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. Specific to this report, the exercise objectives align with ASPR’s National Guidance for Healthcare Preparedness and the Hospital Preparedness Program Measures. 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/INCIDENT/EVENT OVERVIEW**

<table>
<thead>
<tr>
<th>Exercise Name</th>
<th>2016 Regional Mass Fatality Functional Exercise</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exercise Dates</td>
<td>April 13, 2016</td>
</tr>
</tbody>
</table>

This exercise was a Functional Exercise (FEX) involving a Non-acute Mass Fatality Incident, planned for April 13, 2016, from 8:00 am – 12:00 pm at the Wood County Health District. Exercise play was limited to Wood County.

<table>
<thead>
<tr>
<th>Mission Area(s)</th>
<th>Response</th>
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</table>

This exercise concentrates on the PHEP Capability 5: Fatality Management. It also tested: Emergency operations Coordination, Information Sharing, and Responder Safety and Health.

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Refer to Table 1</th>
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<tr>
<th>Threat or Hazard</th>
<th>Non-acute Mass Fatality Incident with Medical Surge</th>
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The functional exercise scenario involves Wood County Hospital, healthcare partners, and Wood County Health District in Wood County receiving an increasing number of patients, many of which will become fatalities as a result of an infectious disease.

<table>
<thead>
<tr>
<th>Sponsor</th>
<th>Ohio Department of Health: FY 16 Public Health Emergency Preparedness Grant (PHEP)</th>
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<tr>
<th>Participating Organizations</th>
<th>Refer to Appendix B</th>
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</thead>
</table>

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<thead>
<tr>
<th>Point of Contact</th>
<th>William C. Bryant-Bey, Wood County Health District, Emergency Response Planner, Office: 419-352-8402 ext. 3267, E-mail: <a href="mailto:wbryantbey@co.wood.oh.us">wbryantbey@co.wood.oh.us</a></th>
</tr>
</thead>
</table>
Executive Summary

Two Mass Fatality Tabletop Exercises was conducted prior to the functional exercise on April 13, 2016. The first tabletop exercise was conducted on February 16, 2016, with the Wood County Health District’s (WCHD) staff. During the tabletop exercise, the staff identified the following: WCHD 3 Current Actions, WCHD 5 Most Important Resources, and the DOC Incident Management Team. The second Mass Fatality Tabletop Exercise was conducted for the Wood County Emergency Preparedness Committee (WC EPC) on March 17, 2016. During the WC EPC tabletop exercise, the WC EPC members identified personnel who would service in the ICS Incident Management Team roles when setting up a Central Mortuary Processing Center.
ALIGNMENT OF HEALTHCARE PREPAREDNESS CAPABILITIES

Aligning exercise objectives and healthcare preparedness 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.

<table>
<thead>
<tr>
<th>Objective</th>
<th>Public Health Preparedness Capability</th>
<th>Performed without Challenges (P)</th>
<th>Performed with Some Challenges (S)</th>
<th>Performed with Major Challenges (M)</th>
<th>Unable to be Performed (U)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capability #3</td>
<td>Emergency Operations Coordination</td>
<td></td>
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<td>S</td>
</tr>
<tr>
<td>Capability #4</td>
<td>Emergency Public Information and Warning</td>
<td>P</td>
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<td></td>
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<tr>
<td>Capability #5</td>
<td>Fatality Management</td>
<td>P</td>
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<tr>
<td>Capability #4</td>
<td>Information Sharing</td>
<td>P</td>
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<tr>
<td>Capability #13</td>
<td>Public health Surveillance and Epidemiological Investigation</td>
<td>P</td>
<td></td>
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<tr>
<td>Capability #14</td>
<td>Responder Safety and Health</td>
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</tbody>
</table>

**Ratings Definitions:**
- **Performed without Challenges (P):** The targets and critical tasks associated with the healthcare preparedness 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 healthcare preparedness 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 healthcare preparedness 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 healthcare preparedness capability were not performed in a manner that achieved the objective(s).

**Table 1. Summary of Healthcare Preparedness 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: Capability #3 – Emergency Operations Coordination**

**Definition:**
Emergency operations coordination is the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices with the National Incident Management System (NIMS).

**Critical Element:**
Function 2: Activate public health emergency operations. In response to an incident of public health significance, engage resources (e.g. human, technical, physical assets) to address the incident in accordance with the NIMS and consistent with jurisdictional standards and practices.
Task 3: Identify staff to serve in the required incident command and emergency management roles for multiple operational periods to ensure continuous staffing.

Did the Local Health Department identify staff that would serve in the Command, Command Staff and General Staff positions for multiple operational periods (over several days) during the incident?

**Critical Element:**
P3: Written plans should include a list of staff that has been selected in advance of an incident that could fill the incident management roles adequate to a given response, including public health responses and cross-agency responses. Health departments must be prepared to staff multiple emergency operations centers at the agency, local and state levels as necessary.

During exercise play, did the LHD follow their written plans to fill the Incident Management Team positions for Command, Command Staff, and General Staff?

**Critical Element:**
Function 3 Develop incident response strategies
Task 1: Produce or contribute to an IC or UC approved IAP prior to the second operational period.
P1: Written plans should include a template for producing Incident Action Plans. The following should be considered for inclusion in the IAP as indicated by the scale of the incident:
- Incident goals
- Operational period objectives
- Response strategies
- Response tactics
- Organization list with ICS chart showing primary roles and relationships
- Assignment lists with specific tasks

During exercise play, did the LHD follow their written plans and produce an Incident Action Plan (IAP) after the delivery of the appropriate MSEL?

**Critical Element:**
Function 4: Manage and sustain the public health response
Task 1: Coordinate public health and medical emergency management operations for public health response (e.g. phone calls, meetings, and conference calls)
Task 3: Maintain a situational awareness using information gathered from medical, public health, and other stakeholders

During exercise play, did the LHD coordinate public health operations response in order to maintain situational awareness?

Critical Element:
Priority 1: Written plans should include processes and protocols to ensure the continued performance of pre-identified essential functions during a public health incident and during an incident that renders the primary location where the functions are performed inoperable. This can be a stand-alone or annex but at a minimum the plan must include these elements:
• Definitions and identification of essential services needed to sustain agency mission and operations
• Plans to sustain essential services regardless of the nature of the incident
• Scalable workforce reduction
• Limited access to facilities (e.g. social distancing, and staffing or security concerns)
• Positions, skills, and personnel needed to continue essential services and functions

During exercise play, did the LHD have written plans to include and achieve the above criteria?

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

Strength 1: WCHD was able to identify staff to fill ICS roles
• HICS Incident Action Plan (IAP) Quick Start Form completed.
• Operational period discussed as 12-15 hour per day.
• Change in Command at 9:45 am during exercise. All staff levels maintained (positions).

Strength 2: WCHD was able to follow plans to fill the DOC Incident Management Team (IMT) roles.
• Followed Wood County health District’s ICS SOG as written
• Used all IMT functions as outlined in the plan, also used Job Action Sheets.
• Page #14 of WCHD SOG-Health took the lead for #10-Public Health Emergency
• Incident Commander relinquished command-followed Transfer of Command as identified on page # 16 of SOG. A face-to-face briefing and complete briefing was given per the SOG

Strength 3: The responsible Incident Command Position produces an Incident Action Plan after the delivery of the appropriate MSEL.
• At 10:58 am IAP developed by WCHD (Planning Section Chief, Operations Section Chief, Logistics Section Chief and Safety Officer.

• Followed WCHD ICS SOG Page #40

**Strength 4:** WCHD coordinated public health operations response in order to maintain situation awareness.

• 8:15 am Incident Commander had IMT contact partner agencies for Situational Awareness, Notification’s, Status Requests, etc.

• 8:35 am WCHD PIO contacting hospital for coordinated messaging

• Calls by WCHD to ODH, local hospitals, other Health Departments/Districts

**Strength 5:** WCHD had written plans to include and achieve the following:

• Definitions and identification of essential services needed to sustain agency mission and operations (Continuity of Operations Plan)

• Plans to sustain essential services regardless of the nature of the incident (Continuity of Operations Plan)

• Scalable workforce reduction (Emergency Operation Plan/Continuity of Operations Plan)

• Limited access to facilities (e.g. social distancing, and staffing or security concerns)(Non-Pharmaceutical Intervention Plan/Mass Fatality Plan)

• Positions, skills, and personnel needed to continue essential services and functions (Continuity of Operations Plan)

**Strength 6:** Finance/Administration Section Chief followed agency guidelines to account for staff time, equipment, and other items used during a public health response.

• Used IAP for Situational Reports

**Areas for Improvement**

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

**Area for Improvement 1:** Look at developing scheduled briefing times for DOC Staff (every hour, etc.)

**Area for Improvement 2:** Develop SitRep Form to be used/populated for all levels of disaster and/or emergency.

**Area for Improvement 3:** Use whiteboards, flipcharts, etc. to post significant information, phone numbers, etc. Assign a scribe to keep these boards up to date.

**Area for Improvement 4:** Additional landline/VOIP phones in DOC for Communications in additional to cell phones.

**Area for Improvement 5:** Create phone lists, email lists, etc. that can be shared amongst all IMT members (e.g. pre-established email groups)
Reference: PHEP Emergency Operations Coordination EEG.

Analysis: 100 % of the capability level was met. However, improvements can be made to improve WCHD ability to direct and support and event or incident.

Objective 2: Capability #4 – Emergency Information and Warning

Definition:
Emergency public information and warning is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders.

Critical Element:
FUNCTION 1: Activate the emergency public information system. Notify and assemble key public information personnel and potential spokespersons, which were identified prior to an incident, to provide information to the public during an incident.
TASK 1: Prior to an incident, identify Public Information Officer, support staff (depending on jurisdictional vulnerabilities and subject matter expertise), and potential spokesperson(s) to convey information to the public.

Did the Local Health Department prior to the incident scenario identify a Public Information Officer?

Critical Element:
FUNCTION 1: Activate the emergency public information system. Notify and assemble key public information personnel and potential spokespersons, which were identified prior to an incident, to provide information to the public during an incident.
TASK 5: At the time of an incident, assemble public information staff at the physical or virtual location, debrief on incident, and assign response duties.

During exercise play, did the Local Health Department assemble public information staff at a physical or virtual location, provide debriefing on the incident, and assign response duties?

Critical Element:
TASK 6: Assist local public health systems in implementing emergency communication abilities.

During exercise play, did the Local Health Department PIO assist local public health systems implementing emergency communication abilities?

Strengths
The full capability level can be attributed to the following strengths:
Strength 1: WCHD identified a Public Information Officer to provide information to the public during the mass fatality incident.

- Public Information Officer was identified as Jennifer Campos.
- Used HICS IAP QuickStart Form to ID the PIO.

Strength 2: Public information response duties were assigned to the WCHD’s PIO to provide information to the public.

- Provided briefing and contacted regional public information officers for situational awareness and consistent messaging.
- PIO worked on emails, media releases, informational messages, and social media posts.
- PIO briefed Incident Commander at 8:32 am with the press release.

Strength 3: The PIO was able to assist WCHD in implementing communication abilities.

- Communication with local hospitals and regional public health PIOs for consistent emergency communications.
- Press releases, social media were used.

Reference: PHEP Emergency Public Information and Warning Exercise EEG.

Analysis: 100 % of the capability level was met.

Objective 3: Capability #5 – Fatality Management

Definition:
Fatality Management is the ability to coordinate with other organizations to ensure a proper recovery, handling identification, transportation, tracking, storage, and disposal of human remains and personal effects; certify cause of death; and facilitate access to mental / behavioral health services to family members., responders, and survivors of an incident.

Critical Element:
FUNCTION 1: Determine role for public health in fatality management. P 3: Written plans should include processes and protocols specifying how the public health agency will coordinate and evaluate the roles of public health in:

- Interaction of Local Health Commissioner (LHC) with County Coroner
  - County Commissioners ask LHC for advice on how to set up: temporary morgue and burial sites during a mass fatality incident

- Epidemiology during a mass fatality management

Did the Local Health Department follow written plans that include the processes and protocols on how they will coordinate with the County Coroner?

Did the LHD follow written plans in coordination of temporary morgue and burial sites with County Commissioners during a mass fatality incident?
If plans were not written, was the LHD able to coordinate the temporary morgue and burial sites with the County Commissioners during a mass fatality incident?

**Critical Element:**
P 4: Written plans should include processes and protocols for jurisdictional all hazards fatality management including addressing public health roles in fatality management.

- After receiving direction from the Ohio Department of Health to coordinate:
  - The coordination of morgue locations, decontamination of remains, decedent storage, and assisting hospitals and healthcare facilities with the transportation and disposal of decedent bodies.
  - The coordination of family relations (e.g. notification, grief services and cultural sensitivities for burial practices)
  - The establishment of ante mortem data management

**During exercise play, did the LHD follow their written plans to coordinate morgue locations, assist hospitals/healthcare facilities with transportation and disposal of decedent bodies? Did the LHD written plans also include coordination of family relations? Did the LHD coordinate ante mortem data management?**

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

**Strength 1:** WCHD has a written plan that includes processes and protocols for all hazards fatality management including addressing public health roles in fatality management.

- The Mass Fatality Plan was available and describes coordination with Coroner/Elected Officials.

**Strength 2:** WCHD was able to coordinate the temporary morgue and burial sites according to our process/protocol.

- Temporary morgue, through the use of refrigerated trucks, was utilized and security provided.
- The Mass Fatality Plan addresses PPE and refers to how the WCHD will provide guidance regarding epi/disease protocol.

**Strength 3:** WCHD was able to coordinate morgue location assist hospital/healthcare facilities with transportation and disposal of descendent bodies/family relations/data management.

- The Mass Fatality Plan addresses transport, disposal, PPE, and family considerations.
- Family Assistance Centers (Physical and Virtual) are in the Mass Fatality Plan. A Virtual FAC was set up with an assist from American Red Cross.

**Reference:** PHEP Fatality Management EEG.

**Analysis:** 100 % of the capability level was met.
Objective 4: Capability #6 – Information Sharing

**Definition:**
Information sharing is the ability to conduct multi-jurisdictional, multidisciplinary exchange of health related information and situations awareness data among federal, state, local levels of government, and the private sector. This capability includes the routine sharing of information as well as issuing of public health alerts to federal, state, local levels of government and the private sector in preparation for and in response to, events or incidents of public health significance.

**Critical Element:**
FUNCTION 1: Identify stakeholders to be incorporated into information flow.
Task 1: During an incident identify intra-jurisdictional stakeholders across public health, public safety, private sector, law enforcement, and other disciplines to determine information sharing needs.
P1: Written plans should include processes to engage stakeholders that may include the following:
- Law enforcement
- Fire
- EMS
- Private healthcare organizations
- Individuals who have or may need a security clearance
- Funeral directors / coroners

Did the Local Health Department **have written plans** to engage stakeholders as listed above?
If there were no written plans, was the LHD able to identify key stakeholders to determine information sharing needs?

**Critical Element:**
FUNCTION 2: Identify and develop rules and data elements for sharing.
P3: Written plans should include communications processes and protocols to communicate with identified stakeholders (e.g. intra-jurisdictional public health, medical mental health, and law enforcement)
FUNCTION 3: Exchange information to determine a common operating picture
TASK 1: During an incident, collaborate with and participate in jurisdictional health information exchange (e.g. health alert system)

During exercise play, did the LHD **identify data elements for sharing and collaborate and participate in a jurisdictional health information exchange**?

**Critical Element:**
P1: Written plans should include a protocol for the development of public health alert messages that include the following elements:
- Time sensitivity of the information
- Relevance to public health
• Target audience
• Security level
• The need for action may include
  o Awareness
  o Request a response back
  o Request that specific actions be taken

During exercise play, did the LHD have written plans that include protocols for development of public health alert messages that include the above elements?

If the LHD did not have written plans, were they able to develop public health alert messages that included the above criteria?

**Critical Element:**
P 8: Written plans should include a public health alerting message template that includes the following elements:
- Subject title
- Description
- Background
- Request or recommendations (action required)
- Who to contact
- Where to go for more information
- Distribution method

During exercise play, did the LHD have written plans that include templates of the above elements for health alert messages?

If there were no written plans, was the LHD able to develop an alerting message developed using the above elements?

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

**Strength 1:** WCHD has written plans to engage stakeholders.
- Emergency Operation Plan, Public Information and Communication Plan, and Communications Matrix

**Strength 2:** WCHD was able to identify data elements for sharing.
- Used Ohio Disease Reporting System
- Communicated with Wood County EMA/EOC, hospital, and regional health departments.

**Strength 3:** WCHD collaborate public health information with Wood County Hospital and other NW Ohio local health departments.

**Strength 4:** WCHD has a protocol for public health alert messages.
• Public Information and Communication Plan

**Strength 5:** WCHD have templates for health alert messages.

• Health Alert Network Assistant Forms found in Public Information and Communications Plan.

**Reference:** PHEP Information Sharing EEG.

**Analysis:** 100% of the capability level was met.

### Objective 5: Capability #13 – PH Surveillance and EPI Investigation

**Definition:**
Public health surveillance and epidemiological investigation is the ability to create, maintain, support, and strengthen routine surveillance and detection systems and epidemiological investigation processes, as well as to expand these systems and processes in response to incidents of public health significance.

**Critical Element:**

**Function 1: Conduct public health surveillance and investigation**

**Task 1:** Engage and retain stakeholders, which are defined by the jurisdiction, who can provide health data to support routine surveillance, including daily activities outside of an incident, and to support response to an identified public health threat or incident.

**Task 2:** Conduct routine and incident-specific morbidity and mortality surveillance as indicated by the situation (e.g., complications of chronic disease, injury, or pregnancy) using inputs such as reportable disease surveillance, vital statistics, syndromic surveillance, hospital discharge abstracts, population-based surveys, disease registries, and active case finding.

Did public health surveillance and investigation take place to include routine surveillance of daily activities, morbidity and mortality, and reportable disease sources (hospital discharge data, EpiCenter, etc.)?

**Critical Element:**

**Function 2: Conduct public health and epidemiological investigations**

**Task 1:** Conduct investigations of disease, injury or exposure in response to natural or man-made threats or incidents and ensure coordination of investigation with jurisdictional partner agencies. Partners include law enforcement, environmental health practitioners, public health nurses, maternal and child health, and other regulatory agencies if illegal activity is suspected.

**Task 2:** Provide epidemiological and environmental public health consultation, technical assistance, and information to local health departments regarding disease, injury, or exposure and methods of surveillance, investigation, and response.

Did an epidemiological investigation take place to include response to a public health incident, provide information to local partners, and report any/all results to the public?

**Critical Element:**
Function 3: Recommend, monitor, and analyze mitigation actions
Task 1: Determine public health mitigation, including clinical and epidemiological management and actions to be recommended for the mitigation of the threat or incident based upon data collected in the investigation and on applicable science-based standards outlined by Morbidity and Mortality Weekly Report, control of Communicable Diseases Manual, Red Book of Infectious Diseases or, as available, a state or CDC incident annex.
Task 3: Monitor and analyze mitigation actions throughout the duration of the public health threat or incident.

Were recommendations made and presented to the public and agency partners to mitigate and continue monitoring the situation?

**Critical Element:**
Function 4: Improve public health surveillance and epidemiological investigation systems
Task 1: Identify issues and outcomes during and after the incident

Were issues identified during the exercise that could be used later by the agency to improve the overall epidemiological investigation?

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

**Strength 1:** WCHD was able to perform health surveillance and investigation that was routine and incident specific.

- Surveillance sites monitored as well as phone calls to follow up and obtain status updates with a local hospital and community partners throughout the exercise.

**Strength 2:** WCHD epidemiological investigation included a response to the public health incident and provided information to local partners.

- EPI staff worked closely with PIO; messages were coordinated to provide current and relevant information.
- Messaging was done via press release social media which included current even information and prevention messages for partners and public.

**Strength 3:** WCHD made and presented/monitored recommendations to the public and agency partners to mitigate the situation.

- Social media, press releases and press conference talking points were done to give education, updates, dispel rumors and provide prevention messaging.

**Strength 4:** WCHD identified issues during the exercise that could be used later by the agency to improve the investigation process later.

- Several times experienced a lack of response and/or play from a local hospital.

**Reference:** PHEP Public Health Surveillance and Epidemiological Investigation EEG.
After-Action Report/Improvement Plan (AAR/IP)

Analysis: 100% of the capability level was met.

**Objective 6: Capability #14 – Responder Safety and Health**

**Definition:**
The responder safety and health capability describes the ability to protect public health agency staff responding to an incident and the ability to support the health and safety needs of hospital and medical facility personnel, if requested.

**Critical Element:**
FUNCTION 1: Identify responder safety and health risks
P1: Written plans should include documentation of the safety and health risk scenarios likely to be faced by public health responders, based on pre-identified jurisdictional incident risks, which are developed in consultation with partner agencies.

Were plans available to address safety and health risks likely to be faced by public health responders in this scenario?

**Critical Element:**
Function 2: Identify safety and personal protective needs
P1: Written plans should include recommendations for risk-related personal protective equipment for public health responders that have been developed in conjunction with partner agencies.

Did plans/protocol address recommendations for personal protective equipment for public health responders in this scenario?

**Critical Element:**
Function 3: Coordinate with partners to facilitate risk-specific safety and health training.
S1: Public health staff required to use N-95 or other respirators as part of their response role should undergo respiratory function testing.

Public health staff required to use N-95 or other respirators as part of their response role underwent fit testing?

**Critical Element:**
Function 4: Monitor responder safety and health actions
P1: Written plans should include process and protocols for how the public health agency, in conjunction with lead partners (e.g., occupational health and safety) will participate in surveillance activities to monitor levels of environmental exposure, environmental effects on the responders, and/or incident-related injuries.
P3: Written plans should include a process and protocols for how the public health agency (in conjunction with lead healthcare and mental/behavioral health partners) can promote the availability of medical and mental/behavioral health services.

Did Public Health have a process or protocol in place to monitor their responders for any exposure and/or incident-related injuries? (eg. reporting system for incidents)

Did Public Health have a process or protocol in place to promote the availability of medical and mental/behavioral health services?

**Strengths**

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

**Strength 1:** WCHD was able to identify responder safety and health risks.

- The written Public Health Responder Health and Safety plan was available and used during the event.
- The Safety Officer sent the plan to Incident Commander, who forwarded to Health Partners to address safety and health issues in the scenario.

**Strength 2:** WCHD was able to identify safety and personal protective equipment (PPE) needs.

- In written plan; WCHD provides coordination of technical support and purchases PPE.
- Safety Officer worked with Logistics Section Chief during the scenario to make sure N95, glove, gowns, goggles, and face masks were available.
- Operations Sections Chief (Epidemiologist) checked on available PPE inventory from local law/fire/EMS and more PPE ordered by WCHD during the event, based on the response received from these partners.

**Strength 3:** All WCHD employees received annual fit-testing on N95 masks. N95 masks were recommended for public health response and that message was relayed to staff.

**Strength 4:** WCHD has a plan in place to monitor their responders for any exposure.

- Written plans do address the process for monitoring responders, which is self-reporting. No actual reporting systems are in place to monitor responders.

**Strength 5:** WCHD has a protocol in place to promote the availability of medical and mental/behavioral health services.

- The written plan addresses the medical process in regards to First Aid. Mental/behavioral health address in deployment Exit Screening form.

**Areas for Improvement**

The following areas require improvement to achieve the full capability level:
Area for Improvement 1: The Public Health Responder Health and Safety Plan does not address mental/behavior health services.

Reference: PHEP Responder Safety and Health EEG.

Analysis: The capability level was met. However, improvements can be made to the plan.

**CONCLUSION**

The Wood County Health District and local partners, with the assistance from regional/state partners, were able to support the jurisdiction with an effective and efficient response. This exercise provided a unique opportunity to integrate the county’s’ Crooner and Funeral Directors in preparedness activity. Participants were able to self-identify resource gaps and opportunities to share assets to meet the target capabilities. By bringing in a more diverse representation of local partners, new partnerships were developed to address Mass Fatality needs within Wood County. Additions and updates to the Mass Fatality Plan and resource management processes will be incorporated into FY 2017 PHEP Budget Period.

Participants in the exercise felt that it was a good learning opportunity and stated a greater support of the public health emergency preparedness program as a result. Participants have expressed a desire to be included more aggressively and more often in Incident Command System/Incident Action Plan planning, training, and exercises.
**APPENDIX A: IMPROVEMENT PLAN**

This IP has been developed specifically for Wood County Health District as a result of the 2016 Regional Mass Fatality Functional Exercise conducted on April 13, 2016.

<table>
<thead>
<tr>
<th>PHEP Capability</th>
<th>Issue/Area for Improvement</th>
<th>Corrective Action</th>
<th>Capability Element¹</th>
<th>Primary Responsible Organization</th>
<th>Organization POC</th>
<th>Start Date</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PHEP Capability 1: Departmental Operation Center (DOC)</strong></td>
<td>1. <strong>Departmental Operation Center (DOC)</strong></td>
<td>Add Schedule Debriefing Time within the Functional/Full-Scale Exercises MELS for the Incident Management Team</td>
<td>Function 2</td>
<td>Emergency Response Planner</td>
<td>WCHD</td>
<td>July 2016</td>
<td>April 2017</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Develop SitRep Form for all levels of disaster and/or emergency.</td>
<td>Function 3 Task 3</td>
<td>Emergency Response Planner</td>
<td>WCHD</td>
<td>July 2016</td>
<td>April 2017</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Assign Scribe to post significant information on a whiteboard.</td>
<td>Function 2</td>
<td>Emergency Response Planner</td>
<td>WCHD</td>
<td>July 2016</td>
<td>April 2017</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Additional landline/VOIP phones in DOC for communications in addition to cell phones. (The cost of adding an</td>
<td>Function 2</td>
<td>Health Commissioner/Board of Health/IT</td>
<td>WCHD</td>
<td>July 2016</td>
<td>June 2017</td>
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</table>

¹ Capability Elements are: Planning, Organization, Equipment, Training, or Exercise.
<table>
<thead>
<tr>
<th>Function</th>
<th>Task</th>
<th>Responsible</th>
<th>Due Date</th>
<th>Timeframe</th>
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<td>Function 4</td>
<td>Task 1</td>
<td>Emergency Response Planner</td>
<td>WCHD</td>
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<td>Function 4</td>
<td>P:3</td>
<td>Emergency Response Planner</td>
<td>WCHD</td>
<td>November 2016</td>
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</table>

Create an Email Group of essential local partners (e.g. Local Emergency Preparedness Coalition) additional phone line will determine if this improvement will get done).

2: Responder Safety and Health

1. Ensure Responder Health and Safety Plan includes the availability of medical/mental/behavior health services.

Review and Update Responder Health and Safety Plan

[Continue adding capabilities and related information as relevant.]
## Appendix B: Exercise Participants

<table>
<thead>
<tr>
<th>Participating Organizations</th>
</tr>
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<tbody>
<tr>
<td>Local/Regional/State Agencies</td>
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<tr>
<td>Lucas County Emergency Management Agency</td>
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<tr>
<td>Ohio Department of Health</td>
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<tr>
<td>Lucas County Coroner</td>
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<tr>
<td>Hospital Council of NW Ohio</td>
</tr>
<tr>
<td>Toledo-Lucas County Health Department</td>
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<tr>
<td>Wood County Health District Participants</td>
</tr>
<tr>
<td>Lana Glore</td>
</tr>
<tr>
<td>Amy Jones</td>
</tr>
<tr>
<td>Connor Rittwage</td>
</tr>
<tr>
<td>Darlene Beggs</td>
</tr>
<tr>
<td>Ben Batey</td>
</tr>
<tr>
<td>Jennifer Campos</td>
</tr>
<tr>
<td>Thomas Rutter</td>
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<td>Mike Ollom</td>
</tr>
<tr>
<td>Kathy Teeple</td>
</tr>
<tr>
<td>Kelly Bechstein</td>
</tr>
<tr>
<td>Tracy Henderly</td>
</tr>
<tr>
<td>Deb Hostottle</td>
</tr>
<tr>
<td>Diane Krill</td>
</tr>
<tr>
<td>Yvette Marie Llanas</td>
</tr>
<tr>
<td>William C. Bryant-Bey</td>
</tr>
<tr>
<td>Wood County Agencies</td>
</tr>
<tr>
<td>Matt Keefe, Bowling Green State University</td>
</tr>
<tr>
<td>Brad Gilbert, Emergency Management Agency</td>
</tr>
<tr>
<td>Wood County Hospital</td>
</tr>
<tr>
<td>Participating Public Health Departments</td>
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<tr>
<td>Allen</td>
</tr>
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<td>Auglaize</td>
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<td>Defiance</td>
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<td>Henry</td>
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<td>Huron</td>
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<tr>
<td>County</td>
</tr>
<tr>
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<td>Ottawa</td>
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<td>Paulding</td>
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<td>Sandusky</td>
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<tr>
<td>Seneca</td>
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<tr>
<td>Van Wert</td>
</tr>
<tr>
<td>Williams</td>
</tr>
<tr>
<td>Wood</td>
</tr>
</tbody>
</table>

Appendix D: Exercise Events Summary

PROTECTIVE MARKING, AS APPROPRIATE

Homeland Security Exercise and Evaluation Program (HSEEP)
APPENDIX C: PARTICIPANT FEEDBACK SUMMARY

CONTROLLER with assistance from Evaluators

**Mass fatality plan assessment**

1. List at least three (3) strengths identified concerning your mass fatality plan and/or processes that your Health Department tested and evaluated during the functional exercise.

   1. The Incident Management Team (IMT) worked well with local/regional partners to draft and disseminate public information messaging.
   2. The staff was efficient in entering data in the Ohio Disease Reporting System, as well as, providing disease surveillance and reporting.
   3. The Incident Management Team worked well with local EMA, local hospital, coroner, and funeral directors to identify temporary morgue site. Also, the IMT worked well with ARC in setting up a Virtual Family Assistance Center.

2. List at least three (3) recommended improvements to the mass fatality plans and/or processes that your Health Department identified during the functional exercise (indicate if these were also found in the Table Top Exercise).

   1. Need to create a list of supplies (i.e. vitals paper, printing paper, etc.) that are presently available in the health department.
   2. Need MOUs with public and private agencies in order to obtain the necessary resources to respond effectively to a Mass Fatality incident.
   3. Need to identify multiple sites with MOUs for Central Mortuary Processing Center.
   4. The Health Alert Network Contact list need to be updated.

3. Prioritize and list the top three (3) roles that your Health Department provided/coordinated with the mass fatality plan/coronor during the non-acute mass fatality scenario. Did these change from your coalition/stakeholder meetings/TTX on Mass Fatality? (No)

   1. Communicate with partner agencies / departments, as well as, provide public information and accurate information.
   2. Assess capacity to handle individuals.
   3. Continue to monitor severe cases and potential fatalities.

4. List any recommended improvements to the NWO-HEMC (Regional) coordination of the incident that your Health Department identified during the functional exercise.

   None

5. List the top three (3) essential services your Health Department decided to maintain during the scenario for this exercise. Did these change from the Table Top Exercise (No)? Have these changed from last year's exercise? (No)

   1. Communicable Disease Tracking/Investigation
   2. Vital Statistic
3. Environmental Health Services

6.

A) Does your mass fatality plan ensure cultural sensitivity to the disposition of human remains? (Yes)
B) Does this plan/process specifically address who will be the lead and support agencies to assist with the immediate and temporary storage of human remains? (Yes)
C) Did your Health Department coordinate with stakeholders to open a Family Assistance Center? (Yes)
D) Did your Health Department coordinate with stakeholders to open a Central Processing Mortuary Center? (Yes)
D) Did your Health Department coordinate ante mortem data management? (Yes)
E) Did your Health Department assist in coordinating morgue locations? (Yes)
G) Did your Health Department assist in coordinating transportation and relocation of decedent bodies? (Yes)
H) Did your Health Department assign a PIO with response duties? (Yes)
I) Did your Health Department conduct a press conference on the current issues? (Yes)

7. Did your Health Department identify any critical resource shortages as a result of trying to maintain essential services during this time period? (Yes) If yes, please list the top five critical resource shortages below.
   a. PPE (N95 Respirator, Nitrile Exam Gloves, Goggles, Disposable Facemask, and Disposable Apron)
   b. Medical supplies (Hand Sanitizer and First Aid Kit)
   c. Body bags
   d. Office supplies (printing paper)
   e. ________________________________

What barriers prevented your jurisdiction from receiving these resources?
- Resources were available at the health department/County for a 72-hour operational period. The majority of the resources would be depleted by the 3rd day without assistance from the State. Vendors may have difficulty filling the LHD orders depending on the length and the spread nationally of the MFI.

8. Did your county coalition meet prior to the exercise to have the mass fatality Table Top Exercise? (Yes)

9. Is your county coroner actively engaged in your county mass fatality planning? (Yes)
General preparedness / training assessment

1. Prioritize the CDC PHEP Capabilities (PHEP) that your Health Department plans to focus on during the next grant year. (Prioritize 1 – 14)

   - Community Preparedness 5
   - Community Recovery 3
   - Emergency Operations Coordination 4
   - Emergency Public Information and Warning 9
   - Fatality Management 14
   - Information Sharing 10
   - Mass Care 7
   - Medical Countermeasure Dispensing 1
   - Medical Materiel Management and Distribution 2
   - Medical Surge 8
   - Non-Pharmaceutical Interventions 13
   - Public Health Surveillance and Epidemiological Investigation 12
   - Responder Safety and Health 11
   - Volunteer Management 6

Prioritize and list the top three (3) areas of training / assistance that your staff will require in the next grant year.

1. ICS Training
2. Planning P Training
3. Incident Management Team Position Specific Training

Any other Significant Findings that this functional exercise brought out?

No

PARTICIPANTS FEEDBACK

<table>
<thead>
<tr>
<th>Assessment Factor</th>
<th>Rating of Satisfaction with Exercise</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. The exercise was well structured and organized.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>b. The exercise scenario tested the objectives.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>c. The Message Injects delivered by the controller helped the participants understand and become engaged in the scenario.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>d. The controller was knowledgeable about the material, kept the exercise on target, and was sensitive to group dynamics.</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>
### Rating of Satisfaction with Exercise

<table>
<thead>
<tr>
<th>Assessment Factor</th>
<th>Strongly Disagree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>e. At this point I feel that the functional exercise design assisted me in preparing for a disaster that results in scarce resources such as a non-acute mass fatality scenario.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>f. Participation in the exercise demonstrated areas that need improvement within my area of responsibility at the Health Department.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>g. The participants included the right people in terms of level and mix of disciplines.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX D: OPHCS MESSAGE REPORT

William Bryant-Bey,

From: Ohio Health Alert Network

Re: THIS IS A DRILL - NW OHIO DRILL DAY

Message: "This is an EXERCISE."

THIS IS AN EXERCISE

Update to Coroner contact phone number for Exercise Communications Plan. The number is 419-779-4287. Use this number to contact the Coroner Sim Cell.

Thank you,

Kathy and Patrick

THIS IS AN EXERCISE

You are receiving this message because you are a registered member of the Ohio Health Alert Network. If you are not a member and would like to subscribe, please register at https://ophcs.odh.ohio.gov

You may respond by doing one of the following:
Select a single response below by clicking on the desired Response text.

Call +18669983678 and use Notification ID 2548172139

Reply to this email with the corresponding number to your response on the top line within the body of the email, e.g., 1 for indicating that you wish to use response option 1.

Option#  Response:

1. Message Received.

Agency ID: Unknown

Alert Title: THIS IS A DRILL - NW OHIO DRILL DAY

Agency Name: Unknown

Agency Abbreviation: Unknown

Alert Program: Unknown

Alert Identifier: 041316

Send Time: 2016/04/13 12:48 UTC

Severity: Severe
Appendix D: Exercise Events Summary

[PROTECTIVE MARKING, AS APPROPRIATE]

Homeland Security Exercise and Evaluation Program (HSEEP)
# INCIDENT RADIO COMMUNICATIONS PLAN (ICS 205)

## 1. Incident Name:
- **20ite NW Healthca**
- **Public Health Regional Functional**

## 2. Date/Time Prepared:
- **Date:** 4/13/2016
- **Time:** 11:00 AM

## 3. Operational Period:
- **Date From:**
- **Date To:**
- **Time From:**
- **Time To:**

## 4. Basic Radio Channel Use:

<table>
<thead>
<tr>
<th>Zone Grp.</th>
<th>Ch #</th>
<th>Function</th>
<th>Channel Name/Trunked Radio System Talkgroup</th>
<th>Assignment</th>
<th>RX Freq N or W</th>
<th>RX Tone/NAC</th>
<th>TX Freq N or W</th>
<th>TX Tone/NAC</th>
<th>Mode (A, D, or M)</th>
<th>Remarks</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Greg Moore</td>
<td>Public Health Personnel</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Cell</td>
<td>419.392.1475 <a href="mailto:Moore@cc.uwosh.chhs">Moore@cc.uwosh.chhs</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Kathy Silvestri</td>
<td>Hospital Health Care Personnel</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Office Phone</td>
<td>419.842.0800  Ks害<a href="mailto:estn@hcno.org">estn@hcno.org</a></td>
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<tr>
<td></td>
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<td>Patrick Treccio</td>
<td>Hospital Health Care Personnel</td>
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<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Brad Gilbert</td>
<td>EMA/EMPA</td>
<td>Freq N or W</td>
<td></td>
<td></td>
<td></td>
<td>Cell</td>
<td>419.354.9269 <a href="mailto:bgilbert@cc.uwosh.chhs">bgilbert@cc.uwosh.chhs</a></td>
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<tr>
<td></td>
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<td>WC Police Dept</td>
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<td>Cell</td>
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<td>American Red Cross</td>
<td>Community Protection</td>
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</tr>
</tbody>
</table>
After-Action Report/
Improvement Plan (AAR/IP)

[Exercise Name]
[Exercise Name Continued]

Appendix D: Exercise Events Summary

[PROTECTIVE MARKING, AS APPROPRIATE]

Homeland Security Exercise and Evaluation Program (HSEEP)