

Kiowa County Table Top Exercise

After-Action Report/Improvement Plan
February 10th, 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

Exercise Name	Kiowa County Table Top Exercise
Exercise Dates	December 16 th , 2015 6:00 p.m. – 8:30 p.m.
Scope	This exercise is a discussion based/Table Top Exercise, planned for 2 ½ hours at the Kiowa County Courthouse. Exercise play is limited to Healthcare Coalition and Local Emergency Planning Committee members
Mission Area(s)	Protection, Response, and Recovery
Core Capabilities	<ul style="list-style-type: none"> • Emergency Public Information and Warning • Emergency Operation Coordination • Fatality Management • Responder Safety and Health • Healthcare System Preparedness • Non-Pharmaceutical Interventions • Environmental Response/Health & Safety • Public Health Surveillance & Epidemiological Investigation
Objectives	<ul style="list-style-type: none"> • Public Health agencies know their responsibility in and Ebola outbreak and know what statutes support containment and control measures. • 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). • Agency personnel know the amount and type of personal protective equipment available and have been trained on donning/doffing procedures. • Discuss medical waste considerations, coordination, transport issues, and disposal protocols. • Medical Staff personnel articulate isolation capabilities (types of rooms, # of rooms/staff, PPE, protocols). • EMS articulates standard precautions and how long Ebola can live on patient handling surfaces, such as stretchers and backboards. • Medical staff, morticians and coroner discusses CDC guidelines for safe handling of human remains postmortem and coordination of final disposition, waste management. • Elected Officials identify how they will support public health, law enforcement, emergency medical services, and emergency managers during an Ebola outbreak. • 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.
Threat or Hazard	Disease outbreak
Scenario	The local government is required to coordinate multiple capabilities and agencies through mission areas of protection, response and recovery during a disease outbreak.
Sponsor	CDC, Local Public Health, Health Care Coalition
Participating Organizations	Fire, EMS, Law Enforcement, Public Health, Health Facilities, Elected Officials, Behavioral Health, Community Representatives, Schools, Emergency Management
Point of Contact	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 an 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		S		
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		S		

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		S S		
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	P			
Elected Officials identify how they will support public health, law enforcement, emergency medical services, and emergency managers during an Ebola outbreak.	Emergency Operation Coordination		S		
Participants identify how messages to the public will be authorized and coordinated as well as what information	Emergency Public Information and Warning			M	

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>Ratings Definitions:</p> <ul style="list-style-type: none"> • 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. • 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. • 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. • 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). 					

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 partial capability level can be attributed to the following strengths:

Strength 1: Hospital and public health staff were up to date on CDC and CDPHE guidelines as far as isolation and quarantine concepts, resources, and coordination with state and federal partners.

Strength 2: Regional epidemiologist discussed plans in place to address quarantine, isolation, and patient tracking, as well as current documents from CDPHE for monitoring persons exposed to the Ebola virus as well as laboratory testing protocols.

Strength 3: KCPHA has a public health emergency operation plan with a disease containment and control annex that addresses quarantine, isolation, and social distancing concepts.

Areas for Improvement

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

Area for Improvement 1: The hospital does not believe they have isolation capabilities in order to support care of an Ebola patient until transfer is provided to a treatment center.

Area for Improvement 2: KCPHA has not reviewed the quarantine and isolation concepts for local coordination with HCC & LEPC members.

Reference: Kiowa County Hospital District response plans, Kiowa County Public Health Agency Emergency Operations Plan (PHEOP), Containment and Control annex.

Analysis: Healthcare workers from around the globe are assisting West Africa with Ebola response. This creates an ongoing threat for Ebola transmission as returning travelers come back to Colorado and other states. CDC funding has required local jurisdictions to focus on point of dispensing operations rather than quarantine and isolation.

Core Capability

- Public Health Surveillance & Epidemiological Investigation

Strengths

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

Strength 1: Local and regional plans are in place to coordinate epidemiological investigations in Kiowa County and SE Colorado.

Strength 2: Public Health and regional epidemiologist addressed tracking systems used for statewide awareness, monitoring of Ebola patients (or those exposed), and testing persons exposed to the Ebola virus.

Strength 3: Coordination with state and federal partners was revealed and discussion of weekly conference calls with partners allowed for awareness and current concepts for containment and control.

Areas for Improvement

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

Area for Improvement 1: There were no improvements identified for this capability.

Reference: Kiowa County PHEOP

Core Capability

Healthcare System Preparedness

Strengths

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

Strength 1: The hospital was aware of PPE donning and doffing procedures and testing for those capabilities.

Strength 2: The hospital was aware of the need for Public Information Coordination with other agencies.

Strength 3: The hospital was aware of CDC and CDPHE guidelines for PPE, handling of post mortem remains, and the need to coordinate with emergency management and public health.

Areas for Improvement

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

Area for Improvement 1: The hospital did not believe they had isolation capabilities or a plan for supporting a suspected Ebola patient until transfer was arranged to a treatment center.

Reference: Kiowa County Hospital District response plans.

Objective 2 & 8

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.

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 partial capability level can be attributed to the following strengths:

Strength 1: Use of outside resources discussed as a reality with this local, rural jurisdiction.

Strength 2: Kiowa County Commissioners and Administrator are active in HCC and LEPC meetings, trainings and exercises.

Strength 3: ICS structure discussed regarding activation and structure developed through epidemiology plans for implementation.

Areas for Improvement

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

Area for Improvement 1: Kiowa County does not currently have someone in the position of Emergency Management to coordinate EOC operations. Therefore, this responsibility falls to the Kiowa County Commissioners who supervise the emergency management position.

Reference: Kiowa County Emergency Operation Plan

Analysis: Kiowa County Commissioners have advertised the emergency management position and conduct LEPC meetings to address coordination of emergency planning in Kiowa County.

Objective 3 & 6

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

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: Participants could identify responder safety and health risks with Ebola exposures and could articulate how Ebola is transmitted.

Strength 2: PPE is available to staff (except law enforcement) and have practiced and tested donning and doffing procedures.

Strength 3: Law enforcement participated in the exercise and identified risks posed to them as they assist EMS with lifting patients and are often first on scene.

Areas for Improvement

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

Area for Improvement 1: There were no improvements identified.

Reference: Kiowa County Public Health PHEOP, Kiowa County EOP, Kiowa County Hospital District Hospital response plans

Analysis: Law enforcement guidance from the CDC was delayed and law enforcement partners have been actively seeking information and training on appropriate PPE for them when concerned about exposure to the Ebola virus. It was suggested that dispatch be involved in the conversation to assure travel related questions were added to their protocol prior to dispatching response agencies.

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 partial capability level can be attributed to the following strengths:

Strength 1: CDOT and CDC guidance discussed for medical waste.

Strength 2: Hospital personnel were familiar with fluid waste that could be disposed of in sewer systems.

Areas for Improvement

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

Area for Improvement 1: Tracking contaminated solid waste needs to be clarified at the local level, coordination with multiple agencies such as municipalities, environmental health, hazmat teams and epidemiology needs clarification for waste in a household or workplace of a person infected with the Ebola virus.

Reference: Kiowa County Emergency Operation Plan, Kiowa County Public Health Agency PHEOP, Environmental Health Annex

Analysis: PCPHE provides environmental health services to Kiowa County and does have an environmental health annex that can be shared at HCC and LEPC meetings to discuss and clarify coordination of environmental health events.

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 well aware of proper handling procedures for post mortem remains of Ebola victims and risks posed to those handling remains.

Strength 2: Hospital and public health personnel were aware of CDC guidance for persons working with post mortem remains of hospital victims with the Ebola virus.

Areas for Improvement

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

Area for Improvement 1: The Coroner and mortuary service representatives did not participate in the exercise. Ongoing recruitment of both coroner and mortuary representatives at LEPC and HCC meetings may enhance fatality management and coordination in Kiowa County.

Reference: Kiowa County Public Health Agency PHEOP, Mass Fatality Annex, Kiowa County Emergency Operation Plan.

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 responsible parties to provide spokespersons during an Ebola event or disease outbreak.

Strength 2: Participants identified types of information that schools, businesses/employers, and elected officials and responders may require in order to make sound decisions.

Strength 3: Participants identified those with PIO training in public health and identified that messages would be distributed through press releases, social media and general media partners.

Areas for Improvement

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

Area for Improvement 1: The Kiowa County PIO lives in Denver and provides support to Kiowa County during incidences. A list of PIO's from response agencies locally would enhance messaging to the public and coordination of this vital function during a disaster.

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

Analysis: Building redundancy in emergency management and communication is key to flexibility and accountability. Developing emergency public information capabilities locally would support public information messaging during a disaster.

APPENDIX A: IMPROVEMENT PLAN

Core Capability	Issue/Area for Improvement	Corrective Action	Capability Element ¹	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Core Capability 1:Public Information and Warning	1. PIO lives in Denver	Identify local personnel with PIO training	planning	Kiowa County OEM/LEPC	Kiowa County Commissioners	Jan 20 th , 2015	June 30 th , 2015
		Develop & distribute list of PIO's in jurisdiction	planning	Kiowa County OEM/LEPC	Kiowa County Commissioners	Jan 20 th , 2015	June 30 th 2015
Core Capability	Issue/Area for Improvement	Corrective Action	Capability Element ²	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Core Capability 1:Healthcare System Preparedness	1.Lack of Isolation Capability	Develop/clarify alternate isolation plan or transport of Ebola pt	planning	Hospital, EMS, public health	Tristen, Eunice, Tammie	Jan 20 th , 2015	June 30 th 2015
Core Capability	Issue/Area for Improvement	Corrective Action	Capability Element ³	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Core Capability 1: Emergency Operation Coordination	1. Need OEM staff	Obtain/maintain OEM function in Kiowa County	planning	Kiowa County Commissioners	Kiowa County Commissioners	Jan 20, 2015	June 9th 2015

¹ Capability Elements are: Planning, Organization, Equipment, Training, or Exercise.

² Capability Elements are: Planning, Organization, Equipment, Training, or Exercise.

³ Capability Elements are: Planning, Organization, Equipment, Training, or Exercise.

APPENDIX B: EXERCISE PARTICIPANTS

Kiowa County Hospital District
Southeast Health Group
Prowers County Public Health Agency
Kiowa County Public Health Agency
Eads Medical Clinic
State of Colorado (Regional Field Manager DHSEM)
Kiowa County Ambulance Service
Kiowa County Sheriff's Office
Kiowa County Administrator
Kiowa County Commissioners
Otero County Health Department

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