



galion city

HEALTH DEPARTMENT

Operation Decisive Medallion North— Galion City Health Department

After Action Report/Improvement Plan
April 6, 2016



Central Ohio
Trauma System



CENTRAL REGION
Public Health
Preparedness Committee

ASCENTTRA

The Next Level in Preparedness
Training and Exercises

The After Action Report/Improvement Plan 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.

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Exercise Overview

Exercise Name	Operation Decisive Medallion North and South
Exercise Dates	North Conduct: April 6, 2016 South Conduct: April 7, 2016
Scope	This exercise was a full-scale exercise, planned for 3 hours.
Mission Area(s)	Response
Core Capabilities	Operational Coordination Public and Private Services and Resources Environmental Response/Health and Safety Intelligence and Information Sharing Public and Private Services and Resources Public Health, Healthcare, and Emergency Medical Services Information and Warning
Hospital Preparedness Program Performance Measure/Public Health Preparedness Capability	Information sharing Medical Surge Responder Safety and Health Non-Pharmaceutical Interventions Public Health Surveillance and Epidemiological Investigation Emergency Public Information and Warning Community Preparedness Community Recovery Mass Care
Objectives	<ol style="list-style-type: none">1. Facilities and agencies shall establish sustained two-way communications, to include the multi-agency radio communication system, paging, and conference calls with the Healthcare Incident Liaison in accordance with applicable plans, policies, and procedures within 15 minutes of the onset of the incident.2. Participating community health care organizations shall use the COHDIMS to appropriately update and exchange information throughout the incident.3. The participating facilities shall update bed status in SurgeNet within 30 minutes of request from COTS.4. Participants shall identify resource needs and request/provide needed resources through appropriate channels in accordance with plans, policies, and procedures.

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5. Participants shall use appropriate and adequate personal protective equipment to prevent exposure to infectious diseases that are consistent with current Centers for Disease Control and Prevention guidance.
6. Hospitals shall input victims into the identified OHTrac incident in order to perform the procedures for locating, verifying the identification of, and reunifying family members with patients.
7. Participants (both public health and hospitals) shall share critical information and provide continuing situational awareness with necessary local, state, and federal agencies and organizations that is consistent with current Centers for Disease Control and Prevention guidance and agency/organization plans, policies, and procedures.
8. Public health participants shall identify, and activate as appropriate, the key non-pharmaceutical interventions to be used by public health officials in response to an infectious disease incident that are consistent with current Centers for Disease Control and Prevention guidance and agency/organization plans, policies, and procedures.
9. Public health participants shall provide effective exposure surveillance in response to an infectious disease incident that is consistent with current Centers for Disease Control and Prevention guidance and agency/organization plans, policies, and procedures.
10. Public Health participants shall effectively monitor the population affected by an infectious disease incident that is consistent with current Centers for Disease Control and Prevention guidance and agency/organization plans, policies, and procedures.
11. Public Health participants shall identify appropriate and adequate personal protective equipment for healthcare and first responders to prevent exposure to infectious diseases that are consistent with current Centers for Disease Control and Prevention guidance.
12. Public Health participants will develop and issue public information releases to the local media providing proper protective actions, healthcare resources, and necessary medical information to release to the general public.

Threat or Hazard

Infectious Disease

Scenario

A medical surge involving a new coronavirus as well as possibly symptomatic Ebola patient in each county.

Sponsor

Central Ohio Trauma System and Franklin County Public Health

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Participating Organizations

North Conduct:

Bucyrus Community Hospital
Central Ohio Regional Public Health Coordinator
Central Ohio Trauma System
Columbus Public Health
Crawford County General Health District
Delaware County Emergency Management Agency
Delaware General Health District
Dublin Methodist Hospital
Franklin County Coroner's Office
Franklin County Emergency Management Agency
Franklin County Public Health
Galion City Health Department
Galion Community Hospital
Grady Memorial Hospital
Hardin Memorial Hospital
Kenton-Hardin Health Department
Knox Community Hospital
Knox County Health Department
Licking County Health Department
Licking Memorial Hospital
Logan County Health District
Marion County Emergency Management Agency
Marion General Hospital
Marion Public Health
Mary Rutan Hospital
MedComm
Morrow County Health Department
Morrow County Hospital
Mount Carmel New Albany
Mount Carmel Saint Ann's
Ohio Department of Health
OSU East
OSU Wexner
Riverside Methodist Hospital
Select Specialty Hospital
Wyandot County General Health District
Wyandot Memorial Hospital

South Conduct:

Berger Health System
Central Ohio Regional Public Health Coordinator
Central Ohio Trauma System
Columbus Public Health

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Diley Ridge Medical Center
Fairfield County Emergency Management Agency
Fairfield County Emergency Medical Services
Fairfield Department of Health
Fairfield Medical Center
Fayette County Health District
Fayette County Memorial Hospital
Franklin County Emergency Management Agency
Grant Medical Center
Madison County-London City Health District
Madison Health
MedComm
Memorial Health
Mount Carmel East
Mount Carmel Grove City
Mount Carmel West
Nationwide Children's Hospital
Ohio Department of Health
OhioHealth Doctors Hospital
Pickaway County General Health District
Union County Health Department

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Executive Summary

Exercise Objectives and Core Capabilities

The exercise objectives in the following tables describe the expected outcomes for the exercise. The objectives are linked to core capabilities, which are distinct critical elements necessary to achieve the specific mission area(s). The objectives and aligned core capabilities are guided by elected and appointed officials and selected by the exercise planning team.

The observations for the exercise are as follows in this After Action Report and Improvement Plan.

General Objectives:

Exercise Objective	Hospital Preparedness Program Performance Measure/Public Health Preparedness Capability	Core Capability
Participants shall identify resource needs and request/provide needed resources through appropriate channels in accordance with plans, policies, and procedures.	Medical Surge	Public Health, Healthcare, and Emergency Medical Services
Participants (both public health and hospitals) shall share critical information and provide continuing situational awareness with necessary local, state, and federal agencies and organizations that is consistent with current Centers for Disease Control and Prevention guidance and agency/organization plans, policies, and procedures.	Medical Surge, Information Sharing	Situation Assessment
Public health participants shall identify, and activate as appropriate, the key non-pharmaceutical interventions to be used by public health officials in response to an infectious disease incident that are consistent with current Centers for Disease Control and Prevention guidance and agency/organization plans, policies, and procedures.	Non-Pharmaceutical Interventions, Community Preparedness	Public Health, Healthcare, and Emergency Medical Services
Public health participants shall provide effective exposure surveillance in response to an infectious disease incident that is consistent with current Centers for Disease Control and Prevention guidance and agency/organization plans, policies, and procedures.	Public Health Surveillance and Epidemiological Investigation	Public Health, Healthcare, and Emergency Medical Services
Public Health participants shall effectively monitor the population affected by an infectious disease incident that is consistent with current Centers for Disease Control and Prevention guidance and agency/organization plans, policies, and procedures.	Mass Care, Public Health Surveillance and Epidemiological Investigation	Public Health, Healthcare, and Emergency Medical Services

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Exercise Objective	Hospital Preparedness Program Performance Measure/Public Health Preparedness Capability	Core Capability
Public Health participants shall identify appropriate and adequate personal protective equipment for healthcare and first responders to prevent exposure to infectious diseases that are consistent with current Centers for Disease Control and Prevention guidance.	Responder Safety and Health	Environmental Response/Health and Safety
Public Health participants will develop and issue public information releases to the local media providing proper protective actions, healthcare resources, and necessary medical information to release to the general public.	Emergency Public Information and Warning, Community Recovery	Public Information and Warning

Table 1. General Exercise Objectives and Associated Capabilities

Exercise Structure

This exercise provided an opportunity for the Central Ohio Healthcare Coalition Partners and Community Healthcare Facilities of Central Ohio to validate and evaluate response capabilities during a simulated incident.

During the *Operation Decisive Medallion North* and *Operation Decisive Medallion South Exercise*, players were encouraged to act realistically, as they would during a real-life incident. The primary goals of the exercise were exercise the following components:

- Community Preparedness
- Community Recovery
- Emergency Information and Warning
- Information Sharing
- Mass Care
- Medical Surge
- Non-Pharmaceutical Interventions
- Surveillance and Epidemiological Investigation
- Responder Safety

Exercise Evaluation

Evaluation of the exercise was based on the exercise objectives and aligned capabilities, capability targets, and critical tasks which were documented in the Exercise Evaluation Guides. Evaluators were provided Exercise Evaluation Guides for each of their assigned areas. Additionally, players completed Participant Feedback Forms and provided input during the hot wash. These documents were used to evaluate the exercise and compile the After Action Report.

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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 3 explains the ratings used. Table 4 includes the exercise objectives evaluated for this After Action Report, aligned core capabilities, and performance ratings for each core capability as observed during the exercise and determined by the evaluation team.

P Performed without Challenges	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.
S Performed with Some Challenges	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.
M Performed with Major Challenges	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.
U Unable to be Performed	The targets and critical tasks associated with the core capability were not performed in a manner that achieved the objective(s).

Table 3. Explanation of Ratings

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General Objectives:

Exercise Objective	Hospital Preparedness Program Performance Measure/Public Health Preparedness Capability	Core Capability	Rating
Participants shall identify resource needs and request/provide needed resources through appropriate channels in accordance with plans, policies, and procedures.	Medical Surge	Public Health, Healthcare, and Emergency Medical Services	P
Participants (both public health and hospitals) shall share critical information and provide continuing situational awareness with necessary local, state, and federal agencies and organizations that is consistent with current Centers for Disease Control and Prevention guidance and agency/organization plans, policies, and procedures.	Medical Surge, Information Sharing	Situation Assessment	P
Public health participants shall identify, and activate as appropriate, the key non-pharmaceutical interventions to be used by public health officials in response to an infectious disease incident that are consistent with current Centers for Disease Control and Prevention guidance and agency/organization plans, policies, and procedures.	Non-Pharmaceutical Interventions, Community Preparedness	Public Health, Healthcare, and Emergency Medical Services	S
Public health participants shall provide effective exposure surveillance in response to an infectious disease incident that is consistent with current Centers for Disease Control and Prevention guidance and agency/organization plans, policies, and procedures.	Public Health Surveillance and Epidemiological Investigation	Public Health, Healthcare, and Emergency Medical Services	S
Public Health participants shall effectively monitor the population affected by an infectious disease incident that is consistent with current Centers for Disease Control and Prevention guidance and agency/organization plans, policies, and procedures.	Mass Care, Public Health Surveillance and Epidemiological Investigation	Public Health, Healthcare, and Emergency Medical Services	S
Public Health participants shall identify appropriate and adequate personal protective equipment for healthcare and first responders to prevent exposure to infectious diseases that are consistent with current Centers for Disease Control and Prevention guidance.	Responder Safety and Health	Environmental Response/Health and Safety	S

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Exercise Objective	Hospital Preparedness Program Performance Measure/Public Health Preparedness Capability	Core Capability	Rating
Public Health participants will develop and issue public information releases to the local media providing proper protective actions, healthcare resources, and necessary medical information to release to the general public.	Emergency Public Information and Warning, Community Recovery	Public Information and Warning	S

Table 4. Summary of Core Capability Performance

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

PHEP Capabilities 2 and 4: Community Recovery, Emergency Public Information and Warning

Objective: Public Health participants will develop and issue public information releases to the local media providing proper protective actions, healthcare resources, and necessary medical information to release to the general public.

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

Strengths

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

Strength 1: Galion City Health Department personnel prepared public information releases for the local media proactively and were well prepared to distribute materials. Pre-scripted public information release templates were prepared and stored in readily accessible locations on all staff computers, and when needed staff quickly retrieved them and tailored the content as necessary before distribution. (Emergency Information and Warning, Function 1, Function 5)

Strength 2: The Public Information Officer and spokesperson were pre-identified. (Emergency Information and Warning, Function 1, Task 1)

Strength 3: Prior to the incident, a primary and alternate physical and/or virtual structure was identified to be used to support alerting and public information operations. (Emergency Information and Warning, Function 1, Task 2)

Strength 4: The Public Information Officer and support staff were notified of the need to be on call and then also to report for duty as necessary within an appropriate timeframe. (Emergency Information and Warning, Function 1, Task 3)

Strength 5: The Public Information Officer staff was physically assembled together. A Joint Information Center was formed with the city Public Information Officer to push out joint information. Information was shared amongst local health departments (LHDs) to ensure a consistent message through a virtual Joint Information Center. (Emergency Information and Warning, Function 1, Task 5)

Strength 6: Galion City Health Department implemented emergency communication abilities. (Emergency Information and Warning, Function 1, Task 6)

Strength 7: Written plans were available, incorporating Job Action Sheets encompassing roles and responsibilities for public information staff. (Emergency Information and Warning, Function 1, Task 7)

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Strength 8: Written plans included message templates, which streamlined the process for pushing pertinent information out to the public as well as to partners. (Emergency Information and Warning, Function 1, Task 8)

Strength 9: Tasks were assigned to support staff to support message coordination and public information through Research, Media Operations, and Administration. Three individuals worked on messaging prior to Incident Commander approval. (Emergency Information and Warning, Function 2, Task 3)

Strength 10: Public information plans and strategies were developed, recommended, and executed on behalf of the Incident Command structure. (Emergency Information and Warning, Function 3, Task 1)

Strength 11: A single release point of information for health and healthcare issues was provided through a pre-identified spokesperson in coordination with the Joint Information Center. (Emergency Information and Warning, Function 3, Task 2)

Strength 12: Rumor control for media outlets and general public was set in place through television, internet, radio, newspapers, social media, and reception phone bank. (Emergency Information and Warning, Function 3, Task 3)

Strength 13: Incident related information was posted to the departmental website as a means of informing and connecting with the public. (Emergency Information and Warning, Function 4, Task 2)

Strength 14: Various forms of social media were utilized for public health messaging. (Emergency Information and Warning, Function 4, Task 3)

Strength 15: Established guidelines to avoid communication of information that is protected for various reasons were followed. Standard procedures encompass this utilizing Ohio Disease Reporting System (ODRS), Health Insurance Portability and Accountability Act (HIPAA) compliant communications, and encryption. (Emergency Information and Warning, Function 5, Task 1)

Strength 16: Health related messaging information was transmitted to responder organizations through secure messaging platforms. (Emergency Information and Warning, Function 5, Task 3)

Strength 17: Regional Memorandums of Understanding (MOUs) were in place to provide services that Galion City Health Department may not have the ability to provide during and after an incident. (Community Recovery, Functions 2-5)

Areas for Improvement

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

Area for Improvement 1: Not all Public Information Officer staff have completed National Incident Management System (NIMS) training.

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Reference: Emergency Information and Warning, Function 1, Task 9

Analysis: All Galion City Health Department Public Information Officer staff have completed NIMS training. However, city Public Information Officer staff are new and need to complete training. This includes all subsequent Centers for Disease Control and Prevention public information recommended training.

Recommended Corrective Action 1: City Public Information Officer staff should complete appropriate NIMS training.

Capability Element: Training

Area for Improvement 2: 2-1-1 lines and/or large scale phone banks for media inquiries were not established.

Reference: Emergency Public Information and Warning, Function 4, Task 1

Analysis: In an emergency, 2-1-1 lines and/or large scale phone banks for media inquiries should be established to handle the influx of incoming calls from family and friends. This enables the health department to push out one phone number for all public inquiries.

Recommended Corrective Action 1: Work with community partners to determine methods of supporting a call bank for media and/or community inquiries.

Capability Element: Planning

Area for Improvement 3: Galion City Health Department identified more services that could be offered and need to be included in the plans.

Reference: Community Recovery, Functions 2-5

Analysis: During the exercise, the Galion City Health Department identified additional services that could be offered to the public. These should be captured in the plan to make available for future incidents.

Recommended Corrective Action 1: Additional services should be pre-identified and included in the plans.

Capability Element: Planning

PHEP Capabilities 6 and 10: Information Sharing, Medical Surge

Objective: Participants (both public health and hospitals) shall share critical information and provide continuing situational awareness with necessary local, state, and federal agencies and organizations that is consistent with current Centers for Disease Control and Prevention guidance and agency/organization plans, policies, and procedures.

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

Strengths

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

Strength 1: The Galion City Health Department Health Commissioner continually shared information and kept in contact through email with other county and local health departments. Other response partners such as the hospitals, emergency medical services, and law enforcement agencies were contacted by phone as needed throughout the incident. While there did appear to be an obvious written plan for sharing information throughout the incident, health department staff used sound judgement when determining notifications to be made and communication methods to utilize. When giving guidance to quarantined family members and ambulance personnel on interaction with the Person Under Investigation, staff referenced appropriate Centers for Disease Control and Prevention materials. (PHEP Capability 6, Function 3, Task 1, PHEP Capability 10, Function 1, Task 3)

Strength 2: Intra-jurisdictional stakeholders were identified to determine information sharing needs. Stakeholders included the local hospital, Ohio Department of Health, and other local health districts. The regional health commissioners began communicating almost immediately through electronic communications. (Information Sharing, Function 1, Task 1)

Strength 3: The Galion City Health Department worked with leadership (Board of Health and local city government) who are identified as stakeholders. (Information Sharing, Function 1, Task 3)

Strength 4: Written plans included processes to engage stakeholders. The GCHD utilized their All-Hazards Plan and Communications Plans to do this. (Information Sharing, Function 1, Task 4)

Strength 6: Information shared through controlled points of contact was observed. Regulatory, statutory, privacy-related and other provisions, laws, and policies that authorize and limit sharing of information relevant to emergency situational awareness. (Information Sharing, Function 2, Task 1)

Strength 7: All plans are National Incident Management System (NIMS) compliant. Written plans incorporate data-exchange requirements for each stakeholder that adhere to national standards for data elements to be sent and data elements to be received. (Information Sharing, Function 2, Task 3)

Strength 8: Written plans included health information exchange protocols. Plans require exchanges to remain compliant with the Health Insurance Portability and Accountability Act (HIPAA). (Information Sharing, Function 1, Task 4)

Strength 9: Continuous quality improvement processes were utilized to identify and correct unintended legal and policy barriers to sharing of information. One example was the Isolation

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and Quarantine designation given to the Health Commissioner. (Information Sharing, Function 2, Task 6)

Strength 10: The Galion City Health District participated in jurisdictional health information exchange through Ohio Public Health Communication System (OPHCS), TENS, MARCS, etc. (Information Sharing, Function 3, Task 1)

Strength 11: Data repositories that were able to support data exchange with regional and other entities were maintained. Data was stored according to predetermined standards: local encryption, Ohio Disease Reporting System (ODRS), Ohio Public Health Communication System, encrypted emails, etc. (Information Sharing, Function 3, Task 2)

Strength 12: Data and information was requested, sent and received using encryption that met predetermined standards. Information authenticity was verified with message sender or information requestor. Information was sent through secure methods. (Information Sharing, Function 3, Task 3)

Strength 13: The Galion City Health District acknowledged receipt of information (public health alerts) prior to and during the incident. The Ohio Public Health Communication System (OPHCS) requires receipt confirmation that messages have been received. (Information Sharing, Function 3, Task 5)

Strength 14: Public Health alert messages were prescribed and/or a template and new information was utilized as appropriate. (Information Sharing, Function 3, Task 6)

Areas for Improvement

No areas for improvement were identified for this objective.

Objective: Participants shall identify resource needs and request/provide needed resources through appropriate channels in accordance with plans, policies and procedures.

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

Strengths

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

Strength 1: Galion City Health Department communicated resource requests directly to the agency having the resource, as they were specific to their need at the time and not a systemic demand. As an example when the Person Under Investigation's family broke quarantine they directly notified local law enforcement as well as the facility where the Person Under Investigation had been transported. (Medical Surge, Function 2, Task 4)

Strength 2: A preliminary assessment of the incident was completed and initial resource needs and local availability was documented. Galion City Health Department worked well with local

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partners including Emergency Medical Services, the Emergency Management Agency, and other local health departments. (Medical Surge, Function 2, Task 4)

Strength 3: Health-related data was provided to healthcare organizations (COTS & Regional Public Health) to assist in activating pre-existing plans to maximize scarce resources and prepare for any shifts into and out of conventional, contingency, and crisis status. (Medical Surge, Function 2, Task 3)

Strength 4: Staff were assigned and trained in advance to fill Public Health Incident Management roles. Galion City Health Department was prepared to staff their departmental operations center. (Medical Surge, Function 2, Task 4)

Strength 5: Written plans followed the National Incident Management System (NIMS) and the Incident Command System (ICS). During the course of the incident, a change of command was conducted. (Medical Surge, Function 1, Task 5)

Areas for Improvement

No areas for improvement were identified for this objective.

PHEP Capability 11: Non-Pharmaceutical Interventions

Objective: Public health participants shall identify, and activate as appropriate, the key non-pharmaceutical interventions to be used by public health officials in response to an infectious disease incident that are consistent with current Centers for Disease Control and Prevention guidance and agency/organization plans, policies, and procedures.

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

Strengths

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

Strength 1: Galion City Health Department staff conducted daily Skype calls with the Person Under Investigation in their jurisdiction to monitor for development of disease symptoms. Procedures were executed to have the patient moved to the designated assessment hospital by the prearranged ambulance service. (PHEP Capability 7, Function 2 and PHEP Capability 13, Function 1 and 3)

Strength 2: Jurisdictional legal, policy, and regulatory authorities were identified that enabled the ability to recommend and implement non-pharmaceutical interventions. (Non-Pharmaceutical Interventions, Function 1, Task 1)

Strength 3: Written plans included documentation of jurisdictional legal, and regulatory authorities and policies for recommending and implementing non-pharmaceutical interventions. (Non-Pharmaceutical Interventions, Function 1, Task 3)

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Strength 4: Subject Matter Experts were utilized to determine severity of exposure and/or transmission and non-pharmaceutical intervention recommendations. The Health Commissioner then enforced these. The surveillance plan and the Standard Operating Guidelines for the arrival of a traveler were followed. (Non-Pharmaceutical Interventions, Function 2, Task 1)

Strength 5: The degree of transmission, contamination, infection and severity of exposure was assessed for the primary Person Under Investigation, and it was continued with those household contacts being monitored after the Person Under Investigation was transported. (Non-Pharmaceutical Interventions, Function 4, Task 1)

Areas for Improvement

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

Area for Improvement 1: Community partners were not brought in early enough to coordinate support services to individuals included in non-pharmaceutical interventions.

Reference: (Non-Pharmaceutical Interventions, Function 3, Task 7)

Analysis: Although non-pharmaceutical intervention locations were activated through the local health departments, prior coordination with all partners would have been helpful.

Recommended Corrective Action 1: Coordinate with community partners and public response agencies for the planning of non-pharmaceutical intervention locations prior to an event. Partners that need to be involved include, but are not limited to, medical care, mental health, law enforcement, fire/Emergency Medical Services, schools, utilities, local health departments, etc.

Capability Element: Planning

Area for Improvement 2: Plans do not include agreements for coordination of support services to individuals during isolation or quarantine scenarios.

Reference: Galion City Health Department plans (Non-Pharmaceutical Interventions, Function 3, Task 8)

Analysis: Although Galion City Health Department plans include Memorandums of Understanding/Memorandums of Agreement (MOU/MOA), specific agreements for isolation and quarantined patients need to be included.

Recommended Corrective Action 1: MOUs/MOAs need to be put into place for support services in isolation and quarantine scenarios.

Capability Element: Planning

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PHEP Capabilities 7 and 13: Mass Care, Public Health Surveillance and Epidemiological Investigation

Objective: Public health participants shall provide effective exposure surveillance in response to an infectious disease incident that is consistent with current Centers for Disease Control and Prevention guidance and agency/organization plans, policies, and procedures.

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

Strengths

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

Strength 1: Surveillance systems were maintained that can identify health problems, threats, etc. (i.e., Ohio Disease Reporting System, OHTrac). (Public Health Surveillance and Epidemiological Investigation, Function 1, Task 4)

Strength 2: Written plans document the legal and procedural framework that supports mandated and voluntary information exchange with partners. Written plans include processes and protocols for accessing health information that follows jurisdictional and federal laws and also protect personal health information, utilizing confidentiality policies. (Public Health Surveillance and Epidemiological Investigation, Function 1, Task 5)

Strength 4: Written plans include processes and protocols to gather and analyze data. Plans include procedures to ensure 24/7 access to collect, review, and respond to reports of potential health threats. (Public Health Surveillance and Epidemiological Investigation, Function 1, Task 7)

Strength 5: Plans include processes and protocols to notify the Centers for Disease Control and Prevention of cases on the Nationally Notifiable Infectious Disease List (as well as Ohio reportable diseases) with the timeframes identified on the lists. (Public Health Surveillance and Epidemiological Investigation, Function 1, Task 9)

Strength 6: Galion City Health District has three Tier 2 Epidemiologists that can conduct data collection, analysis, and reporting in support of surveillance and epidemiological investigations. (Public Health Surveillance and Epidemiological Investigation, Function 1, Task 10)

Areas for Improvement

The following area requires improvement to achieve the full capability level:

Area for Improvement 1: Galion City Health Department had difficulties receiving information from the hospital.

Reference: (Public Health Surveillance and Epidemiological Investigation, Function 1, Task 1)

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Analysis: Stakeholders were engaged and retained to provide health data to support routine surveillance. However, Galion City Health Department needed additional information from the hospital which was unable to be obtained due to hospital staffing issues. This delayed the ability of the health department to effectively respond to the infectious disease outbreak.

Recommended Corrective Action 1: Consider sending a liaison to the hospital to facilitate communications.

Capability Element: Organization

Objective: Public Health participants shall effectively monitor the population affected by an infectious disease incident that is consistent with current Centers for Disease Control and Prevention guidance and agency/organization plans, policies, and procedures.

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

Strengths

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

Strength 1: Galion City Health Department personnel were actively engaged in daily monitoring of a Person Under Investigation in their jurisdiction with daily Skype calls and contingency plans for meeting the needs of isolated or quarantined individuals as necessary. When the Person Under Investigation became symptomatic, staff executed the transportation plan to he or she moved to the designated assessment hospital. (PHEP Capability 7, Function 2 and PHEP Capability 13, Function 1 and 3)

Strength 2: Galion City Health Department coordinated to assure health screening of the population (remaining family members) were assessed and assured food and water at their location. (Mass Care, Function 1, Task 4)

Strength 3: Accessible information regarding health services was disseminated and promoted to the public. (Mass Care, Function 2, Task 4)

Strength 5: Issues and outcomes were identified during and after the incident. (Public Health Surveillance & Epidemiology, Function 4, Task 1)

Strength 6: Public Health staff participating in epidemiological investigations has received awareness-level training with Homeland Security Exercise and Evaluation Program (HSEEP) and After Action Report (AAR) processes. (Public Health Surveillance & Epidemiology, Function 3, Task 6)

Strength 7: Written plans include protocols for recommending and initiating containment and mitigation actions. (Public Health Surveillance & Epidemiology Function 3, Task 5)

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Strength 8: Public Health mitigation measures were identified, and information was provided to Public Health officials to support them in decision-making related to mitigation actions. Mitigation actions were monitored and analyzed throughout the duration of the incident. (Public Health Surveillance & Epidemiology Function 3, Task 1)

Strength 9: Additional mitigation activities were recommended based upon mitigation monitoring and analysis throughout the incident appropriately. (Public Health Surveillance & Epidemiology Function 3, Task 4)

Strength 10: Epidemiological investigation results were reported appropriately, through the proper channels and to the correct individuals. (Public Health Surveillance & Epidemiology Function 2, Task 3)

Strength 11: Staffing capacity was maintained to manage the routine epidemiological investigation systems. Galion City Health Department is 3-4 deep with trained epidemiological staff. (Public Health Surveillance & Epidemiology Function 2, Task 5)

Areas for Improvement

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

Area for Improvement 1: Assessment forms for sheltering were not utilized.

Reference: Mass Care, Function 2, Task 5, Temporary Housing Standard Operating Guidelines

Analysis: Written plans do include an assessment form to be utilized at a sheltering location when necessary. However, the assessment form was not used.

Recommended Corrective Action 1: Conduct additional training on utilization of assessment forms to be used at a sheltering location.

Capability Element: Training

Area for Improvement 2: There was no access to a screening tool for individuals living in the same household as a Person Under Investigation.

Reference: Mass Care, Function 2, Task 7

Analysis: Although screening tools were available for contacting a Person Under Investigation, Galion City Health Department did not have access to a designated screening tool for individuals who did not fall under the designation of a Person Under Investigation, but that had been living in the same household.

Recommended Corrective Action 1: Include a designated screening tool in the Galion City Health Department Surveillance and Epidemiology Plan.

Capability Element: Planning

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Area for Improvement 3: Report templates were not utilized.

Reference: Public Health Surveillance & Epidemiology, Function 2, Task 4, Epidemiology Plan

Analysis: Written plans include investigation report templates. However, these templates were not used by the epidemiological staff.

Recommended Corrective Action 1: Train Epidemiology staff on use of the templates as necessary.

Capability Element: Training

PHEP Capability: 14: Responder Safety and Health

Objective: Public Health participants shall identify appropriate and adequate personal protective equipment for healthcare and first responders to prevent exposure to infectious diseases that are consistent with current Centers for Disease Control and Prevention guidance.

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

Strengths

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

Strength 1: Galion City Health Department personnel gave appropriate guidance on the use of Personal Protective Equipment to Emergency Medical Services personnel who were being utilized to transport the individual in their jurisdiction that become symptomatic from home to the treatment facility. When the Person Under Investigation in their jurisdiction notified Galion City Health Department personnel that he or she had symptoms, The health department had no difficulty in providing guidance on Personal Protective Equipment to be utilized by the ambulance personnel providing transport. (Function 1)

Strength 2: Medical, environmental exposure, and mental/behavioral health risks that may be faced by staff responding to the Public Health incident were identified. (Responder Safety and Health, Function 1, Task 1)

Strength 3: Subject Matter Experts and other resources were identified by Public Health staff to make health and safety recommendations as the lead agency. (Responder Safety and Health, Function 1, Task 2)

Areas for Improvement

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

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Area for Improvement 1: Safety equipment including Personal Protective Equipment was not distributed to Public Health responders.

Reference: (Responder Safety and Health, Function 1, Task 5) Centers for Disease Control and Prevention guidance

Analysis: Galion City Health Department does not have a funding stream to purchase Personal Protective Equipment.

Recommended Corrective Action 1: Locate a funding opportunity to purchase and train with Personal Protective Equipment.

Capability Element: Equipment and Systems; Training

Area for Improvement 2: Resource requirements were identified, but not available.

Reference: (Responder Safety and Health, Function 2, Task 1) CDC guidance

Analysis: Subject Matter Experts worked to identify responder safety and health resource requirements. However, the resources were not available.

Recommended Corrective Action 1: Conduct training on requesting of resources.

Capability Element: Training

Area for Improvement 3: Risk related Personal Protective Equipment for Public Health responders were not pre-identified in written plans.

Reference: (Responder Safety and Health, Function 3, Task 1) Galion City Health Department plans

Analysis: Galion City Health Department plans did not identify the type or level of Personal Protective Equipment to use in different situations.

Recommended Corrective Action 1: Include pre-identification of basic levels of Personal Protective Equipment for various incidents.

Capability Element: Planning

Area for Improvement 4: Some staff were not trained in correct usage of respirators.

Reference: (Responder Safety and Health, Function 3, Task 2) Centers for Disease Control and Prevention guidance

Operation Decisive Medallion North—Galion City Health Department After Action Report/Improvement Plan

Analysis: With the exception of one staff member, Public Health staff who are required to use N-95 or other respirators as part of their response role have not undergone respiratory function testing.

Recommended Corrective Action 1: Once Personal Protective Equipment is obtained, all staff should undergo respiratory function testing.

Capability Element: Training

Operation Decisive Medallion North—Galion City Health Department After Action Report/Improvement Plan



Appendix A: Improvement Plan

This Improvement Plan has been developed specifically for Columbus Ohio Trauma System as a result of the *Operation Decisive Medallion North and Operation Decisive Medallion South Exercises* conducted on April 6 and 7, 2016.

A capability may be delivered during an emergency with any combination of elements that achieves the desired outcome, namely properly planned, organized, equipped, trained, and exercised personnel. Therefore, all recommendations are linked to the capability element in need of improvement: Planning; Organization and Leadership; Equipment and Systems; Training; and Exercises, Evaluations, and Corrective Actions. Capability elements are further defined in the following table.

Planning	Collection and analysis of intelligence and information, and development of policies, plans, procedures, mutual aid agreements, strategies, and other publications that comply with relevant laws, regulations, and guidance necessary to perform assigned missions and tasks.
Organization and Leadership	Individual teams, an overall organizational structure, and leadership at each level in the structure that comply with relevant laws, regulations, and guidance necessary to perform assigned missions and tasks.
Equipment and Systems	Major items of equipment, supplies, facilities, and systems that comply with relevant standards necessary to perform assigned missions and tasks.
Training	Content and methods of delivery that comply with relevant training standards necessary to perform assigned missions and tasks.
Exercises, Evaluations, and Corrective Actions	Exercises, self-assessments, peer assessments, outside review, compliance monitoring, and actual major events that provide opportunities to demonstrate, evaluate, and improve the combined capability and interoperability of the other elements to perform assigned missions and tasks to standards necessary to achieve successful outcomes.

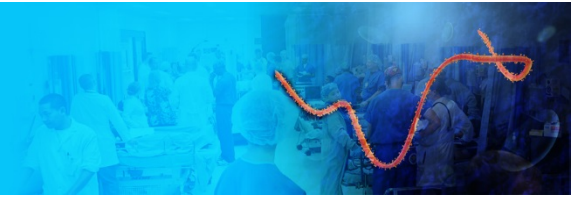
Table 5. Capability Elements

Operation Decisive Medallion North—Galion City Health Department After Action Report/Improvement Plan



Issue/Area for Improvement	Corrective Action	Capability Element	Primary Responsible Organization	Organization Point of Contact	Start Date	Completion Date
Objective: Public Health participants will develop and issue public information releases to the local media providing proper protective actions, healthcare resources, and necessary medical information to release to the general public.						
Not all Public Information Officer staff have completed National Incident Management System (NIMS) training.	City Public Information Officer staff should complete appropriate NIMS training.	Training				
2-1-1 lines and/or large scale phone banks for media inquiries were not established.	Work with community partners to determine methods of supporting a call bank for media and/or community inquiries.	Planning				
Galion City Health Department identified more services that could be offered.	Galion City Health Department identified more services that could be offered and need to be included in the plans.	Planning				
Objective: Public health participants shall identify, and activate as appropriate, the key non-pharmaceutical interventions to be used by public health officials in response to an infectious disease incident that are consistent with current Centers for Disease Control and Prevention guidance and agency/organization plans, policies, and procedures.						
Community partners were not brought in early enough to coordinate support services to individuals included in non-pharmaceutical interventions.	Coordinate with community partners and public response agencies for the planning of non-pharmaceutical intervention locations prior to an event. Partners that need to be involved include, but are not limited to, medical care, mental health, law enforcement, fire/Emergency Medical Services, schools, utilities, local health departments, etc.	Planning				
Plans do not include agreements for coordination of support services to individuals during isolation or quarantine scenarios.	MOUs/MOAs need to be put into place for support services in isolation and quarantine scenarios.	Planning				
Objective: Public health participants shall provide effective exposure surveillance in response to an infectious disease incident that is consistent with current Centers for Disease Control and Prevention guidance and agency/organization plans, policies, and procedures.						
Galion City Health Department had difficulties receiving information from the hospital.	Consider sending a liaison to the hospital to facilitate communications.	Organization				

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Issue/Area for Improvement	Corrective Action	Capability Element	Primary Responsible Organization	Organization Point of Contact	Start Date	Completion Date
Objective: Public Health participants shall effectively monitor the population affected by an infectious disease incident that is consistent with current Centers for Disease Control and Prevention guidance and agency/organization plans, policies, and procedures.						
Assessment forms for sheltering were not utilized.	Conduct additional training on utilization of assessment forms to be used at a sheltering location.	Training				
There was no access to a screening tool for individuals living in the same household as a Person Under Investigation.	Include a designated screening tool in the Galion City Health Department Surveillance and Epidemiology Plan.	Planning				
Report templates were not utilized.	Train Epidemiology staff on use of the templates as necessary.	Training				
Objective: Public Health participants shall identify appropriate and adequate personal protective equipment for healthcare and first responders to prevent exposure to infectious diseases that are consistent with current Centers for Disease Control and Prevention guidance.						
Safety equipment including Personal Protective Equipment was not distributed to Public Health responders.	Locate a funding opportunity to purchase and train with Personal Protective Equipment.	Planning				
Resource requirements were identified, but not available.	Conduct training on requesting of resources.	Training				
Risk related Personal Protective Equipment for Public Health responders were not pre-identified in written plans.	Include pre-identification of basic levels of Personal Protective Equipment for various incidents.	Planning				
Some staff were not trained in correct usage of respirators.	Once Personal Protective Equipment is obtained, all staff should undergo respiratory function testing.	Training				

Table 6. Core Capabilities and Areas for Improvement

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Operation Decisive Medallion North—Galion City Health Department After Action Report/Improvement Plan

Appendix B: Exercise Participants

North Exercise, April 6, 2016	
Participating Agencies/Organizations	Participating Hospitals
Central Ohio Trauma System	Bucyrus Community Hospital
Columbus Public Health	Dublin Methodist Hospital
Crawford County General Health District	Galion Community Hospital
Delaware County Emergency Management Agency	Grady Memorial Hospital
Delaware General Health District	Hardin Memorial Hospital
Galion City Health Department	Knox Community Hospital
Franklin County Coroner's Office	Licking Memorial Hospital
Franklin County Emergency Management Agency	Marion General Hospital
Franklin County Public Health	Mary Rutan Hospital
Kenton-Hardin Health Department	Morrow County Hospital
Knox County Health Department	Mount Carmel New Albany
Licking County Health Department	Mount Carmel Saint Ann's
Logan County Health District	OSU East
Marion County Emergency Management Agency	OSU Wexner
Marion Public Health	Riverside Methodist Hospital
MedComm	Select Specialty Hospital
Morrow County Health Department	Wyandot Memorial Hospital
Wyandot County General Health District	
South Exercise, April 7, 2016	
Participating Agencies/Organizations	Participating Hospitals
Central Ohio Regional Public Health Coordinator	Berger Health System
Central Ohio Trauma System	Diley Ridge Medical Center
Columbus Public Health	Fairfield Medical Center
Fairfield County Emergency Management Agency	Fayette County Memorial Hospital
Fairfield County Emergency Medical Services	Grant Medical Center
Fairfield Department of Health	Memorial Health
Fayette County Health District	Madison Health
Franklin County Coroner's Office	Mount Carmel East
Franklin County Emergency Management Agency	Mount Carmel Grove City
Madison County-London City Health District	Mount Carmel West
MedComm	Nationwide Children's Hospital
Ohio Department of Health	OhioHealth Doctors Hospital
Pickaway County General Health District	
Union County Health Department	

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