Sharing	Greeters did not have access to triage information or guidance	Review IAP and POD protocols with personnel	IC, LPHA	Director	August 1, 17	August 1, 18
	No access to or utilization of EMResource	Provide EMResource access to pertinent agency staff	LPHA access	Director	August 1, 17	June 1, 18
		Provide EMResource training to agency staff that may be required to track resources or patients during an exercise or real event	Regional Staff	Aaron	August 1, 17	June 1, 18
Emergency Operations Coordination	Some staff were not familiar with ICS roles	Agency leadership will get pertinent and new staff into ICS trainings appropriate for their role	LPHA	Director or EPR Coor	August 1, 17	July 15, 18
	Public Health disasters may require EOC in addition to DOC activation	LPHA will participate in any exercises where they may serve in ESF 8 role in an EOC activation	LPHA, regional staff	EPR Coor and Directors Regional staff	August 1, 17	August 1, 19
	The use and maintenance of tactical communication resources	Walkie talkies and 800 mhz radios should be	LPHA	Directors, EPR Coor	August 1, 17	ongoing

		utilized for more day to day practice				
Medical Material Management and Distribution	An IMS statewide plan does not exist and IMS protocols are constantly changing	Coordinate planning with CDPHE to provide an IMS plan to local personnel	Regional Staff	Aaron and Kris	August 1, 17	August 1, 19
	Security was not onsite at the onset of RTP functions	Assure security is onsite (RTP) prior to onset of exercise in order to test security protocols. This may include distribution of an explain or review of exercise timelines or scope.	OCHD	Director, IC or EPR Coor	Next ex	
Medical Countermeasure Dispensing	PODS have not been activated in Baca and Bent counties in recent years	Promote POD operations for Baca and Bent counties for the next cycle of exercise preparation to include TTX, functional and full scale	Baca, Bent, Regional Staff	Aaron, Kris, Baca and Bent agency directors	August 1, 17	June 15, 19
	POD protocols did not track consumers through the whole process	Review and expand POD protocols to include those individuals pulled aside by triage, screening or other services in order to close the loop of dispensing	Kiowa	Director, EPR Coor	August 1, 17	June 30, 18