

# Baca County Table Top Exercise

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After-Action Report/Improvement Plan  
January 23rd, 2015

The After-Action Report/Improvement Plan (AAR/IP) aligns exercise objectives with preparedness doctrine to include the National Preparedness Goal and related frameworks and guidance. Exercise information required for preparedness reporting and trend analysis is included; users are encouraged to add additional sections as needed to support their own organizational needs.

## EXERCISE OVERVIEW

<b>Exercise Name</b>	Baca County Table Top Exercise
<b>Exercise Dates</b>	Friday, January 9 <sup>th</sup> , 2015
<b>Scope</b>	This exercise is a discussion based/Table Top Exercise, planned for 2 ½ hours at the Baca County Emergency Operation Center. Exercise play is limited to Healthcare Coalition and Local Emergency Planning Committee members.
<b>Mission Area(s)</b>	Protection, Response, and Recovery
<b>Core Capabilities</b>	<ul style="list-style-type: none"> <li>• Emergency Public Information and Warning</li> <li>• Emergency Operation Coordination</li> <li>• Fatality Management</li> <li>• Responder Safety and Health</li> <li>• Healthcare System Preparedness</li> <li>• Non-Pharmaceutical Interventions</li> <li>• Environmental Response/Health &amp; Safety</li> <li>• Public Health Surveillance &amp; Epidemiological Investigation</li> </ul>
<b>Objectives</b>	<ul style="list-style-type: none"> <li>• Public Health agencies know their responsibility in an Ebola outbreak and know what statutes support containment and control measures.</li> <li>• Public health, elected officials, medical facilities, EMS, and emergency management discuss coordination of operations during an outbreak (ICS, use of DOC, City or County EOC, operational communication).</li> <li>• Agency personnel know the amount and type of personal protective equipment available and have been trained on donning/doffing procedures.</li> <li>• Discuss medical waste considerations, coordination, transport issues, and disposal protocols.</li> <li>• Medical Staff personnel articulate isolation capabilities (types of rooms, # of rooms/staff, PPE, protocols).</li> <li>• EMS articulates standard precautions and how long Ebola can live on patient handling surfaces, such as stretchers and backboards.</li> <li>• Medical staff, morticians and coroner discusses CDC guidelines for safe handling of human remains postmortem and coordination of final disposition, waste management.</li> <li>• Elected Officials identify how they will support public health, law enforcement, emergency medical services, and emergency managers during an Ebola outbreak.</li> </ul>

	<ul style="list-style-type: none"><li>Participants identify how messages to the public will be authorized and coordinated as well as what information the public would need in order to protect themselves.</li></ul>
<b>Threat or Hazard</b>	Disease outbreak
<b>Scenario</b>	The local government is required to coordinate multiple capabilities and agencies through mission areas of protection, response and recovery during a disease outbreak.
<b>Sponsor</b>	CDC, Local Public Health, Health Care Coalition
<b>Participating Organizations</b>	Walsh Healthcare Center, Walsh Medical Clinic, Town of Springfield, SE CO Hospital District, Walsh Police Department, Springfield Police Department, Southeast Health Group, Baca County Office of Emergency Management, Prowers County Public Health and Environment, Baca County Public Health Agency, Baca County Commissioners.
<b>Point of Contact</b>	Kris Stokke (719)-688-4464 Meredith Bradfield (719)-468-6035

## ANALYSIS OF CORE CAPABILITIES

Aligning exercise objectives and core capabilities provides a consistent taxonomy for evaluation that transcends individual exercises to support preparedness reporting and trend analysis. Table 1 includes the exercise objectives, aligned core capabilities, and performance ratings for each core capability as observed during the exercise and determined by the evaluation team.

Objective	Core Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
Public Health agencies know their responsibility in and Ebola outbreak and know what statutes support containment and control measures.	Non-Pharmaceutical Interventions (Quarantine, Isolation, Social Distancing)  Public Health Surveillance & Epidemiological Investigation	P  P			
Public health, elected officials, medical facilities, EMS, and emergency management discuss coordination of operations during an outbreak (ICS, use of DOC, City or County EOC, operational communication).	Emergency Operation Coordination	P			
Agency personnel know the amount and type of personal protective equipment available and have been trained on donning/doffing procedures.	Responder Safety and Health		S		
Discuss medical waste considerations, coordination, transport issues, and disposal protocols.	Environmental Response/Health & Safety	P			

Objective	Core Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
Medical Staff personnel articulate isolation capabilities (types of rooms, # of rooms/staff, PPE, protocols).	Non-Pharmaceutical Interventions (Quarantine, Isolation, Social Distancing)  Healthcare System Preparedness	P  P			
EMS articulates standard precautions and how long Ebola can live on patient handling surfaces, such as stretchers and backboards.	Responder Safety and Health	P			
Medical staff, morticians and coroner discusses CDC guidelines for safe handling of human remains postmortem and coordination of final disposition, waste management.	Fatality Management		S		
Elected Officials identify how they will support public health, law enforcement, emergency medical services, and emergency managers during an Ebola outbreak.	Emergency Operation Coordination	P			
Participants identify how messages to the public will be authorized and coordinated as well as what information	Emergency Public Information and Warning		S		

Objective	Core Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
the public would need in order to protect themselves.					
<p><b>Ratings Definitions:</b></p> <ul style="list-style-type: none"> <li>• Performed without Challenges (P): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws.</li> <li>• Performed with Some Challenges (S): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. However, opportunities to enhance effectiveness and/or efficiency were identified.</li> <li>• Performed with Major Challenges (M): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s), but some or all of the following were observed: demonstrated performance had a negative impact on the performance of other activities; contributed to additional health and/or safety risks for the public or for emergency workers; and/or was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws.</li> <li>• Unable to be Performed (U): The targets and critical tasks associated with the core capability were not performed in a manner that achieved the objective(s).</li> </ul>					

**Table 1. Summary of Core Capability Performance**

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

## Objective 1 & 5

Public Health agencies know their responsibility in an Ebola outbreak and know what statutes support containment and control measures. The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

Medical Staff personnel articulate isolation capabilities (types of rooms, # of rooms/staff, PPE, protocols). The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

## Core Capability

Non-Pharmaceutical Interventions (Quarantine, Isolation, Social Distancing)

### Strengths

The full capability level can be attributed to the following strengths:

**Strength 1:** Participants discussed quarantine and isolation responsibilities as far as voluntary vs. mandatory, public health responsibilities, notification processes, coordination with law enforcement, and plans in place for executing Q/I.

**Strength 2:** Participants identified the concepts and coordination that would need to be maintained with local, state and federal partners regarding returning travelers exposed to the Ebola virus.

**Strength 3:** Participants identified resources for supporting those quarantined and how that support would be maintained through the Baca County EOC.

### Areas for Improvement

There were no improvements identified.

## Core Capability

- Public Health Surveillance & Epidemiological Investigation

### Strengths

The full capability level can be attributed to the following strengths:

**Strength 1:** Public Health, infection control practitioners, and physician offices discussed investigation coordination that would be required for an Ebola incident.

**Strength 2:** Plans are in place regarding epidemiology investigations and coordination between Baca County Public Health and the regional epidemiologist; depicting responsibilities, coordination with laboratories, contract tracing and other functions.

**Strength 3:** BCPHA has demonstrated their knowledge of epidemiology functions required to contain or control infectious disease.

## Areas for Improvement

There were no improvements identified.

## Objective 2

Public health, elected officials, medical facilities, EMS, and emergency management discuss coordination of operations during an outbreak (ICS, use of DOC, City or County EOC, operational communication). The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

## Core Capability

Emergency Operation Coordination

### Strengths

The partial capability level can be attributed to the following strengths:

**Strength 1:** Resiliency, teamwork and leadership were identified as strengths with emergency operation and coordination.

**Strength 2:** Participants identified that the EOC would be staffed for an Ebola incident, the hospital would use their HICS structure and a liaison to coordinate with ESF 8 lead, which is public health.

**Strength 3:** Discussion with emergency management and law enforcement revealed that support services would include the Salvation Army, Ministerial Alliance, law enforcement, Dept. of Social Services, waste management, public information messaging and would be coordinated with ESF 8 lead.

### Areas for Improvement

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

**Area for Improvement 1:** Baca County Sheriff's Office leadership is needed in ongoing planning meetings, trainings and exercises and was identified by participants. A representative from the Sheriff's Office was at a city meeting (prior to the exercise) seeking solutions to "ask, isolate, call protocols" for the SO. Clarification is needed as to current protocol for dispatch.

**Reference:** Baca County Emergency Operation Plan

**Analysis:** Questions regarding how dispatch agencies can support preventative efforts by asking returning traveler related questions prior to dispatching EMS has come up statewide. Resources to support or clarify appropriate dispatch protocols is needed. Recruitment of the Sheriff's Office for participation in LEPC meetings may strengthen leadership and coordination.

**Area for Improvement 2:** ICS structure was discussed however participants identified that filling required ICS roles in an event that would require multiple operational periods would be difficult to maintain.

**Reference:** Baca County Emergency Operation Plan, Baca County Public Health Emergency Operation Plan, Epidemiology Annex



**Analysis:** In addition to EOC coordination and ICS structure at the hospital, an Ebola incident (or other disease outbreak) in a rural community would require a substantial structure to support epidemiology investigations, contact tracing, quarantine enforcement, reporting and monitoring. Participants determined that an incident such as Ebola would require several operational periods and ICS would be difficult to maintain.

### Objective 3

Agency personnel know the amount and type of personal protective equipment available and have been trained on donning/doffing procedures.

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

### Core Capability

Responder Safety and Health

#### Strengths

The partial capability level can be attributed to the following strengths:

**Strength 1:** The hospital demonstrated knowing what the appropriate PPE for staff providing services to an Ebola patient.

**Strength 2:** Hospital staff has practiced donning, doffing and monitoring PPE protocols with staff at the hospital.

**Strength 3:** EMS capabilities and knowledge with PPE were strong.

#### Areas for Improvement

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

**Area for Improvement 1:** Identifying appropriate PPE for law enforcement as they often assist EMS with loading patients, or other issues at the scene.

**Reference:** Agency specific protocols, Colorado Department of Public Health and Environment BOH rules regarding PPE, prophylaxis, agency responsibilities.

**Analysis:** Law enforcement has not traditionally been equipped with droplet precaution PPE. Clarification of PPE needs when they assist EMS, or protocols may need to be developed to prevent the risk of exposure.

**Reference:** Law Enforcement protocols

### Objective 4

Discuss medical waste considerations, coordination, transport issues, and disposal protocols.

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

## Core Capability

Environmental Response/Health & Safety

### Strengths

The full capability level can be attributed to the following strengths:

**Strength 1:** Participants identified coordination for waste disposal infected with the Ebola virus.

**Strength 2:** Participants identified proper transport protocols and guidance from the DOT.

**Strength 3:** Participants discussed coordination at the EOC to support waste management and environmental health concerns.

### Areas for Improvement

There were no areas of improvement identified.:

**Reference:** Baca County Emergency Operation Plan, Baca County PHEOP, Environmental Health Annex

## Objective 5

Medical Staff personnel articulate isolation capabilities (types of rooms, # of rooms/staff, PPE, protocols). The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

## Core Capability

Healthcare System Preparedness

### Strengths

The full capability level can be attributed to the following strengths:

**Strength 1:** Hospital conveyed they are using the most up to date guidelines for PPE from CDPHE and CDC.

**Strength 2:** SECHD articulated how many Ebola patients they could support and discussed coordination of ambulance or flight with guidance from CDPHE.

**Strength 3:** Baca County Public Health Agency, Southeast Colorado Hospital, and CDPHE would coordinate to accommodate CDC strike team.

**Strength 4:** EMS, Hospital representatives and public health demonstrated planning preparations that are in place to support operations, such as ESF 8 plans, Public Health Emergency Operations Plan, Hospital response plans. Plans and Annexes are reviewed at Healthcare Coalition meetings.

## Areas for Improvement

There were no improvements identified however maintaining review of plans at ongoing Healthcare Coalition meetings will keep this preparedness level strong in Baca County.

### Objective 6

EMS articulates standard precautions and how long Ebola can live on patient handling surfaces, such as stretchers and backboards.

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

### Core Capability

Responder Safety and Health

#### Strengths

The full capability level can be attributed to the following strengths:

**Strength 1:** Discussion revealed a working knowledge of coordination with public health, EMS, and hospital personnel to evaluate risk of exposure due to patient handling surfaces, environment, cleaning of equipment, and guidance provided by CDPHE and the CDC.

**Strength 2:** EMS was knowledgeable of standard precaution, droplet precaution, and appropriate measures to prevent the spread of disease, to include cleaning protocols.

**Strength 3:** EMS, hospital and public health representatives are maintaining updates and guidance from the CDC and CDPHE regarding the Ebola virus.

#### Areas for Improvement

There were no improvements identified as there has been an ongoing effort to work transparently in Baca County by sharing alerts, notices, training and planning resources, trends, clinical guidelines and other information regarding Ebola.

### Objective 7

Medical staff, morticians and coroner discusses CDC guidelines for safe handling of human remains postmortem and coordination of final disposition, waste management.

### Core Capability

Fatality Management

## Strengths

The partial capability level can be attributed to the following strengths:

**Strength 1:** Hospital personnel were aware of safe handling of post mortem remains of an Ebola patient.

**Strength 2:** Public Health leadership provided information regarding CDC guidance for proper protocols for handling human remains infected with the Ebola virus.

## Areas for Improvement

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

**Area for Improvement 1:** Representation and leadership from mortuary services and coroner is needed in ongoing Healthcare Coalition meetings.

**Reference:** Baca County Public Health PHEOP, Fatality Management Annex

**Analysis:** Review of fatality plans may strengthen HCC member's knowledge of fatality management. Recruiting coroner and mortuary services leadership for HCC meetings would strengthen overall knowledge of capabilities in Baca County.

## Objective 8

Elected Officials identify how they will support public health, law enforcement, emergency medical services, and emergency managers during an Ebola outbreak. The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

## Core Capability

Emergency Operation Coordination

### Strengths

The full capability level can be attributed to the following strengths:

**Strength 1:** Baca County Commissioners identified that they may support an Ebola incident by re-assigning employees, activating and staffing the EOC. Elected officials requested an assessment of PPE in the jurisdiction.

**Strength 2:** Elected officials identified information they would seek from public health to make informed choices.

**Strength 3:** Elected officials asked pertinent questions regarding nationwide preventions efforts regarding screening of returning travelers from Ebola infected countries. Areas for Improvement

## Objective 9

Participants identify how messages to the public will be authorized and coordinated as well as what information the public would need in order to protect themselves. The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

### Core Capability

Emergency Public Information and Warning

#### Strengths

The partial capability level can be attributed to the following strengths:

**Strength 1:** Participants identified the demand for information that would be created by an Ebola incident in Baca County.

**Strength 2:** Participants identified the numerous resources public health shared regarding Ebola information and outreach with social media prior to an event.

**Strength 3:** Participants discussed the need for coordination of public messaging through a PIO.

#### Areas for Improvement

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

**Area for Improvement 1:** Participants could not identify who the PIO would be for an Ebola incident. While public health or hospital leadership may provide a spokesperson for disease related events, identifying a PIO was not attained during this discussion based exercise.

**Reference:** Baca County Emergency Operation Plan, Baca County Public Health PHEOP, Risk Communication Annex

**Analysis:** Clarification is needed as to PIO capabilities in the jurisdiction. Developing a list of those trained in PIO functions and assignments for response agencies may provide support when ICS is activated.

## APPENDIX A: IMPROVEMENT PLAN

Core Capability	Issue/Area for Improvement	Corrective Action	Capability Element <sup>1</sup>	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Core Capability: Responder Safety & Health	1. PPE law	Identify proper PPE for law enforcement agency, or protocols when assisting EMS	planning	Law	Dennis Bradburn	1.23.15	6.30.15
Core Capability: Fatality Management	2. Need participation and leadership at HCC meetings	Recruit Mortuary Services representation for HCC meetings	planning	BCPHA	Robin Trujillo	1.23.15	6.30.15
		Recruit Coroner leadership for HCC meetings	planning	BCPHA	Robin Trujillo	1.23.15	6.30.15

Core Capability	Issue/Area for Improvement	Corrective Action	Capability Element <sup>2</sup>	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Core Capability: Emergency Public Information & Warning	1. Awareness of PIO capabilities in Baca County	Identify personnel who have completed PIO training	planning	Baca OEM HCC agencies LEPC agencies	Harold Self Representative Representative	1.23.15	6.30.15
		Develop PIO list for response agencies in Baca County	planning	Baca OEM	Harold Self	1.23.15	6.30.15

<sup>1</sup> Capability Elements are: Planning, Organization, Equipment, Training, or Exercise.

<sup>2</sup> Capability Elements are: Planning, Organization, Equipment, Training, or Exercise.

## APPENDIX B: EXERCISE PARTICIPANTS

Participating Organizations
Walsh Healthcare Center
Walsh Medical Clinic
Town of Springfield
SE Colorado Hospital District
Walsh Police Department
Springfield Police Department
Southeast Health Group
Baca County Office of Emergency Management
Prowers County Public Health & Environment
Baca County Public Health Agency
Baca County Commissioners