

Regional & EPR Staff Statewide Meeting April 27 & 28, 2016

Southeast Colorado Functional Exercise Improvement Plan

Jessami Caddick will give an overview of what it was like to jump in to a new public health director position and a functional exercise.

Kris will follow with what is gained through disaster exercising

Opinion: 3 **types of exercise planning:**

- (1) Preparing jurisdiction for exercise rules of play, objectives, chosen and prescribed capabilities (Meetings LEPC, HCC, Quarterly EPR)
- (2) Jurisdiction pulls together to prepare themselves to respond to exercise scenario according to capabilities (Otero ex)
- (3) Individual's preparation for area of responsibility (Jessami example)

Planning strategy and real life events

- input from various disciplines re capabilities (elected officials, law, ph, eh, health facilities, em, media)
- provided & reviewed exercise documents and strategy for implementation and evaluation at meetings
- regional staff decisions and real life occurrences at this time in SE
(retiring epidemiologist, surgery planned for regional staff/ 6 weeks, new epidemiologist who jumped right in) just like real life

Exercise implementation story & real life events (each jurisdiction received injects while conducting day to day business, much like how a real event unfolds.

- So, people began exercise play from their office, their home, or driving down the road, much like how you would initially obtain information about an event.
- Everyone did not receive all injects or all information, much like how a real event unfolds.
- Individuals had to coordinate with other disciplines in their jurisdiction to develop awareness, and a common operating picture. What would they decide, how would they coordinate? What structure would they put in place to support response and recovery?
- Decisions were made, such as ICS structure, activation of others, DOC or EOC and these models varied among the 6 jurisdictions. Some jurisdictions communicated with other jurisdictions, some did not.
- Real life event: internet down in Otero
- Individuals had Pre-conceived ideas of how this ex would go according to previous experience or assumptions rather than by explain, rules of play, or briefings

- Individuals played in exercise without signing up, attending exercise player briefings, or obtaining exercise materials (due to not registering up or attending meetings)

Hot Wash Notes:

- Comments included statements such as: "I had to make decisions without having all the information" (much like a real event)
- "It was hard to process all the information generated from injects, partner responses, staff support and regional comments"
- Most jurisdictions found a ton of information coming at them in a short period of time during the exercise, which they found frustrating, just like real events.....

Evaluation Story: material was gathered from hot wash notes, individual participant feedback forms, and the OEPR survey results

- Developing an improvement plan without the AAR analysis was entertaining
- Developed list of *strengths* by capability
- Then list of *improvements* by capability
- Added *trainings requested or planning needs* by capability

Recovery capability: Not surprisingly, we keep starting exercises from the beginning or onset of an event and don't get to spend enough time on recovery.... What if we started an exercise where response has just ended, then focus on recovery? Most jurisdictions in SE communicated well their transition from response to recovery...

Emergency Operation Coordination: Activating an ICS structure....do we use unified command?

- Once we activate a command, what channels do we use to COMMUNICATE that ICS has been activated? E ICS, FEMA ICS forms, WEB EOC, radio, EMResource.....
- Most jurisdictions indicated that in rural southeast CO the sooner you activate an EOC, the better.
- In our six counties, I have only witnessed EOC testing, activation and staffing in one exercise (full scale) and in real life two times in the past three years.
- Resource management: Activating EMresource, coordination with EM and CDPHE.....tracking resources, Inventory Management System

Information Sharing: Some jurisdictions prepared well in advance for messaging to partners and also the public, some did not. Assigning someone to communication (under logistics) in ICS structure, and PIO and spokesperson in the ICS structure is necessary to manage a lot of information, provide accurate info, and manage information systems. **Real life event: internet down in Otero for an hour. Remembering our buddies in the Amateur Radio Emergency Services.....**

Medical Surge: Rapid assessment needed within facilities, rapid activation of EOC, ESF 8 support. Resources were available, but no licensed staff. Get beyond HR labor pool in the facility to address resource request in an EOC. Rapid coordination between public health, EMS and facilities.....it would be great to include pre-hospital triage, transport and treatment into exercise capabilities for the full scale exercise

Volunteer Management: Scope and availability of medical volunteers, strike team development, MRC, coordinating credentialing with EM's

APPENDIX A: IMPROVEMENT PLAN

This IP has been developed specifically for Baca, Bent, Crowley, Kiowa, Otero and Prowers as a result of the statewide functional exercise conducted on February 17, 2016

Core Capability	Issue/Area for Improvement	Corrective Action	Capability Element ¹	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Core Capability 1: Recovery	1. Knowing regional and state resources, supply tracking	Resource management plan overview; state, regional, local	Training	HCC	Lead		
		Review MOU's	Planning	HCC	Lead		
		Review ICS roles	Training/Planning	ESF 8	PH Director		
	2.Reaching out to other agencies when info is needed for decision making	Rapid Assessment Review/Training	Training	Reg Staff	Kris & Meredith		
Core Capability 1: Emergency Operations Coordination	1.EOC activation delayed	Review criteria for EOC activation	Planning	HCC & LEPC	HCC Lead & EM		
		Review transition from DOC to EOC	Planning	HCC & LCC	HCC Lead & EM		
	EM not avail						
	2. EOC not properly staffed	Review criteria for EOC staffing/EOC ICS interface	Planning, Training	EM HCC	EM		
		Practice EOC activation and staffing	Training & Exercise	EM/HCC	EM/HCC Lead		

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

Core Capability 1: Information Sharing	1.Redundant modes of communication	Include ARES in planning, training and exercising	Planning Training Exercising	Regional Staff HCC Lead	Regional Staff		
	Expand monitoring & dissemination of info	2.Utilize EMResource & WEB EOC for public health info WEB EOC training	Planning & Training	Regional Staff, Riley, Kris, Meredith HCC	Kris & Meredith		
Plan & conduct ICS and media briefings Assign Comm role in ICS PIO/Spokes Training		Planning & Training	Regional Staff HCC	HCC members and ESF 8 Lead			
Core Capability 1: Medical Surge	1. Medical Surge licensed staffing shortage	Rapid Assessment EMResource training	Planning & Training	Regional Staff HCC	Kris & Meredith		
		Understand process for requesting resources	Plan Review Labor Pool procedures and beyond	HCC EM	HCC EM		
		Activate MOU's	Planning	HCC	HCC		
	2. More timely activation of EOC and ESF 8 Coordination	Review indicators for EOC activation	Planning	EM, HCC	EM		
		Review responsibility of ESF 8 & EM	Planning	ESF 8 Lead, EM	ESF 8 Lead		
Core Capability 1: Volunteer Management	1.Understand volunteer resources available	Scope and availability of medical volunteers in region and state	Planning & Training	CVM Coordinators, HCC, ESF 8 lead	CVM Coordinators		