EPRNews
Colorado Department of Public Health and Environment
Office of Emergency Preparedness and Response
Colorado Department of Public Health and Environment

SPECIAL EDITION: Operation Vigilant Guard

Vigilant Guard photo gallery available on Flikr

CDPHE and our partners took many great photos during Operation Vigilant Guard. Check them out at http://www.flickr.com/photos/cdphe/sets/72157635051857899/.

CDPHE activates DOC for Operation Vigilant Guard

Greg Stasinos, OEPR Response Program Manager

A soldier looks out at the Denver area during Operation Vigilant Guard

Fire breaks out north and east of the Waldo Canyon burn area and encroaches on the U.S. Air Force Academy. Civilian and military forces (active duty and National Guard) fight the fire. Several tornadoes touch down in the Denver metro area causing widespread destruction, including multiple structure collapses and multiple hazardous material scenarios.

These are some of the scenarios that the Operation Vigilant Guard exercise dealt with from July 22 to July 26, 2013. If these events had actually occurred, they would have impacted Colorado's public health and environment in many negative ways, thus calling for the Colorado Department of Public Health and Environment's (CDPHE) Department Operations Center (DOC) to be activated. Exercises such as Operation Vigilant Guard are a great way to test Emergency Operations Plans and procedures and communications systems and to coordinate an effective response with our local public health

agencies, hospitals, and state and federal partners to ensure that each of our plans and expectations are realistic. Exercises allow people to train to their space, and get to know and experience their Emergency Operations Center on a more personal level, which is critical if response to a real world event escalates.

Some might be asking themselves how response among so many individuals or partners is coordinated without causing confusion. The answer to that question is, responses to all exercise scenarios use the guideline set forth by the National Incident Management System (NIMS), which prescribes a type of systematic and proactive approach to guide how departments and agencies deal with natural and manmade disasters. These guidelines are used at various levels within the government, non-governmental and private sector partners in order to work seamlessly to reduce the potential for loss of life and property. The opportunity to apply NIMS within the DOC during a non-emergency situation and allow everyone involved to practice the roles and responsibilities of various positions is crucial to the effective future activation of the DOC during critical events.

While Operation Vigilant Guard allowed for the Office of Emergency Preparedness and Response (OEPR) to practice its NIMS training, it did expose some limitations of the DOC during the activation of the facility.

- The initial conference call to brief all notified CDPHE staff of the current situation proved to be frustrating, and ultimately, was disconnected. A glitch in the DOC's conference call system's audio made hearing the briefing occurring in the DOC impossible.
- Job Action Sheets that are stored in the DOC need to be updated to better define and describe each DOC position's role and responsibility.
- Training on systems that will be utilized in the DOC need to take place prior to the exercise (i.e., WebEOC and the Hospital Incident Command System), and not in a just-in-time manner.

Several positive outcomes from the exercise were achieved as well.

- The Dialogic Notification System, which is used to notify essential CDPHE staff and outside partners of an emerging situation by sending a notification to email, cell phone and office phone, worked very well.
- The exercise allowed several CDPHE public health and environmental programs the chance to respond to predetermined scenarios using their established plans and protocols.
- Scheduled briefings were informative for Command Staff/general staff and also for other divisions so participants could call in for updates on the exercise. This part of the regular communication chain is vitally important.

There was much more feedback concerning the exercise and the DOC activation that was submitted and has been captured, and all that information will be highlighted in the After Action Report.

All in all, participating in the Operation Vigilant Guard exercise did prove beneficial as it provided an opportunity for CDPHE and OEPR staff to increase their familiarity with the DOC facility and it provided the Office of Emergency Preparedness and Response the ability to activate the DOC in a controlled environment and practice certain information sharing aspects that are used during a real world event.

The commitment to cooperate is *the* most important element of an effective DOC. In the management of any disaster event, *nothing* can replace people. Technology is great, but it is only a tool for what should be a coordinated team of informed players. Operation Vigilant Guard was a positive step forward toward achieving these initiatives.

EPR systems team participates in Vigilant Guard SIMCELL

Lori Hodges, OEPR Systems Program Manager

Systems Program Manager Lori Hodges stands in front of a helicopter during Operation Vigilant Guard

During the week of Vigilant Guard, Office of Emergency Preparedness and Response (OEPR) systems team staff supported the Simulation Cell (SIMCELL) for the exercise. The SIMCELL is responsible for distributing all injects and information to various players to ensure the exercise objectives can be met. Because of the hospital play in the exercise, we had the unique opportunity to utilize many of our systems and to test new procedures. This included:

- Testing our Dialogics notifications to internal CDPHE staff for the activation of the Department Operations Center
- Testing EMResource in a variety of functions, including:
    - Our ability to query hospitals and other facilities about growing needs. For example, after the initial tornado strike, Denver paramedics sent out a bed availability query to Denver metro area hospitals.
    - Our ability to query for blood supply. After Bonfils Blood Center was affected, we were able to follow up with a blood query to determine current blood supply statewide. While we only included participating hospitals in the initial request, we had several requests from other facilities wishing to test their procedures so we opened the query up to all facilities wishing to participate.

In addition to testing current procedures, we used the systems in new and innovative ways. For example, ESF-8 is relatively new to WebEOC as a situational awareness and resource management tool. We used this system to keep participating hospitals in the loop throughout the exercise. Additionally, we utilized WebEOC's Resource Ordering boards for the first time in the CDPHE Department Operations Center. This allowed the DOC and the ESF-8 Lead assigned to the State EOC to monitor requests for assistance from local partners, and follow up on each request in a systematic manner. This allowed us to prioritize and respond to the highest priorities first, and make sure all personnel, including those who would be arriving for a shift change, would have a clear picture of all pending requests.

Having systems team staff in the SIMCELL allowed us the flexibility to build processes and procedures for future incidents while also allowing adequate play for local partners. Overall, the exercise was an excellent test of our systems and a great learning ground for future changes and enhancements.

Denver Health works on decontamination procedures

Jenny Schmitz, Denver Health Emergency Preparedness Manager and Interim Safety Officer

A helicopter lands at Denver Health during Operation Vigilant Guard

Denver Health participated in the Vigilant Guard exercise with the Nevada Civil Support Team (CST) and Chemical, Biological, Radiological, Nuclear and Explosive Enhanced Response Force Package (CERFP) on July 23.

Denver Health's Emergency Department staff recently had a refresher on decontamination awareness and operations, and this was the first full test of some revised decontamination procedures. Therefore, this exercise was designed to offer the Denver Health staff "at the elbow" training with the experts from the National Guard. In that respect, this exercise was a tremendous success.

After about 90 minutes of exercise play, the Exercise Controller called a PAUSE-EX. Exercise play was paused and the Denver Health staff and the National Guard moved into a conference room where the National Guard offered some great insight into improvements that could be made right away, including decontamination processes, role definition and even how to properly cut off the clothes of a contaminated patient. After the short intermission, Denver Health staff regrouped, reorganized and started over again. The second act proved to be much more organized and efficient as patients were cycled through the decontamination process again.

Based on feedback collected during the exercise debrief and from written evaluations, the Denver Health staff thought this was an incredible learning experience. The Nevada CST and CERFP shared their knowledge and expertise and Denver Health gained a lot of valuable information.

Exempla Saint Joseph participates in patient decontamination

MacLaine Butterfass, Exempla Saint Joseph Hospital Emergency Preparedness Coordinator

Participants work on patient decontamination during Operation Vigilant Guard

On July 23, Exempla Saint Joseph Hospital (ESJH) participated in the patient decontamination portion of Operation Vigilant Guard with the assistance of the National Guard. This exercise allowed ESJH to practice decontamination procedures with emergency department associates and the newly-formed Hospital Emergency Response Team (HERT).

Activity was based in the Emergency Department ambulance bay with the decontamination tent deployed and a surge of “victims” that needed triage and decontamination. The Hospital Command Center was established as a support and coordination center for this exercise.

Some lessons learned from this exercise were that ESJH needs more regular practice on setting up the decontamination tent, along with setting up the external supplies and the patient flow processes. It would also be helpful to have an established team of staff that has practiced setting up the tent to expedite the response.

Another key lesson learned revolved around the patient intake and tracking process. The hospital saw a bottleneck at the exit point of the decontamination shower due to attempts to collect this information at one single point of entry. From this opportunity for improvement ESJH is considering a process that would be decentralized, using only the unique identifier after decontamination to track the patient’s location. Once the patients reach their bed assignments, a secondary team would make rounds and collect other pertinent demographic and patient tracking information.

Operation Vigilant Guard was a great learning experience for all involved and has had many positive outcomes for ESJH’s care site, health system and the community it serves.

MMRS helps hospitals coordinate

Melinda Malamoco, Denver MMRS Program Coordinator

Participants treat a patient during Operation Vigilant Guard

The role of MMRS is to ensure that agencies are able to respond during an event. To that end, Denver’s MMRS has purchased equipment, paid for training and exercises and assisted in plan development. MMRS was asked to coordinate with area hospitals participating in Operation Vigilant Guard. Once we knew the scenario, each facility determined what it was they needed to test (many thanks to North Suburban for being willing to test evacuation), and from there we set the objectives for the healthcare side of the exercise.

Operation Vigilant Guard gave us the opportunity to really examine the steps of a response and how resources would be requested and received, as well as what partnerships are in place and what ones need to be developed. We learned that depth of skill for working within an EOC is vital, and having contact information for partners and the ability to improvise, not just on scene, but also within the support functions is a priority.

As can be expected, despite hours and hours of planning, things will go wrong. However, the issues that came up turned out to be excellent opportunities to stretch ourselves and modify responses on the fly. Patients left at one hospital were retrieved by the Guard and returned to where they needed to be. A lack of expected resources at Porter turned into an excellent opportunity for them to be able to practice with their own supplies and equipment and determine if they had what was needed, as well as letting them know that they could manage during a large event. (And during a Joint Commission visit!)

All in all, it was an amazing exercise and opportunity. We learned that if the Guard is conducting a normal mission they know exactly what to do and can come in and assist with little to no guidance. HOWEVER, if they are conducting a non-traditional mission, things change dramatically. The Guard will need guidance that hospitals are not used to providing. The communication will need to be more about asking questions to determine the capabilities that are available than direction and guidance on how those capabilities can be used to meet the immediate needs of the facility. It was interesting and a new way of thinking.

Every party involved in the exercise would do it again – which says a lot considering how much work went into the planning and execution of the exercise. Working with non-traditional partners will make you work harder in some ways, and think outside of the box, but it will leave you better prepared to make decisions on the fly, improve your communication skills and give you an opportunity to practice patience.

Porter Adventist Hospital turns unexpected challenges into new experiences

Kelli Dahl, Porter Adventist Hospital Director of Safety, Security and Emergency Preparedness

A decontamination exercise takes place at Porter Adventist Hospital during Operation Vigilant Guard

Porter Adventist Hospital didn't receive all the resources we were expecting during Operation Vigilant Guard. We turned this lack of resources into new experiences and great training for our team.

Some of our experiences included:

- Four unexpected Lakota chopper flights
- No mobile medical tent, but the medics on site utilized all of our emergency preparedness medical equipment and commented that we have a good set-up for basic comfort care
- A crew of 15 decontamination-trained soldiers suited up and assisted our staff with decontaminating patients
- After the exercise, the decontamination-trained soldiers conducted some valuable just-in-time training with our decon staff
- All National Guard participants on site were impressed with our set up and the fact that it only takes us about 15 minutes to set up the tent

Coroners participate in fatality management exercise

Zane Laubhan, Gilpin County Coroner

National Guard members participate in the fatality management portion of Operation Vigilant Guard

As the Gilpin County Coroner and Chair of the Central Region (NCR) Mass Fatality Committee, I was afforded the opportunity to observe the fatality management comNorth ponent of this exercise. The Colorado Fatality Search and Recovery Team (FSRT), which is relatively new with 11 members, conducted exercise activities on Tuesday July 23. I accompanied Major Paul Jefferson of the 162nd Fighter Wing, Arizona Air National Guard, and Commander of the Arizona FSRT. He was observing the operation of the FSRT and conducting evaluations of their adherence to procedure and continuity with respect to the documentation and collection of human remains and bodies.

The Colorado FSRT visited the Office of the Denver Medical Examiner before the exercise to observe an autopsy and gain exposure to various aspects of routine death investigations. It seems as if the team has a commitment to gain knowledge in the overall process and procedures for death investigation. This includes the observation of forensic autopsy and the determination of cause and manner of death as dictated by the facts obtained through concise and accurate death investigation.

The Colorado FSRT was very methodical in their handling of human remains with photo documentation and tracking identification for all collected biological material. Some practices were unique compared to the standard collection practices of human remains in an isolated scene, but given the mass fatality situation, their adaptation to expedient and precise documentation for this kind of event was acceptable. The ability to repatriate human remains given the manner in which the identification and collection procedures were conducted could be accomplished with confidence. This resource would have profound impact to local jurisdictions should such an event occur with respect to expedient and respectful handling of human remains. The FSRT also adhered to appropriate Personal Protective Equipment (PPE) and scene safety throughout their engagement is this exercise and communicated well with their command staff.

Major Jefferson iterated the need for early contact with the coroner or medical examiner (ME) for the jurisdiction in which they operate with respect to procedures dictated by local guidelines and/or statute. The FSRT is committed to working in harmony with local death investigators and coroner/ME offices. The fatality team and commanders are very much aware of the diversity among various coroner and ME offices and their operational guidelines for mass fatality management . Through observation and in visiting with command staff, the fatality team seems very adaptable to change, and flexible with respect to various operational guidelines for the identification, collection, storage and transport of human remains. A smaller scale mass fatality exercise involving the Colorado FSRT and the NCR county coroners would facilitate a better understanding of the service the team can provide and determine the operational periods that would exceed the resources of the NCR and the FSRT.

Given the proximity and newly derived skills of the Colorado FSRT, their utilization in the management of mass fatality should be considered early in the decision matrix for the request and deployment of resources. The task at hand now is how to incorporate the deployment of the FSRT within the regional mass fatality plan and how that integrates with Disaster Mortuary Teams (DMORT) given a larger scale event. The utilization of this resource at the request of the

coroner/ME should be a consideration for emergency managers and incident commanders, along with the establishment of clear and concise guidelines for the deployment of the Colorado FSRT.

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