



2017 Regional Functional/Full-Scale Exercise

After-Action Report/Improvement Plan

April 12, 2017

Date AAR/IP submitted: June 12, 2017

Wood County Health District

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.

TABLE OF CONTENTS

Exercise/Incident/Event Overview	5
Executive Summary	6
Analysis of Healthcare Preparedness Capabilities.....	7
Objective 1: Capability #3 – Emergency Operations Coordination	8
Strengths	9
Areas for Improvement	11
Objective 2: Capability #8 – Medical Countermeasure Dispensing.....	11
Strengths	13
Areas for Improvement	14
Objective 3: Capability #9 - Medical Materiel Management & Distribution.....	14
Strengths	15
Areas for Improvement	16
Objective 4: Capability #11 – Non-Pharmaceutical Interventions	17
Strengths	17
Objective 5: Capability # 13 – Public Health Surveillance and Epidemiological Investigation	18
Strengths	19
Conclusion	21
Appendix A: Improvement Plan	A
Appendix B: Exercise Participants	B
Appendix C: Acronyms	C
Appendix D: Participant Feedback Summary.....	D
Appendix E: Exercise Events Summary	E
Appendix F: OPHCS Message Report.....	F
Appendix G: ICS FORM 205	G

EXERCISE/INCIDENT/EVENT OVERVIEW

Exercise Name	2017 Regional Functional/Full-Scale Exercise
Exercise Dates	April 12, 2017
Scope	This exercise was a Functional Exercise (FEX) and Full-Scale Exercise (FSEX), planned for April 12, 2017, from 8:45 am – 1:30 pm at the Wood County Health District. Exercise play is limited to Wood County.
Mission Area(s)	Prevention, Protection, and Response
Public Health Preparedness Capabilities	This exercise concentrates on the PHEP Capability 8 – Medical Countermeasure Dispensing and Capability 9 – Medical Materiel Management & Distribution. It also tested: Emergency Operations Coordination, Public Health Surveillance & Epidemiologic Investigation, and Non-Pharmaceutical Interventions.
Objectives	Refer to Table 1
Threat or Hazard	Pandemic Influenza A (H7N9) Outbreak
Scenario	The functional/full-scale exercise scenario involves Wood County receiving an increasing number of residents with H7N9. The Wood County Health District activated their PODs to dispense Tamiflu and Relenza to the target population.
Sponsor	Ohio Department of Health: FY 17 Public Health Emergency Preparedness Grant (PHEP)
Participating Organizations	Refer to Appendix B.
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EXECUTIVE SUMMARY

The Regional Functional/Full-Scale Exercise was the result of month's long preparation to prepare the Wood County Health District (WCHD) in emergency preparedness. The primary purpose of the exercise was to test emergency response plans, procedures and processes as well as the overall capability of public health response personnel. The primary objective of the exercise was to identify, prepare, and respond to a Medical Countermeasure Event. The exercise required the activation of the Medical Countermeasure Dispensing and Distribution (MCDD) plan.

The following Core Capabilities selected from the CDC Public Health Preparedness Capabilities list provided the foundation for the development of the exercise objectives and scenario:

- Capability #3 – Emergency Operation Coordination
- Capability #8 - Medical Countermeasure Dispensing
- Capability #9 – Medical Materiel & Distribution
- Capability #11 – Non-Pharmaceutical Interventions
- Capability #13 – Public Health Surveillance & Epidemiologic Investigation

Two Tabletop Exercises were conducted before the functional/full-scale exercise. The first tabletop exercise was conducted on February 3, 2017, with the WCHD staff. The second tabletop exercise was conducted on March 16, 2017, for the Wood County Emergency Preparedness Committee (WC EPC). The primary purpose of the tabletop exercises was to identify strengths and gaps in our Ebola and Other Special Pathogens Concept of Operation Plan (aka. Ebola Response Plan) as well as the MCDD plan.

Ebola Response Plan Strengths

1. The plan identified two transportation providers in Wood County.
2. Plan thorough – covers all aspect of the response to Ebola Virus Disease.
3. Personal protective equipment on hand to distribute to transportation providers.

Ebola Response Plan Gaps

1. The phone numbers for some resources are not included in the plan.

MCDD Plan Strengths

1. Thorough and well laid out.
2. Primary and backup POD locations have been identified with Memorandum of Understanding (MOU).
3. County Drop Site and Closed POD site have been identified with MOU.

MCDD Plan Gaps

1. Include Open POD, Closed POD, and County Drop Site contact information in plan and/or Health Alert Network List.

The purpose of this report is to analyze exercise results, highlight strengths to be maintained and built upon, identify areas of improvement, and support development of corrective actions or improvement plans.

ANALYSIS 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.

Objective	Public Health Preparedness Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
Capability #3	Emergency Operations Coordination	P			
Capability #8	Medical Countermeasure Dispensing		S		
Capability #9	Medical Materiel & Distribution		S		
Capability #11	Non-Pharmaceutical Interventions	P			
Capability #13	Public Health Surveillance & Epidemiologic Investigation,	P			

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.

Evaluate 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?

Was the LHD able to ensure continuous staffing 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 produce an Incident Action Plan (IAP) after the delivery of the appropriate MSEL?

Critical Element:

FUNCTION 4: Manage and sustain the public health response

Evaluate Task 1: Coordinate public health and medical emergency management operations for public health response (e.g. phone calls, meetings, and conference calls)

Evaluate 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:

P1: 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)
- Broad based implementation of social distancing policies if indicated
- Positions, skills, and personnel needed to continue essential services and functions

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

If the LHD did not have written plans, were they able to achieve the above criteria?

Critical Element:

P2: Written plans should include standard operating procedures for managing a response. The following should be evaluated:

- Process for accounting for staff time. Equipment, and other items used during the public health response
- Procedures / templates for situational reports

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

If the LHD did not have written plans, were they able to 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 for one operational period. Staffing for multiple operational periods was not needed due to the scenario. If a second operation period was needed, the DOC Order of Succession is listed in the Emergency Operation Plan.

- Continuous staffing within the Command, Command Staff and General Staff positions were maintained during the duration of the incident.

- The Incident Commander (Health Commissioner) transfer command to the Operation Sections Chief (Director of Health Promotion and Preparedness) at 0946 while he attended the ODH conference call.
- The Incident Command was transferred back to the Health Commissioner upon his returned to the Departmental Operation Center (DOC).

Strength 2: WCHD filled the Incident Management Team (IMT) positions as listed in the Emergency Operation Plan (EOP) and Continuity of Operation Plan (COOP).

- Job Action Sheets were available for the IMT is needed.

Strength 3: An Incident Action Plan (IAP) was produced before the initial operation period. A second IAP was not needed after the delivery of the appropriate MSEL. Only one operational period was addressed in the scenario.

- The IAP was emailed to the IMT a couple of days before the operation period.
- The IAP consisted of the following documents: IAP QuickStart, HICS-205 Communication List, HICS 206-Staff Medical Plan, and HICS 215A Safety Analysis.
- The IAP was reviewed with the DOC staff at 0855 on April 12, 2017.

Strength 4: WCHD coordinated response to maintain situation awareness during the duration of the operational period.

- The HICS 213-General Message Form was used to record incoming messages that can't be orally transmitted to the indented recipients.
- The Operation Section Chief (OSC) texted the Medical Director at 0928 to inform him of the suspected Class A patient who arrived at the Wood County Hospital (WCH).
- The Public Information Officer (PIO) emailed the NOW PIO group at 0930 that there was a patient in WCH that had Crimean-Congo Hemorrhagic Fever (CCHF) or Novel Flu Virus (H7N9).
- The Liaison Officer notified the Wood County Emergency Preparedness Committee of the suspected Class A patient.
- The Liaison Officer notified the WCH at 0936 that the lab confirmed the patient had CCHF and H7N9.
- The Epidemiologist talked with ODH at 0953 the signs and symptoms so it can be shared with the emergency departments.
- The WCHD's PIO talked with the WCH's PIO at 0953 to coordination the public messaging.

Strength 5: The WCHD's COOP and Non-Pharmaceutical Interventions (NPI) Plan address the following criteria:

- Definitions and identification of essential services needed to sustain agency missions and operations (COOP).

- Plans to sustain essential services regardless of the nature of the incident (COOP).
- Scalable workforce reduction (COOP).
- Limited access to facilities (e.g. social distancing, and staffing or security concerns) (NPI Plan)
- Positions, skills, and personnel needed to continue essential services and functions (COOP).

Strength 6: The Finance/Administration Chief followed agency guidelines to account for staff time and other items used during the operational period.

Areas for Improvement

Area for Improvement 1: Use a whiteboard to post significant information.

Area for Improvement 2: Ensure redundant communication system tested and worked properly before reporting to the DOC.

Reference: PHEP Capability #3 – Emergency Operations Coordination EEG.

Analysis: 100% of the capability was met. However, improvements can be made to improve WCHD ability to prepare and respond to a public health emergency.

Objective 2: Capability #8 – Medical Countermeasure Dispensing

Definition:

Medical countermeasure dispensing is the ability to provide medical countermeasures (including vaccines, antiviral drugs, antibiotics, antitoxin, etc.) in support of treatment or prophylaxis (oral or vaccination) to the identified population in accordance with public health guidelines and/or recommendations.

Critical Element:

FUNCTION 1: Identify and initiate medical countermeasure dispensing strategies

Coordinate logistical operations and medical materiel requests when an incident exceeds the capacity of the jurisdiction's normal supply chain, including the support and activation of staging operations to receive and/or transport additional medical materiel. This should be accomplished at the request of the incident commander and in coordination with jurisdictional emergency management.

P1: (Priority) Written plans should include standard operating procedures that provide guidance to identify the medical countermeasures required for the incident or potential incident.

Consideration should be given to the following elements: – Number and location of people affected by the incident, including a process to collect and analyze medical and social demographic information of the jurisdiction's population to plan for the types of medications, durable medical equipment, or consumable medical supplies that may need to be provided during an incident, including supplies needed for the functional needs of at-risk individuals. – Agent or cause of the incident (For additional or supporting detail, see Capability 12: Public Health Laboratory Testing) – Severity of the incident – Potential medical countermeasures (For additional or supporting detail, see Capability 13: Public Health Surveillance and

Epidemiological Investigation) – Time line for establishing medical countermeasure dispensing operations – Personnel and staffing mix

Did the Local Health Department have standard operating procedures in place to distribute the medical countermeasures?

Critical Element:

Function 2: Receive medical countermeasures

Identify dispensing sites and/or intermediary distribution sites and prepare these modalities to receive medical countermeasures in a time frame applicable to the agent or exposure.

P1: (Priority) Written plans should include protocols to request additional medical countermeasures, including memoranda of understanding or other letters of agreement with state/local partners.

During exercise play, was the Local Health Department able to receive medical countermeasures from their SNS request?

Critical Element:

FUNCTION 3: Activate dispensing modalities

Ensure resources (e.g., human, technical, and space) are activated to initiate dispensing modalities that support a response requiring the use of medical countermeasures for prophylaxis and/or treatment.

P2: (Priority) Written plans should include processes and protocols to govern the activation of dispensing modalities.

During exercise play, was the Local Health Department able activate an open and/or a closed point of dispensing site (POD)?

Critical Element:

FUNCTION 4: Dispense medical countermeasures to identified population

Provide medical countermeasures to individuals in the target population, in accordance with public health guidelines and/or recommendations for the suspected or identified agent or exposure.

P1: (Priority) Written plans should include processes and protocols to govern the dispensing of medical countermeasures to the target population.

During exercise play, did the Local Health Department have processes/protocols in place to govern the dispensing of the medical countermeasures to the target population?

Critical Element:

FUNCTION 5: Report Adverse Events

Report adverse event notifications (e.g., negative medical countermeasure side effects) received from an individual, healthcare provider, or other source.

P1: (Priority) Written plans should include processes and protocols to govern reporting of adverse events. The following items should be considered in the plans: – Guidance and communications messages/campaign that articulates the importance of adverse reporting regardless of suspected cause – Process to ensure individuals receive the information sheet about

potential adverse events of the medical countermeasure dispensed and how to report adverse events – Triage protocols when receiving notifications of adverse events – Protocols when receiving notifications of adverse events. – Utilize existing federal and jurisdictional adverse event reporting system, processes and protocols

During exercise play, did the Local Health Department have any processes/ protocols in place to report any adverse events (e.g., negative medical countermeasure side effects)?

Strengths

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

Strength 1: The Medical Countermeasure Dispensing and Distribution (MCDD) plan has a Medical Countermeasure (MCM) Dispensing Operation Procedures Appendix.

- A traditional POD was set up to dispense to staff and family as well as to all potentially exposed citizens in Wood County.
- The POD site was accessible to the access and functional needs population.

Strength 2: WCHD successfully received their MCM.

- The ICS 213-RR Form was used to request MCM from the State via the Wood County EMA.
- WCHD received and signed the Master Bill of Fading Form and Pick Sheet from ODH that detailed the number of medication shipped from the State to WCHD.
- The Incident Commander gave the Logistics Section Chief a list of received MCM at 0957.

Strength 3: WCHD was able to successfully able to activate and Open POD site.

- The staff was notified by email at 0946 to help set-up POD at 10:00 am.
- The Incident Commander directed the Planning Section Chief to contact law enforcement for security at the County Drop Site and POD site.
- The Incident Commander at 1000 directed the POD staff to report to the POD site.
- The Safety Officer evaluated the safety of the POD site.
- The Inventory Management System was set up at the POD site.
- POD Manager directed the PIO to send notice that the POD will be open at 1030.
- POD Manager attempted the communication test with the DOC.
- The first patient entered the POD at 1029.

Strength 4: WCHD has a process in place to dispense to the target population.

- The Incident Commander and Operation Section Chief decided to prophylaxes staff and first responders and their families before opening POD to the public.

- The POD was accessible to access and functional needs population.
- Signage was used to direct population to the correct location. The signage consisted of words and pictures to assist persons with access and functional needs.

Strength 5: WCHD has a process and protocols to report an adverse event.

- Adverse event report received at POD site at 1040.
- The PIO forwarded the adverse event report to the DOC to enter into MedWatch.
- The Planning Section Chief entered the adverse event into MedWatch.

Areas for Improvement

Area for Improvement 1: WCHD should utilize the Language Line Service to help the POD staff to serve persons who are limited English proficient, deaf, and/or hard-of-hearing.

Reference: PHEP Capability #8 – Medical Countermeasure Dispensing EEG.

Analysis: 100% of the capability was met. However, improvements can be made to improve WCHD ability to prepare and respond to a public health emergency.

Objective 3: Capability #9 - Medical Materiel Management & Distribution

Definition:

Medical materiel management and distribution is the ability to acquire, maintain (e.g., cold chain storage or other storage protocol), transport, distribute, and track medical materiel (e.g., pharmaceuticals, gloves, masks, and ventilators) during an incident and to recover and account for unused medical materiel, as necessary, after an incident.

Critical Element:

FUNCTION 1: Direct and activate medical materiel management and distribution

Coordinate logistical operations and medical materiel requests when an incident exceeds the capacity of the jurisdiction's normal supply chain, including the support and activation of staging operations to receive and/or transport additional medical materiel. This should be accomplished at the request of the incident commander and in coordination with jurisdictional emergency management.

P1: (Priority) Written plans should include documentation of primary and backup receiving sites that take into consideration federal Strategic National Stockpile recommendations. Written plans should include the following elements: – Type of site (commercial vs. government) – Physical location of site – 24-hour contact number – Hours of operation – Inventory of material-handling equipment on-site and list of minimum materials that need to be procured and/ or delivered at the time of the incident – Inventory of office equipment on-site and list of minimum materials that need to be procured and/or delivered at the time of the incident – Inventory of storage equipment (e.g., refrigerators and freezers) on-site and list of minimum materials/supplies that need to be procured and/or delivered at the time of the incident.

Did the Local Health Department have a receiving site available for medical materiel and distribution?

Critical Element:**FUNCTION 2:** Acquire medical materiel

Obtain medical materiel from jurisdictional caches and request materiel from jurisdictional, private, regional, or federal partners, as necessary.

P1: (Priority) Written plans should include a process to request medical materiel (initial request and re-supply requests), including memoranda of understanding and mutual aid agreements with state/local partners if applicable.

During exercise play, did the Local Health Department initiate a request for SNS through the proper channels?

Critical Element:**FUNCTION 3:** Maintain updated inventory management and reporting system

Maintain inventory system for the jurisdiction's medical materiel for the life of the materiel, including acquisition, receipt, storage, transport, recovery, disposal, and return or loss.

Task 1: Conduct initial inventory and update inventory management system with incoming and outgoing medical materiel, and materiel that is recovered, returned, or disposed of.

Does the Local Health Department have an inventory management system to track medical materiel?

Critical Element:**FUNCTION 4:** Establish and maintain security

In coordination with emergency management and jurisdictional law enforcement, secure personnel and medical materiel during all phases of transport and ensure security for receiving site and distribution personnel.

Have or have access to physical security measures (e.g., cages, locks, and alarms) for maintaining security of materiel within the receiving site.

During exercise play, did the Local Health Department discuss security protocols for the medical materiel that would be received?

Critical Element:**FUNCTION 5:** Distribute medical materiel

Distribute medical materiel to modalities (e.g., dispensing sites, treatment locations, intermediary distribution sites, and/or closed sites).

P1: (Priority) Written plans should include an allocation and distribution strategy including delivery locations, routes, and delivery schedule/frequency, and should take into consideration the transport of materials through restricted areas. The strategy should also consider whether recipients will be responsible for acquiring materiel from an intermediary distribution site or if the health department is responsible for delivering materiel.

During exercise play, did the Local Health Department have the ability or protocols in place to distribute the medical materiel once received?

Strengths

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

Strength 1: The MCDD plan specifies the County Drop Site (CDS) location.

- The CDS location is entered into OPOD and Inventory Management And Tracking System (IMATS).
- A Memorandum of Agreement (MOA) is available for the CDS and is uploaded into OPOD.

Strength 2: The Planning Section Chief sent the ICS 213-RR Form to the Wood County EMA for State approval. The Wood County EMA signed the request form and forwarded the form to the Ohio EMA for State approval.

Strength 3: The Inventory Management System (IMS) was set up at the POD site.

- The medication was entered into the IMS at 0957.
- Two POD staff was dedicated to tracking inventory – one staff used the Resource Utilization Log Forms, and one staff used the IMS.
- The Drop Site Transfer – Master Bill of Lading Form was used to ship unused MCM back to ODH.

Strength 4: The Planning Section Chief contacted law enforcement to review the security plan and time needed at the CDS and POD site.

Strength 5: The medical material was stored in a locked room and was only accessible by the POD Manager.

Strength 6: The MCDD plan outlines the dispensing practices.

- The IMS was set up at the POD.
- POD Manager established the patient flow pattern.
- Safety Officer conducted a walkthrough of the POD site.
- Safety Officer completed a crowd control plan.
- POD Manager directed the PIO to send notice that the POD will be opening at 1030.
- POD Manager tested communication with the DOC via Two-Way Radios and MARCS.
- PIO announced the POD would open at 1030.

Areas for Improvement

Area for Improvement 1: Utilize IMATS to management MCM inventory.

PHEP Capability #9 – Medical Materiel Management and Distribution EEG.

Analysis: 100% of the capability was met. However, improvements can be made to improve WCDH ability to prepare and respond to a public health emergency.

Objective 4: Capability #11 – Non-Pharmaceutical Interventions**Definition:**

Non-pharmaceutical interventions are the ability to recommend to the applicable lead agency (if not public health) and implement, if applicable, strategies for disease, injury, and exposure control. Strategies include the following:

- Isolation and quarantine
- Restrictions on movement and travel advisory warnings
- Social distancing
- External decontamination
- Hygiene
- Precautionary protective behaviors

Critical Element:

FUNCTION 3: Implement non-pharmaceutical interventions

Coordinate with health partners, governmental agencies, community sectors, and jurisdictional officials to make operational, and if necessary, enforce, the recommended non-pharmaceutical interventions.

TASK 3: At the time of an incident, provide recommendations for voluntary or mandatory closure of congregate locales and events to jurisdictional officials and stakeholders if needed.

Did the Local Health Department provide recommendations for voluntary or mandatory closure of congregate events to jurisdictional officials and stakeholders?

Critical Element:

FUNCTION 3: Implement non-pharmaceutical interventions

Coordinate with health partners, governmental agencies, community sectors, and jurisdictional officials to make operational, and if necessary, enforce, the recommended non-pharmaceutical interventions.

TASK 4: At the time of an incident, provide recommendations for voluntary or mandatory restrictions on movement in conjunction with jurisdictional officials if needed.

During exercise play, did the Local Health Department provide recommendations for voluntary or mandatory restrictions on movement?

Critical Element:

FUNCTION 3: Implement non-pharmaceutical interventions

TASK 7: At the time of an incident, educate and inform the public, response agencies and other partners regarding the recommended interventions.

During exercise play, did the Local Health Department educate and inform the public, response agencies and other partners regarding the recommended interventions?

Strengths

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

Strength 1: The PIO drafted a message telling the church to cancel congregational due to signs and symptoms of Crimean-Congo Hemorrhagic Fever (CCHF). Also, the PIO indicated why close contact was not recommended.

Strength 2: The PIO drafted message recommending voluntary social distancing (e.g. avoid crowds, etc.) and protective actions that should be taking to prevent the spread of disease. The message was disseminated via the website, press release, Twitter, and Facebook.

Strength 3: The PIO sent a Press Release out to the public notifying them that the WCHD will be opening up a POD site due to the H7N9 outbreak.

Strength 4: The PIO posted on Facebook, Twitter, and the WCHD web page site the public can take to control or prevent influenza; how influenza can be spread; and a hotline number for the public to call.

Strength 5: The Liaison Officer emailed an Influenza Fact Sheet to the Wood County Emergency Preparedness Committee.

Reference: PHEP Capability #11 – Non-Pharmaceutical Interventions EEG.

Analysis: 100% of the capability was met.

Objective 5: Capability # 13 – Public Health Surveillance and Epidemiological 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 conducted health surveillance and investigation that was routine and incident specific.

- Wood County Hospital (WCH) contacted the Epidemiologist at 0845 via phone and MARCS, to inform him of the suspected Class A patient who arrived at the hospital.
- The Epidemiologist called ODH at 0900 to inform them of the suspected Class A patient. Also, the Epidemiologist entered the suspected Class A patient into the Ohio Disease Reporting System within the 24-hour time frame.
- WCH informed the Epidemiologist that the patient has either CCHF or Novel Flu.
- Operation Section Chief suggests interviewing the patient to determine onset.

- Defiance Hospital confirmed the patient has CCHF and H7N9.
- The Liaison Officer notified the WCH of the confirmed results.
- The Epidemiologist talked to ODH about the signs and symptoms of CCHF so the WCHD can share with the emergency department.

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

- Operation Section Chief and Epidemiologist order notification and fact sheet created by the PIO to be sent to physicians, hospital ICP, EMA (for them to send to EMS).
- The Epidemiologist talked to ODH about the signs and symptoms of CCHF so the WCHD can share with the emergency department.
- The Liaison Officer emailed an Influenza Fact Sheet to the Wood County Emergency Preparedness Committee.
- The PIO posted on Facebook, Twitter, and the WCHD web page site the public can take to control or prevent influenza; how influenza can be spread; and a hotline number for the public to call.

Strength 3: WCHD made recommendations to the public and agency partners to mitigate and continue monitoring the situation.

- Operation Section Chief and Epidemiologist order notification and fact sheet created by the PIO to be sent to physicians, hospital ICP, EMA (for them to send to EMS).
- The PIO drafted message recommending voluntary social distancing (e.g. avoid crowds, etc.) and protective actions that should be taking to prevent the spread of disease. The message was disseminated via the website, press release, Twitter, and Facebook.
- The Epidemiologist talked to ODH about the signs and symptoms of CCHF so the WCHD can share with the emergency department.

Strength 4: No issues were identified during the exercise that could be used to improve the overall epidemiological investigation.

Reference: PHEP Capability #13 - Public Health Surveillance and Epidemiological Investigation EEG.

Analysis: 100 % of the capability level was met.

CONCLUSION

The Regional Functional/Full-Scale Exercise gave the WCHD and participating agencies an opportunity to learn about, examine, and utilize emergency response plans needed to respond to a Medical Countermeasure Event. The exercise focus included the following PHEP Capabilities: Emergency Operations Coordination, Medical Countermeasure Dispensing, Medical Materiel & Distribution, Non-Pharmaceutical Interventions, and Public Health Surveillance & Epidemiologic Investigation.

Wood County Health District along with local and regional partners have continued to increase its capabilities and capacity to prepare and respond to public health emergencies. The exercise represents the maturation of developing a fully unified local and regional response coordination. The functional/full-scale exercise provided the WCHD an opportunity to highlight strengths to be maintained and built upon, identify gaps for further improvements, and support the development of corrective actions.

The Wood County Community Health and Wellness Center felt the exercise was a good learning opportunity and stated a greater need to incorporate an emergency preparedness program for the Health and Wellness Center. The Health and Wellness Center has expressed interest to be included in emergency preparedness/response planning, training, and exercises.

The players well received the exercise, and the exercise PHEP Capabilities were successful tested. However, improvements can be made to improve WCHD ability to prepare and respond to a public health emergency.

APPENDIX A: IMPROVEMENT PLAN

This IP has been developed specifically for Wood County Health District as a result of 2017 Regional Functional/Full-Scale Exercise conducted on April 12, 2017.

PHEP Capability	Issue/Area for Improvement	Corrective Action	Capability Element ¹	Primary Responsible Organization	Organization POC	Start Date	Completion Date
PHEP Capability #3: Emergency Operation Center	1. Department Operation Center	Post significant information on a whiteboard.	Functional 4 Evaluate Task 3	Emergency Response Planner	WCHD	July 2017	March 2018
		Ensure redundant communication system within the DOC is working properly.	Function 4 Evaluate Task 3	Emergency Response Planner	WCHD	July 2017	June 2018
	2. Department Operation Center (for the Wood County Community Health and Wellness Center)	Train the Health and Wellness Center staff on ICS/NIMS.	Function 2	CEO of the Health and Wellness Center Consultation from the Emergency Response Planner	Wood County Community Health and Wellness Center	July 2017	June 2018
		Conduct a emergency response tabletop exercise with	Function 3 Task 1	CEO of the Health and Wellness Center		July 2017	June 2018

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

		the Health and Wellness Center staff. Staff should produce and IAP for the initial operational period.		Consultation from the Emergency Response Planner	Wood County Community Health and Wellness Center		
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PHEP Capability	Issue/Area for Improvement	Corrective Action	Capability Element ²	Primary Responsible Organization	Organization POC	Start Date	Completion Date
PHEP Capability #8: Medical Countermeasure Dispensing	1. Dispense MCM to Identified Population	Provide awareness of the Language Line Service to the staff.	Function 4	Communication Manger	WCHD	July 2017	June 2018

PHEP Capability	Issue/Area for Improvement	Corrective Action	Capability Element ³	Primary Responsible Organization	Organization POC	Start Date	Completion Date
PHEP Capability 9: Medical Materiel Management & Distribution	1. Inventory Management and Reporting System	Provide IMATS users with training and quick reference guide on the use of the IMATS system.	Function 3 Task 1	Ohio Department of Health Emergency Response Planner	Ohio Department of Health WCHD	July 2017	June 2018

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

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

APPENDIX B: EXERCISE PARTICIPANTS

Wood County Health District's Exercise Players
Batey, Ben
Bechstein, Kelly
Beggs, Darlene
Bryant-Bey, William
Campos, Jennifer
Cox, Tina
Gallegos, Bridgett
Glore, Lana
Hagen, Paul
Henderly, Tracy
Hostottle, Deb
Jones, Amy
Monteith, Janet
Rittwage, Connor
Rutter, Tom
Snyder, Pat
Teeple, Kathy
Ulrich Ankney, Amber
Wildman, Kami
Wood County Health District's personnel (Dispensing Population)
Local Agencies
Diefenthaler, Chris, Wood County Emergency Management Agency
Gilbert, Brad, Wood County Emergency Management Agency
Wood County Community Health & Wellness Center
Wood County Hospital
Participating NW Ohio Local Health Departments

Allen
Auglaize
Defiance
Erie
Findlay
Fulton
Henry
Huron
Lucas
Ottawa
Putnam
Sandusky
Seneca
Van Wert
Regional and State Agencies
Hospital Council of NW Ohio
Toledo-Lucas County Health Department
Ohio Department of Health

APPENDIX C: ACRONYMS

- COOP - Continuity of Operations Plan
- COC - Chain of Command
- DOC - Department of Operations Center
- EMA- Emergency Medical Assistance (hazard related)
- EMS- Emergency Medical Service (medical - squads)
- EOC - Emergency Operations Center
- ERP - Emergency Response Plan
- IAP - Incident Action Plan
- ICS - Incident Command System
- HAN - Health Alert Network
- JAS - Job Action Sheets
- NAPH forms - Name, Address, and Personal History
- NFR - National Response Framework
- NPI - Non-Pharmaceutical Interventions
- OPHCS - Ohio Public Health Communications System
- PIC - Public Information & Communication Plan
- POD - Point of Dispensing
- PUI - Patient under Investigation
- RFP - Request for Proposal
- RFS - Request for Solicitation
- RPHC - Regional Public Health Coordinator
- RHC - Regional Hospital Coordinator
- SOG - Standard Operation Guide (guidelines)
- SOP - Standard Operating Procedure
- SNS - Strategic National Stockpile
- EVD - Ebola Virus Disease
- HPAI - Highly Pathogenic Avian Influenza

APPENDIX D: PARTICIPANT FEEDBACK SUMMARY

Medical Countermeasure Dispensing Assessment

1. List at least three (3) strengths identified concerning your Medical Countermeasure Dispensing plan and/or processes that your Health Department tested and evaluated during the functional/full-scale exercise.
 - a. DOC staff and POD staff had good communication throughout exercise play.
 - b. Staff understood DOC and POD roles.
 - c. DOC and POD staff worked well together and accomplished the IAP objectives in the required time frame.
 - d. PPE on hand to distribute to staff before POD opening.
 - e. Medical Countermeasure Dispensing and Distribution plan cover all aspects of the response to MCM

2. List at least three (3) recommended improvements to the Medical Countermeasure Dispensing plan and/or processes that your Health Department identified during the functional exercise (indicate if these were also found in the Table Top Exercise).
 - a. Communication technology failure (i.e. two-radios and MARCS).
 - b. Becoming more familiar with ICS forms and MCM forms.
 - c. Volunteer request acknowledgment and deployment.
 - d. Increase staff efficiency within the POD operation.
 - e. The staff is inexperienced in POD operation.

Medical Materiel Management and Distribution Assessment

3. List at least three (3) strengths identified concerning your Medical Materiel Management and Distribution plan and/or processes that your Health Department tested and evaluated during the functional/full-scale exercise.
 - a. The MCDD plan specifies the county drop site.
 - b. The Master Bill of Lading form was used to received and shipped medical materials.
 - c. MCM was requested through the Wood County EMA.
 - d. Medication was entered into the Inventory Management system before dispensing.
 - e. POD staff was assigned to update the Resource Utilization Log as well as the Inventory Management system during the POD operation.

4. List at least three (3) recommended improvements to the Medical Materiel Management and Distribution plan and/or processes that your Health Department identified during the functional exercise (indicate if these were also found in the Table Top Exercise).
 - a. There was some confusion with the Inventory Tracking System. Need to identify a real-time Inventory Management database.
 - b. Confusion with filling out the Resource Utilization Log.
 - c. Lack of familiarity with the ODH MCM forms.

The improvements were not found in the Tabletop Exercise.

5. List any recommended improvements to the NWO-HEMC (Regional) coordination of the incident that your Health Department identified during the functional exercise.
 - a. DOC staff had trouble contacting personnel listed on the ICS-205 Communication Plan.
6. During the full-scale exercise, did your personnel demonstrate an increased confidence/ability to set up a Point of Dispensing (POD) Site? Yes
7. If the answer to the above question was NO, what areas or protocols do you plan to improve?
8. In your opinion, what could improve communication flow between your agency and the local hospital, Regional Healthcare / Public Health Coordinators, and ODH during the regional/full-scale exercise in order to maintain situational awareness and a coordinated response during an emerging infectious disease incident?
 - a. Communication flow between local, regional, and state partners was fairly good. Recommend having at least 2 personnel in the ODH Sim Cell and/or a voice mail that ask for a call back number. Staff had a difficult time reaching a person in the ODH Sim Cell.
9. Did your agency Epidemiologist participate in the functional/full – scale exercise? (Yes)
10. Did your Health Department identify any critical resource shortages as a result of setting up a Point of Dispensing (POD) site? (No) If yes, please list the top five critical resource shortages below.
11. What barriers prevented your jurisdiction from receiving these resources?
 - a. No resource shortage
12. Did your county coalition/partners meet prior to the functional exercise to have a Tabletop Exercise? (Yes)
 - a. The Tabletop Exercise was on 3/19/17 during the Wood County Emergency Preparedness Committee meeting.

General preparedness/training assessment

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

- a. Full-scale POD Operation Exercise
- b. Provide additional training in the CDC IMATS. Also, provide quick reference guides on the use of IMATS.
- c. Training in filling out the ICS forms and the MCM forms.
- d. Inventory Management Training once we identify a database that provides real-time inventory management tracking.

Any other Significant Findings that this functional exercise brought out?

- a. Lack of guidance from ODH on how health departments should utilize the NAPH form to dispense antiviral drugs. ODH needs to create NAPH form for antiviral drugs.

What changes would you make to improve this exercise?

- If organizations are not participating in the exercise, then we need a fill in to provide responses (i.e. hospitals).
- Tamiflu Liquid medication was difficult to document. Multiple bottles were distributed to one person.
- More medication on hand
- Make sure radios are charged and working properly
- Speed up medical dispensing
- Improve the process for labeling medication
- More nurses to help dispense medication
- Registration staff needs language translation tool.
- Identify and communicate changes to the POD staff.

What changes would you make to improve your Health Department's response to an emerging infectious disease that requires a point of dispensing (POD) site?

- Recruit more MRC volunteers
- More medical dispensing personnel
- Provide briefing for all staff ahead of time and explain the objective of the exercise.
- Move triage to outside POD so fewer people in contact with ill persons.
- Mass and/or group text alerts for staff.
- Improve Radio communications.
- More staffing at the POD site

APPENDIX E: EXERCISE EVENTS SUMMARY

Date	Time	Scenario Event, Simulated Player Inject, Player Action	Event/Action
4/12/2017	0815	Role Call for public health.	Confirmation that all participating agencies are ready to play in exercise.
4/12/2017	0845-0915	Notification of Class A reportable disease at one of the hospitals in their counties.	WCHD Notifies ODH.
4/12/2017	0930	Facebook post by patient stating they are very ill and the hospital thinks they have Ebola.	PIO develop a communication in response to Facebook post.
4/12/2017	0930	OPHCS alert sent to public health and hospital ICPs of confirmation of Crimean-Congo Hemorrhagic Fever.	Discuss appropriate PPE and treatment.
4/12/2017	0940	OPHCS HAN alert sent: Ohio Department of Health suggesting that all local public health departments review their PODs Plan and update OPODS website.	WCHD prepare to set up for prophylaxis using antivirals.
4/12/2017	0945	OPHCS ODH has sent out the SNS requested antivirals and Estimated Time of Arrival (ETA).	WCHD begin to Initiate POD's for the identified populations of public health / hospital staff and families.
4/12/2017	0945	Local ministers use social media to instruct their congregations to present to local EDs if they are exhibiting symptoms to include tiredness and weakness.	Monitor social media sites and contact local hospital to coordinate public information.
4/12/2017	0945	A congregational meeting is expected to happen at 7 pm that night to explain this outbreak. WCHD has been	Respond to meeting request.

		requested to attend this meeting.	
4/12/2017	0945	The Ohio Department of Health reminding Public Health to activate their POD sites on OPOD. CDC is recommending distribution of Tamiflu and Relenza for prophylaxis/treatment for H7N9.	WCHD prepare to set up for prophylaxis using antivirals. Send SNS request for antivirals to be used at PODs to ODH and EMA. Activate POD Plans.
	1000	Begin to set up POD for distribution of medical countermeasures.	Set up POD with reporting of adverse effects of the medication.
4/12/2017	1000	Prepare for Demobilization. OPHCS Alert from ODH requesting health departments to complete documents for return of SNS.	Complete SNS inventory return forms.
4/12/2017	1030	Prophylaxes Wood County Health District and Wood County Community Health and Wellness Center staff members	Document, track and provide instructions on medications.
4/12/2017	1030	Report Adverse Drug Events	Assign staff to enter Adverse Event into MedWatch.
4/12/2017	1030-1200	Provide status report.	DOC communicate with POD site for situational awareness.
4/12/2017	1200	Exercise End	
4/12/2017	1215	Hotwash	

APPENDIX F: OPHCS MESSAGE REPORT

From: Ohio Health Alert Network
Sent: Wednesday, April 12, 2017 8:57 AM EDT
Created By: William Bryant-Bey
Subject: ***This is an Exercise*** Report to the DOC

This is an Exercise

WCHD received notification that Wood County Hospital has a potential Class A reportable disease patient. The hospital believes that the patient has one of the following Class A reportable diseases: Crimean-Congo Hemorrhagic Fever, Marburg Hemorrhagic Fever, or Highly Pathogenic Avian Influenza.

All Department Operation Command (DOC) staff shall immediately report to the West Conference Room. See below for DOC positions.

- Incident Commander: Ben Batey
- Public Information Officer: Jennifer Campos/Kami Wildman
- Liaison Officer: Kelly Bechstein
- Safety Officer: Tom Rutter
- Operations Section Chief: Amy Jones
- Planning Section Chief: Lana Glore
- Logistics Section Chief: Deb Hostottle
- Finance/Admin Section Chief: Tracy Henderly
- Subject Matter Expert – Connor Rittwage

This is an Exercise

APPENDIX G: ICS FORM 205

Internal Contacts

1. Incident Name		2. Date/Time Prepared			3. Operational Period			Date/Time
2017 WCHD Regional Functional/Full-Scale		Wednesday, April 12, 2017			9:00 am – 2:00 pm			
4. Basic Contact Information								
Assignment	Name	POD Phone (Board Room)	DOC Phone (West Conference Room)	Email	Fax	Radio Channel/ Frequency	Comments	
Incident Commander	Ben Batey		3251	bbatey@co.wood.oh.us	419-353-9680			
Public Information Officer	Jennifer Campos/Kami Wildman	3272	3251	jcampos@co.wood.oh.us				
Liaison Officer	Kelly Bechstein		3251	kbechstein@co.wood.oh.us		XWOOD (Zone 1; Ch. 1)		
Safety Officer	Tom Rutter	3272	3251	trutter@co.wood.oh.us				
Operations Section Chief/POD Manager	Amy Jones	3272	3251	ajones@co.wood.oh.us	419-354-2169			
Epidemiology Unit Leader	Connor Rittwage		3251	crittwage@co.wood.oh.us	419-354-2169	XWOOD (Zone 1; Ch. 1)		
Planning Section Chief	Lana Glore	3272		lglore@co.wood.oh.us				
Logistics Section Chief	Deb Hostottle	3272		dhostottle@co.wood.oh.us	419-353-9680			
Information Technology Communications Unit Leader	Mike Ollom		3251	mollom@co.wood.oh.us				
Finance/Administration Section Chief	Tracy Henderly		3251	thenderly@co.wood.oh.us	419-353-9680			
5. Prepared by (Communications Unit Leader)		6. Approved by (Logistics Section Chief)			7. Facility Name			

External Contacts

1. Incident Name		2. Date/Time Prepared			3. Operational Period Date/Time		
POD Operation		Wednesday, April 12, 2017			10:00 PM – 12:00 PM		
4. Basic Contact Information							
Name	Title	Agency	Phone Primary & Alt.	Email / PDA	Fax	Radio Channel/ Frequency	Comments
Graige LaHote	Commissioner	WC Board of Commissioners		clahote@co.wood.oh.us			
Brad Gilbert / Chris Diefenthaler	Director /EMA Deputy Director	WC Emergency Management Agency	(419) 354-9269	bgilbert@co.wood.oh.us		XCOEMA (Zone 1, Ch. 2)	
Cheresa Hadsell	Infection Preventionist	WC Hospital	(419) 354-3275	hadsellc@woodcountyhospital.org	419-354-6382	XHOS (Zone 1, Ch. 7)	
Terry James	Captain	WC Sheriff's Office		tjames@co.wood.oh.us		XSO (Zone 1, Ch. 3)	
Tony Hetrick	Chief	BG Police Division	(419) 352-1131	thetrick@bgohio.org	(419) 353-6491		
Daniel Paez	Chief	Perrysburg Police Division	(419) 872-8001	dpaez@ci.perrysburg.oh.us	(419) 872-8081		
Mark Hetrick	Chief	Perrysburg Township Police Dept	(419) 874-35541	police@perrysburgtownship.us	(419) 872-8898		
Glenn Goss Sr	Chief	Rossford Police Dept	(419) 666-7390	ggoss@rossfordohio.org	(419) 666-2853		
Tom Sanderson	Chief	BG Fire Division	(419) 352-3106	tsanderson@bgohio.org			
Jeff Klein	Chief	Perrysburg Fire Division	(419) 872-8025	jklein@ci.perrysburg.oh.us			
Tom Brice	Chief	Perrysburg Township Fire	(419) 872-8879	fire@perrysburgtownship.us			
Josh Drouard	Chief	Rossford Fire Department	(419) 666-0210	jdrouard@rossfordohio.com			

Regional/State Contacts

INCIDENT RADIO COMMUNICATIONS PLAN		1. Incident Name 2017 Regional Exercise		2. Date Prepared: April 10, 2017		3. Operational Period Date/Time 04/12/17 0745 - 1700 hours	
4. Basic Radio Channel Utilization							
Assignment	Mode	Person	Number/ Frequency	Location	Remarks		
Exercise Conference Call	Land line	Controller at exercise sites	1-866-906-9888 Participant Code: 7894126#	Participating Hospitals/Health Departments	For 07:45 AM and 8:45 AM pre-exercise start conference call and Hot-wash at 1300 and 1600 hours		
EMA SIM Cell	Office phone	Putnam County EMA Director Michael Klear	419-538-7315 office pcops@pcops.org	Putnam County EMA	For exercise players where the local EMA can not be reached. Note: Exercise players need to at least attempt to contact local EMA or their representative agency. Director Klear will be fielding questions from his Putnam County office, ask for SIM Cell		
OEMA Disaster Supervisor, NW	Cell phone	Tammy Feehan	614-203-3056 cell	Hospital Council			
ODH SIM CELL	Cell phones	Samantha Eitnienar	419-276-8955	Hospital Council	As backup only, use MARCS radio LH-Comm1 to contact ODH in the SIM Cell		
ODH Medical Countermeasures (MCM) Hotline	Land Line		614-301-5877	ODH			
Public Health Conference call after OPHCS alert	Land Line		1-888-398-2342 Participant code 5396889	ODH			
Exercise Director for all exercise design issues	cell	Greg Locher	419-779-4290 cell		As backup only, use MARCS radio LH-Comm2 to contact in the SIM Cell		

5. Prepared by (Communications Unit) Greg Locher, NW Ohio Healthcare System Planning/Exercise/Training Coordinator					