2018 NWO Regional Exercise

After-Action Report/Improvement Plan

January 17, 2018

Submitted: March 2, 2018

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 the Public Health Preparedness Capabilities: National Standards for State and Local Planning and 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 OVERVIEW

Exercise/Event Name	2018 NWO Regional Exercise
Exercise Dates	January 17, 2018
Scope	This exercise was a Functional Exercise (FE), planned for January 17, 2018, from 9:00 AM to 12:00 PM at the Wood County Health District (WCHD).
Mission Area(s)	Response and Recovery
PHEP Capabilities	PHEP Capability # 4 Emergency Public Information & Warning PHEP Capability # 6 Information Sharing PHEP Capability #10 Medical Surge
Objectives	1. WCHD will maintain timely communication of situational awareness and risk information throughout the response during the surge incident in accordance with their jurisdictions standards and standard operating procedures. 2. WCHD will coordinate local public health and health care response activities and support local response activities with health care and other partners during the surge incident in accordance with their jurisdictions standards and standard operating procedures. 3. WCHD will assist with the continuity of care for incoming and existing patients during the surge incident in accordance with their jurisdictions standards and standard operating procedures.
Threat or Hazard	Human-made and natural – water event
Scenario/Event Catalyst	On January 17th, 2018 at 7:45 am WTOL went live to the scene of a water main break in Bowling Green, Ohio. The water main break took place near a residential section of the town near the Wood County Fairgrounds. At this time the water is still flowing from the hole. Crews are working to stop the water main break. However, the severe winter weather has made it somewhat difficult.

Sponsor/Lead Agency	NW Ohio Local Health Departments in conjunction with the NW Ohio Health Care Emergency Management Coalition.
Participating Organizations	Players are local and regional agency personnel who have an active role in responding to the simulated emergency and perform their regular roles and responsibilities during the exercise. Reference the complete list by organization type, and the total number of participants by organization type in the coalition and participation level (i.e., Federal, State, local, Tribal, non-governmental organizations (NGOs), and/or international agencies) is provided in Appendix B.
Point of Contact	William C. Bryant-Bey, Emergency Response Planner, Wood County Health District, 1840 East Gypsy Lane Road, 419-352-8402 ext. 3267, and wbryant-bey@co.wood.oh.us.

EXECUTIVE SUMMARY

The 2018 NWO Regional Exercise was the result of month's long preparation to prepare the Wood County Health District (WCHD) to respond to a public health emergency efficiently. 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 objectives of the functional exercise were to maintain timely communication of situational awareness and risk information throughout the surge incident; coordinate local public health and health care response activities and support local response activities with health care and other partners during the surge incident; and assist with the continuity of care for incoming and existing patients during the surge incident. The functional exercise required the activation of WCHD Emergency Response Plan, Public Information and Communication Plan, Demobilization Annex, and the Volunteer Management Annex.

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:

- PHEP Capability #4 – Emergency Public Information & Warning
- PHEP Capability #6 - Information Sharing
- PHEP Capability #10– Medical Surge

The Health Commissioner activated the WCHD's Department Operation Center and set up an Incident Command System to effectively and efficiently coordinate personnel and incident response actions. The Ohio Public Health Communication System (OPHCS), Multi-Agency Radio Communication System (MARCS) radios, Voice Over Internet Phone (VOIP), cell phones, emails, texts, and social media were utilized to share information with local and regional partners as well as the public during the event.

Prior to the functional exercise, a tabletop was conducted by the Communication Manager on December 19, 2017. The primary goals of the tabletop exercise were to identify strengths and areas of improvement of local emergency response plans, clarify exercise participants roles and responsibilities, facilitate group discussion, and create an Incident Action Plan for 2018 NWO Regional Functional Exercise.

The WCHD's Emergency Response Planner emailed the exercise participants the 2018 NWO Regional Exercise Plan, Quick Start Incident Action Plan, HICS 205 Internal/External Communication Plan, and the HICS 206 Staff Medical Plan a week prior to the functional exercise.

The purpose of this AAR/IP is to analyze exercise/event results, identify strengths to be maintained and built upon, identify potential areas for further improvement, and support the development of corrective actions.

In general, the major strengths and major areas for improvement should be limited to three each to ensure the Executive Summary is high-level and concise.

Major Strengths

The major strengths identified during this incident are as follows:

- The PIO and Back-up PIO are highly trained and can effectively communicate with external and internal audiences on a daily basis.
- The Wood County Emergency Preparedness Committee identified early in the response as people to share information.
- Supported medical surge operation throughout the event by linking the evacuating health care facility with necessary resources (i.e., transportation, volunteers, and mental/behavioral health services.

Primary Areas for Improvement

Throughout the exercise/event, several opportunities for improvement in Wood County Health District's ability to respond to the incident were identified. The primary areas for improvement, including recommendations, are as follows:

- WCHD have a limited number of active MRC volunteers to participate in a public health emergency.
- Information sent out to the public was not always formatted to take into account the access and functional needs population. Develop pre-established message maps in languages and formats that take into account the access and functional needs population.
- Need clearer understanding of public health vs. EMA's roles in requesting resources on behalf of another agency.

The purpose of the 2018 NWO Regional Exercise was to evaluate exercise results, highlight strengths to be maintained and built upon, identify areas of improvement, and support development of corrective actions or improvement plans. The exercise helped WCHD to analyze where public health fits into a medical surge event and responds logistically within our scope practice.

ANALYSIS OF PUBLIC HEALTH EMERGENCY PREPAREDNESS (PHEP)

Aligning exercise/event objectives and PHEP capabilities provide a consistent taxonomy for evaluation that transcends individual exercises and real-world responses to support preparedness reporting and trend analysis. **Table 1** below includes the exercise/event objectives, aligned PHEP capabilities, and performance ratings for each PHEP capability as observed during the exercise or real-world response and determined by the evaluation/AAR team. All performance measures and task ratings for the function are considered as part of the capability analysis before assigning an overall function rating. The evaluation/AAR team then considers all the function ratings for the evaluated Capability and assigns an overall Capability rating.

Table 1. Summary of PHEP Capability Performance

Objective	PHEP Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
1. WCHD will maintain timely communication of situational awareness and risk information throughout the response during the surge incident in accordance with their jurisdictions standards and standard operating procedures.	PHEP Capability #4: Emergency Public Information and Warning	P			
2. WCHD will coordinate local public health and health care response activities and support local response activities with health care and other partners during the surge incident in accordance to their jurisdictions standards and standard operating procedures.	PHEP Capability #6: Information Sharing	P			
3. WCHD will assist with the continuity of care for incoming and existing patients during the surge incident in accordance to their jurisdictions standards	PHEP Capability #10: Medical Surge		S		

Objective	PHEP Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
and standard operating procedures.					

The rating scale includes four ratings:

- **Performed without Challenges (P):** The PHEP functions, tasks, and performance measures or the HPP activities, objectives, and performance measures associated with the 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. HPP
- **Performed with Some Challenges (S):** The PHEP functions, tasks, and performance measures or the HPP activities, objectives, and performance measures associated with the 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 PHEP functions, tasks, and performance measures and or the HPP activities, objectives, and performance measures associated with the 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 PHEP functions, tasks, and performance measures or the HPP activities, objectives, and performance measures associated with the capability were not performed in a manner that achieved the objective(s).

Note: Exercise Event review forms

The following sections provide an overview of the performance related to each exercise/event objective and associated PHEP capability, highlighting strengths and areas for improvement, a list of applicable reference documents, and capability analysis.

Objective 1: WCHD will maintain timely communication of situational awareness and risk information throughout the response during the surge incident in accordance with their jurisdictions standards and standard operating procedures.

Public Health Domain: Information Management

The strengths and areas for improvement for each PHEP capability aligned to this objective are described in this section **Note:** do not combine capabilities.

PHEP Capability #4 Emergency Public Information & Warning

During the 2018 NWO Regional Exercise the following functions and tasks were demonstrated:

- Function #1: Task 1-6
- Function #2: Task 1-3
- Function #3: Task 1-3
- Function #4: Task 1-3
- Function #5: Task 1-3

Strengths

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

Strength 1: The Public Information Officer (PIO), Back-up PIO, and spokesperson were identified during the creation of the Quick Start HICS Incident Action Plan. (F1: T1)

Strength 2: A primary and alternate location was pre-identify during the creation of the Quick Start HICS Incident Action Plan for the PIO and support staff to conduct public information operation. (F1: T2)

Strength 3: The PIO and Back-up PIO are trained in the PIO functions they performed. The PIO and Back-up PIO have received at a minimum the following trainings: ICS-100, ICS-200, ICS-700, ICS-800, G-289 Public Information Officer Awareness, and G-290 Basis Public Information Officer. Also, the PIO has previous real world and exercise experience. (F1: T3)

Strength 4: The PIO, Back-up PIO, spokesperson(s), and subject matter experts were notified of the need to either be on-call or to report for duty as necessary within a time frame appropriate to the incident (F1: T4).

Strength 5: The public information staff assembled at the physical and were debriefed on the incident, and assigned response duties (F1: T5).

Strength 6: WCHD assisted in implementing emergency communications (F1: T6).

Strength 7: The WCHD's Incident Management Team (IMT) discussed the need of establishing a Joint Information Center (JIC) at the Wood County Emergency Operation Center. However, it was decided that a JIC was not needed due to the small size of the event. (F2: T1)

Strength 8: The Finance Director reported to the Wood County EOC to ensure public health is represented in the county response. The Finance Director was provided a Two-Way radio so she could check in with the WCHD DOC once she arrived at the Wood County EOC. (F2: T2)

Strength 9: The public health nurses, registered sanitarians, and support staff were all assigned task to support the message coordination and public information functions. (F2: T3)

Strength 10: The WCHD Emergency Response Plan and Public Information and Communication Plan were activated and followed during the duration of the incident. (F3: T1)

Strength 12: The PIO and Back-up PIO facilitated rumor control for media outlets for the jurisdiction such as television, internet, radio, and newspapers (F3: T3).

Strength 13: The IMT brief the staff and provided them with FAQ for them to utilize if they received any calls. The IMT discussed establishing call center if public and media inquiries start to interrupt normal business communication flow. (F4: T1)

Strength 14: The PIO created incident-related information that was posted on WCHD's website and social media accounts. The PIO and Back-up PIO updated the website throughout the incident. (F4: T2)

Strength 15: The PIO and Back-up monitored and utilized Facebook and Twitter throughout the incident for public health messaging. (F4: T3)

Strength 16: Established legal guidelines were complied with to avoid communication of information that is protected for national security or law enforcement reasons or that may infringe on individual and entity rights (F5: T1).

Strength 17: Health-related messaging information was transmitted to responder organizations through secure messaging platforms (F5: T3).

Areas for Improvement

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

Area for Improvement 1: The PIO and Back-up PIO disseminated messages that were culturally sensitive and biases based. However, messages were not developed for persons who do not speak English as their primary language. (F5: T2)

Reference:

- WCHD Public Information and Communication Plan, Revised 5/22/2017
- ODH Exercise Evaluation Guide: PHEP Capability # 4 Emergency Public Information and Warning, Revised 2/6/2017
- 2018 NW Ohio Regional Evaluation Notes

Analysis: During the functional exercise, the IMT didn't have anyone present who could translate the messages for the non-English speaking population. WCHD will use Google Translate to develop pre-established message maps for Wood County's non-English population. The pre-established message maps will be reviewed by staff who speak and read the translated language fluently. If needed, WCHD will reach out to the BGSU International Programs & Partnerships Department for assistant in creating or reviewing the pre-established message maps.

Objective 2: WCHD will coordinate local public health and health care response activities and support local response activities with health care and other partners during the surge incident in accordance to their jurisdictions standards and standard operating procedures.

Public Health Domain: Community Resilience

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

PHEP Capability #6 Information Sharing

During the 2018 NWO Regional Exercise the following functions and tasks were demonstrated:

- Function #1: Task 1-3
- Function #2: Task 1-4
- Function #3: Task 1-5

Strengths

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

Strength 1: The WCHD's Incident Management Team (IMT) reviewed the HICS 205 Internal/External Communication Plan that detailed key local and regional partners that may be needed during the exchange of information. (F1: T1)

Strength 3: The IMT utilized **Attachment III – Initial Incident Assessment Standard Operating Procedure** of the ***Emergency Response Plan*** when determining communication method and information needs of our stakeholders. (F1: T3)

Strength 4: The Health Commissioner who also served as the Incident Commander has the authority to determine with information the Wood County Health District (WCHD) will share. All information shared was HIPAA compliance. (F2: T1)

Strength 5: Routine situational awareness updates were provided to local partners and the public in regards to the water main break and boil water advisory. (F2: T2)

Strength 6: Public health events and incidents that, when observed, will necessitate information exchange were identified. (F2: T3).

Strength 7: A hotwash was conducted with exercise participants after exercise play to identify barriers and to share information. An After-Action Report/Improvement Plan (AAR/IP) will be

developed to identify and correct unintended legal and policy barriers. The AAR/IP will be shared with exercise participants. (F2: T4).

Strength 8: Water main break and boil water advisory were shared with local partners and Wood County's residents. (F3: T1)

Strength 9: Data repositories that are able to support data exchange with other regional and federal public health entities were maintained. (F3: T2)

Strength 10: The IMT used OPHCS to request, sent, and received data and information using encryption that meets jurisdiction and/or federal standards. (F3: T3)

Strength 11: The IMT verified the authenticity of messages senders or information requestors. (F3: T4)

Strength 12: The public health alerts sent by the Emergency Response Planner and Regional Public Health Coordinator was received and acknowledged by the IMT. The following communication platforms were used to send public health alerts: email, OPHCS, MARCS, and Ohio Responds. (F3: T5)

Objective 3: WCHD will assist with the continuity of care for incoming and existing patients during the surge incident in accordance with their jurisdictions standards and standard operating procedures.

Public Health Domain: Surge Management

The strengths and areas for improvement for each PHEP capability aligned to this objective are described in this section **Note:** do not combine capabilities.

PHEP Capability #10 Medical Surge

During the 2018 NWO Regional Exercise the following functions and tasks were demonstrated:

- Function #1: Task 1-3
- Function #2: Task 1-5
- Function #3: Task 1-3
- Function #4: Task 1-3

Strengths

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

Strength 1: The WCHD's Incident Management Team (IMT) discussed if they should go into a unified command or stay in incident command. The WCHD Incident Commander decided to stay in Incident Command since the incident is confined to a small area in Bowling Green, Ohio. (F1: T1)

Strength 2: A preliminary assessment of the incident was completed to identify the availability of resources (i.e., transportation and volunteers). (F1: T2)

Strength 3: Bowling Green Manor shared transportation health-related data with the WCHD IMT so the Health District could contact the proper health care partners (i.e., Wood County

Medical Reserve Corp Coordinator, Wood County Emergency Management Agency, Northwest Water and Sewer District, and Wood County ADAMHS Board) to assist with evacuating Bowling Green Care's residents. (F1: T3)

Strength 4: The Back-up Wood County Medical Reserve Corp (MRC) Coordinator mobilized the MRC volunteers to assist Bowling Green Manor with residents' evacuation. (F2: T1)

Strength 5: Health care organizations and health care coalitions assisted in the activation of alternate care facilities (F2: T2).

Strength 6: The IMT contacted the Wood County EMA to request transportation support for Bowling Green Manor's residents (evacuation facility) to the receiving facility (Bowling Green Care Center, Brookdale Senior Center, Heartland of Perrysburg, The Manor at Perrysburg, and WellsBrooke Premium Home Health Care (F2: T3)

Strength 7: Situational awareness supported by utilizing the ongoing real-time exchange of information among response partners and coalitions occurred during the incident. (F2, T4)

Strength 8: The IMT coordinated and maintained situational awareness throughout the incident with Bowling Green Manor, EMA, and other local partners. (F3: T1)

Strength 9: Coordination occurs with WCHD, WC EMA, Bowling Green Manor and the receiving facilities (Bowling Green Care Center, Brookdale Senior Center, Heartland of Perrysburg, The Manor at Perrysburg, and WellsBrooke Premium Home Health Care) to facility patient tracking during all phases of the incident. (F3: T3)

Strength 10: The IMT coordinated with Bowling Green Manor and Wood County EMA to assure the return of residents to their pre-incident medical environment. (F4: T1a)

Strength 11: The IMT assisted Bowling Green Manor to link evacuating residents to healthcare services. (F4: T1b)

Strength 12: The IMT worked with Bowling Green Manor and the Wood County EMA to demobilize all healthcare resources. The IMT followed the release priorities that are detailed in the WCHD Demobilization Annex. (F4: T2)

Strength 13: The MRC Volunteers were demobilized once they finished evacuating residents from Bowling Green Manor to the receiving healthcare facilities (Bowling Green Care Center, Brookdale Senior Center, Heartland of Perrysburg, The Manor at Perrysburg, WellsBrooke Premium Home Health Care, and Wood County Hospital). (F4: T3)

Areas for Improvement

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

Area for Improvement 1: The PIO and Back-up PIO released information to educate the public, but not all information released paid attention to the Wood County's Functional Needs Population. (F2: T5)

Reference:

- WCHD Emergency Response Plan, Base Plan, Created 12/13/2017
- WCHD Public Information and Communication Plan, Revised 5/22/2017
- WCHD Demobilization Annex, Revised 8/2016
- WCHD Volunteer Management Annex, Revised 7/2016
- ODH Exercise Evaluation Guide: PHEP Capability # 10 Medical Surge, Revised 11/16/2016
- 2018 NW Ohio Regional Evaluation Notes

Analysis: During the functional exercise, the IMT didn't have any message maps translated for the non-English speaking population. WCHD will use Google Translate to develop pre-established message maps for Wood County's non-English population. The pre-established message maps will be reviewed by staff who speak and read the translated language fluently. If needed, WCHD will reach out to the BGSU International Programs & Partnerships Department for assistant in creating or reviewing the pre-established message maps.

Area for Improvement 2: The IMT assessed the needs for resources for each operational period. However, the IMT was unable to fill Bowling Green Manor volunteer's needs. (F3: T2)

Reference:

- WCHD Emergency Response Plan, Base Plan, Created 12/13/2017
- WCHD Volunteer Management Annex, Revised 7/2016
- ODH Exercise Evaluation Guide: PHEP Capability # 10 Medical Surge, Revised 11/16/2016
- 2018 NW Ohio Regional Evaluation Note

Analysis: The Wood County Back-up MRC Coordinator sent a volunteer request via Ohio Responds asking for 10 MRC volunteers to assist with the evacuation of Bowling Green Manor's residents. Only 6 MRC volunteers agreed to assist with the evacuation. Wood County recently was awarded the 2018 MRC Challenge Award. Our initiative is to strengthen and build the Wood County MRC network by organizing a training day that will provide both current and potential new volunteers with information to help them be prepared to volunteer for both emergency and non-emergency events. Social and traditional media outlets will be used to encourage potential new volunteers to attend the training where they can finalize their registration and get identification cards.

CONCLUSION

Wood County Health District (WCHD) supported Bowling Green Manor's medical surge operations. Bowling Green Manor contacted WCHD in need of transportation and volunteers' assistance to evacuate their residents to the following health care facilities: Bowling Green Care Center, Brookdale Senior Center, Heartland of Perrysburg, The Manor at Perrysburg, and WellsBrooke Premium Home Health Care. WCHD was able to successfully link Bowling Green Manor to coalition and response partners as well as to health care services so they could successful evacuate their residents.

During the duration of the function exercise, the exercise participants responded to the injects promptly. WCHD, participating health care facilities, and the Emergency Management Agency were able to work in a coordinated manner to find transportation resources for all of the evacuating residents within the 3 hour exercise time frame. The evacuation of the residents was monitored and communicated to other local agencies and the Regional Public Health Coordinator during the duration of the exercise. The Demobilization Annex was successfully implemented to release critical and non-critical resources in accordance with WCHD demobilization release priorities.

WCHD activated the Emergency Response Plan, and the Public Information and Communication Plan to successfully share information with partners as well as disseminate information to the public and local responders. WCHD provides corrective and educational responses to misinformation that was coming from news agencies and social media sites.

WCHD 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 unified local and regional response coordination. The functional exercise provided 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 exercise gave participants an opportunity to learn about, examine, and utilize emergency response plans needed to respond to a medical surge event. The exercise focus included the following PHEP Capabilities: PHEP Capability # 4 Emergency Public Information & Warning, PHEP Capability #6 Information and Sharing, and PHEP Capability #10 Medical Surge.

Exercise participant well received the exercise, and the PHEP Capabilities were successfully tested. However, improvements can be made to improve WCHD ability to prepare and responds to a public health emergency.

APPENDIX A: IMPROVEMENT PLAN

This IP has been developed specifically for Wood County Health District as a result of 2018 NWO Regional Exercise conducted on January

PHEP Capability	Issue/Area for Improvement	Corrective Action	Capability Element[1]	Primary Responsible Organization	Organization POC	Start Date	Completion Date
PHEP Capability 4: Emergency Public Information & Warning	1. Create message maps for Wood County's non-English population (F5: T2)	1. Utilize Google Translate to create pre-message maps for Wood County's non-English population.	Communication	Wood County Health District	Ben Batey/Health Commissioner William C. Bryant-Bey/Emergency Response Planner	4/1/2018	4/1/2019
		2. Have staff who speaks and read translated language fluently review the pre-established maps.	Communication	Wood County Health District	Ben Batey/Health Commissioner William C. Bryant-Bey/Emergency Response Planner	4/1/2018	4/1/2019

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

PHEP Capability	Issue/Area for Improvement	Corrective Action	Capability Element[2]	Primary Responsible Organization	Organization POC	Start Date	Completion Date
PHEP Capability 10: Medical Surge	1. Develop and maintain collaborative relationships with organizations and agencies to effectively release healthcare service information to the access and functional needs population. (F2: T5)	1. Invite agencies and organizations that serve the access and functional needs population to join the Wood County Emergency Preparedness Committee.	Preparedness	Wood County Health District	Ben Batey/Health Commissioner William C. Bryant-Bey/Emergency Response Planner	4/1/2018	4/1/2019
		2. Invite agencies and organizations that serve the access and functional needs population to participate in WCHD's training and exercise.	Training	Wood County Health District	Ben Batey/Health Commissioner William C. Bryant-Bey/Emergency Response Planner	4/1/2018	4/1/2019
		3. Developed a Functional Needs Distribution Contact List (A tab within the HAN List)	Preparedness	Wood County Health District	Ben Batey/Health Commissioner William C. Bryant-Bey/Emergency Response Planner	4/1/2018	4/1/2019

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

	2. Creating a strong, engaged volunteer base (F3: T5)	1. Organize a training day that will provide both current and potential new volunteers with information to help them be prepared to volunteer for both emergency and non-emergency events.	Training	Wood County Health District	Ben Batey/Health Commissioner William C. Bryant-Bey/Emergency Response Planner	4/1/2018	4/1/2019

APPENDIX B: EXERCISE/EVENT PARTICIPANTS

Participating Organizations			
Participant Type	**# in Agency/Org**	**# Participating**	**% Participation**
Local Government			
Wood County Health District	54	12	22
Wood County Emergency Management Agency	3	1	33
Non-government Coalition Members and Partners			
Bowling Green Care Center	unknown	unknown	unknown
Bowling Green Manor	unknown	10	unknown
Brookdale Senior Center	unknown	unknown	unknown
Heartland of Perrysburg	unknown	unknown	unknown
The Manor at Perrysburg	unknown	unknown	unknown
WellsBrooke Premium Home Health Care	unknown	4	unknown
Wood County Hospital	unknown	unknown	unknown

Note: If you do not know the number of personnel in each agency put unknown. Use your exercise/event sign-in sheets to get the total number of participants.

Additional Information/Comments

[Please provide any additional information or comments as indicated.]

APPENDIX C: ACRONYMS

All acronyms referenced in the AAR/IP should be listed alphabetically and spelled out.

Table E.1: Acronyms

Acronym	Term
DOC	Department Operation Center
EOC	Emergency Operation Center
EEG	Exercise Evaluation Guide
EMA	Emergency Management Agency
ERP	Emergency Response Plan
HICS	Hospital Incident Command System
HSEEP	Homeland Security Exercise and Evaluation Program
IAP	Incident Action Plan
IC	Incident Commander
ICS	Incident Command System
IMT	Incident Management Team
LHD	Local Health Department
MSEL	Master Scenario Events List
NWO	Northwest Ohio
PIO	Public Information Officer
SME	Subject Matter Expert
PHEP	Public Health Emergency Preparedness
WCHD	Wood County Health District

APPENDIX D: PARTICIPANT FEEDBACK SUMMARY

2018 NWO Regional EX - Controller Survey SurveyMonkey

#10

COMPLETE

Collector:	Web Link 1 (Web Link)
Started:	Wednesday, January 24, 2018 4:12:59 PM
Last Modified:	Wednesday, January 24, 2018 4:23:28 PM
Time Spent:	00:10:29
IP Address:	72.240.56.66

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Q1 Health Department:

Wood County

Q2 Point of Contact:

Pat Snyder

Q3 Exercise Date: Date / Time **01/17/2018**

Q4 List at least three (3) strengths regarding your agency's communications response and/or processes.

1. skill level of PIO
2. existence of back-up PIO
3. appropriate response to misinformation

Q5 List at least three (3) areas for improvement regarding your agency's communications response and/or processes.

1. know how to change phone system message
2. JIT for hotline operators
3. make checking grade levels of materials routine practice

Q6 List at least three (3) strengths regarding your agency's sharing of information with partners and/or processes.

1. county emergency committee identified early on as people to share information to
2. LHD feels capable of knowing how to reach external partners
3.

Q7 List at least three (3) areas for improvement regarding your agency's sharing of information with partners and/or processes.

Need clearer understanding of ours vs EMA's roles in resource requests

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2018 NWO Regional EX - Controller Survey SurveyMonkey

Q8 List at least three (3) strengths regarding your agency's response to the needs of health care partners.

1. easily able to get a hold of healthcare partners if needed

Q9 List at least three (3) areas for improvement regarding your agency's response to the needs of health care partners.

1. unclear of our roll in medical surge
2. have a limited number of MRC volunteers

Q10 List the name of the partner agencies/organizations that participated in this exercise

Heartland of Perrysburg, BG Manor/BG Care Center, the Manor of Perrysburg, and WellsBrooke Premium Home Health Care.

Q11 What is your assessment of the functional exercise design and conduct? Please rate, on a scale of 1 to 5, your overall assessment of the exercise relative to the statement provided below, with 1 indicating strong disagreement with the statement and 5 indicating strong agreement.

The exercise was well structured and organized.	5
The exercise scenario tested the objectives.	5
The message/injects delivered by the controller were helpful and aided players.	5
The controller was knowledgeable about the materials, kept the exercise on target, and was sensitive to the group dynamics.	5
I feel this exercise helped prepare me for a disaster resulting in the need for information sharing.	5
I feel this exercise helped prepare me for a disaster resulting in the need for medical surge.	4
I feel this exercise helped prepare me for a disaster resulting in the need for emergency public information and warning.	5
Participation in the exercise demonstrated areas that need improvement within my area of responsibility at the health department.	5
The participants included the right people in terms of level of mix of disciplines.	5

Q12 What changes would you make to improve your health department's response to a medical surge event that requires information sharing and emergency public information and warning?

Get more partners to participate.

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2018 NWO Regional EX - Controller Survey SurveyMonkey

Q13 What changes would you make to improve this exercise? Please provide any recommendations on how this exercise or future exercises could be improved or enhanced.

More mangers trained in EOC. Try to recruit and involve more volunteers. We need environmental staff to be support staff because we would be busy with direct care (dispensing or vaccinating.)

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Health Care Partners' Participant Feedback Summary (Summary)

HEALTH CARE PARTNERS

2018 NWO FUNCTIONAL EXERCISE PARTICIPANTS FEEDBACK FORM (SUMMARY)

1. What went well with your communication with other health care facilities, Wood County Health District, or other local partner agencies?
   - COMMUNICATION ON OUR END SEEMED TO GO VERY WELL. WHEN WE RECEIVED CALLS FROM ANYONE WE DID OUR BEST TO ANSWER THE QUESTION IN FULL AND AS CLEAR AS WE COULD. WITH BEING A RECEIVING FACILITY WE DID NOT HAVE A LOT OF COMMUNICATION WHICH WE WOULD LIKE TO AT SOME POINT BUT FOR THIS EXERCISE IT WENT WELL.
   - WE HAD MINIMAL COMMUNICATION BUT THE CALL WAS CLEAR AND WE KNEW WHAT WAS NEEDED AND WHY.
   - QUICK ANSWERS

2. What didn't go well with your communication with other health care facilities, Wood County Health District, or other local partner agencies?
   - NOTHING THAT WE CAN THINK OF, WE JUST WOULD LIKE TO BE AN EVACUATING FACILITY SO THAT WE COULD DO MORE.
   - NEED ADDITIONAL PLACES TO EVACUATE TO OUT OF COUNTY
   - MUST REMEMBER TO TELL THE TRANSPORTATION PROVIDER IF THE RESIDENT IS MALE OR FEMALE.
3. List any gaps identified in your agency ability to receive or evaluate residents during a medical surge event.
   - THERE WERE NO GAPS, I JUST SUGGEST THAT WHEN A FACILITY CALLS TO ASK IF YOU HAVE ANY BEDS AVAILABLE THAT YOU SPECIFY NOT JUST THE NUMBER YOU HAVE BUT WHETHER THE BEDS THAT ARE AVAILABLE ARE ABLE TO BE OCCUPIED BY MALE OR FEMALE INDIVIDUALS. ALSO WE SHOULD PROBABLY LET THE FACILITY KNOW THAT IS CALLING THAT THE NUMBER BEING GIVEN IS JUST THE ROOMS WE HAVE AVAILABLE, AND IF WE HAVE OTHER AREAS THAT COULD BE USED IF NEEDED FOR RESIDNET KEEPING.
   - OUR INVOLVEMENT WAS MINIMAL, BECAUSE OF THAT WE DID NOT IDENTIFY ANY GAPS
   - INTERNAL PROBLEMS AT THE FACILITY (NOT RESIDENTS)

4. Would your agency be interested in participating in any future drills, trainings, or exercises (tabletop, functional, or full-scale) hosted by Wood County Health District?
   - **YES (THE MANOR AT PERRYSBURG, BG MANOR/BG CARE CENTER, HEARTLAND OF PERRYSBURG)**

APPENDIX E: EXERCISE/EVENT SUMMARY

In formulating the analysis, the primary AAR author will assemble a timeline of key events. While it is not necessary to include this timeline in the main body of the AAR/IP, the timeline must be identified in this appendix. This section should summarize what actually happened during the exercise/event in a timeline-table format. An example of the format for the exercise/event Timeline is presented below.

Date	Time	Event/Action
1/11/18	0900	OPHCS Alert
1/12/18	0900	OPHCS Alert
1/17/18	0900	Begin the 2018 NWO Regional Exercise
1/17/18	0900	WCHD staff reviewed the Incident Action Plan
1/17/18	0905	The water utility company contacts WCHD to report water main break.
1/17/18	0905	The water utility company contacts provide WCHD a copy of the boil water advisory.
1/17/18	0930	Bowling Green Manor coordinated with other health care agencies (Bowling Green Care Center, Brookdale Senior Center, Heartland of Perrysburg, The Manor at Perrysburg, WellsBrooke Premium Home Health Care, etc.) to find appropriate destinations for evacuating residents.
1/17/18	1000	Bowling Green Manor contacted WCHD to report flooding due to the water main break and are in need of transportation.
1/17/18	1015	National news agency contacted WCHD about the impacted facility and the boil water advisory.
1/17/18	1030	Bowling Green Manor request volunteers to assist with preparing and facilitation transportation of residents.
1/17/18	1045	The Wood County EOC was activated. WCHD was asked to send a representation to the EOC.
1/17/18	1100	WCHD determined if they should stay in Incident Command or go to Unified Command.
1/17/18	1115	WCHD determined the demobilization release priorities of critical and non-critical resources.
1/17/18	1130	WCHD implement the Public Information and Communication Plan to deal with rumor control on social media sites.
1/17/18	1145	WCHD provided situation awareness to local and regional partners on the status of the water main break and boil water advisory.
1/17/18	1200	Autumn reported to WCHD that the facility is inhabitable for several months and they will be transferring care of the evacuated residents.
1/17/18	1200	Hot Wash

APPENDIX F: OPHCS MESSAGE REPORT

The sub grantee must demonstrate the use of OPHCS in all functional and full-scale exercises conducted before during and after and exercise (e.g., notification of exercise, situational awareness, and end of exercise. This section should include the OPHCS Message Report. If you utilized OPHCS during a real-world response, you should attach copies of the messages here.

Responses By Delivery Method - All Recipients

Delivery Method	Delivered	Delivered/ Responded	Delivered/No Response	Delivery Failed
Email	9	9	0	0
Internal	9	0	9	0

Recipient Statistics - By Containers

Recipient Containers	Recipient Count	Delivered	Responded	No Response	Failed	Not Contacted
Individuals	9	9	9	0	View values	0
External Recipients	3	3	3	0	View values	0

Advanced Delivery Options

Text Delivery Delay	0minutes
Send Time	Immediately
Message Delivery	escalation
Time this message is available for response	24 hours
Validate Recipient	Yes
Number of times to contact	3
Time between each contact attempt	20 minutes

Message Details

Sender	Ohio Public Health Communication System
Total Recipients	12
Subject	***This is an Exercise*** 2018 Regional Functional Exercise Reminder
Message Types	Email Internal
Attachments	
Is this communication sensitive	No
Communication Type	Exercise
Long Message	"This is an EXERCISE" Exercise Participants,

This is a reminder that the 2018 Regional Functional Exercise is tomorrow (1/17/2018). Exercise players should report to the Board Room tomorrow by 8:45. Please bring the below materials with you to the functional exercise:

- Laptop
- MARCS Radio (Lana or Ben)
- Pen/Pencil
- Paper
- Incident Action Plan (see attached document)

Thanks,

William C. Bryant-Bey

Recipients

Recipient	Issued	Responded	Device	Response Status
Anonymous, Message CC	2018-01-16 10:47:46	2018-01-16 10:47:46	kteeple@co.wood.oh.us	Message Received.
Anonymous, Message CC				Pending
Anonymous, Message CC	2018-01-16 10:48:50	2018-01-16 10:48:50	dbeggs@co.wood.oh.us	Message Received.
Anonymous, Message CC				Pending
Anonymous, Message CC				Pending
Anonymous, Message CC	2018-01-16 11:33:38	2018-01-16 11:33:38	kwildman@co.wood.oh.us	Message Received.
Aspacher, Alex				
Aspacher, Alex	2018-01-16 10:48:12	2018-01-16 10:48:12	aaspacher@co.wood.oh.us	Message Received.
Batey, Benjamin	2018-01-16 11:04:02	2018-01-16 11:04:02	bbatey@co.wood.oh.us	Message Received.
Batey, Benjamin				
Batey, Benjamin	2018-01-16 10:45:57		Ben3210@aol.com	Email sent
Bechstein, Kelly	2018-01-16 10:59:13	2018-01-16 10:59:13	kbechstein@co.wood.oh.us	Message Received.
Bechstein, Kelly				
Bryant-Bey, William				
Bryant-Bey, William			wbryant454769@outlook.com	Email sent

	2018-01-16 10:45:56			
Bryant-Bey, William	2018-01-16 10:46:42	2018-01-16 10:46:42	wbryant-bey@co.wood.oh.us	Message Received.
Bryant-Bey, William	2018-01-16 10:45:56		wbryant-bey@senecahealthdept.org	Email sent
Glore, Lana				
Glore, Lana	2018-01-16 10:46:51	2018-01-16 10:46:51	lglore@co.wood.oh.us	Message Received.
Henderly, Tracy				
Henderly, Tracy	2018-01-16 10:48:01	2018-01-16 10:48:01	thenderly@co.wood.oh.us	Message Received.
Jones, Amy				
Jones, Amy	2018-01-16 10:49:03	2018-01-16 10:49:03	ajones@co.wood.oh.us	Message Received.
Rittwage, Connor	2018-01-16 10:46:23	2018-01-16 10:46:23	crittwage@co.wood.oh.us	Message Received.
Rittwage, Connor				
Snyder, Pat				
Snyder, Pat	2018-01-16 15:39:30	2018-01-16 15:39:30	psnyder@co.wood.oh.us	Message Received.

APPENDIX G: ICS FORM 205 (INTERNAL)

2018 NWO Regional Functional Exercise

HICS 205

INCIDENT COMMUNICATIONS LOG (INTERNAL)

1. Incident Name	2. Date/Time Prepared	3. Operational Period Date/Time
2018 Regional Functional Exercise	1/17/2018 9:00 AM	1/17/2018 9:00 am – 12:00 pm

4. Basic Contact Information

Name	Assignment	Phone 419-352-8402 ext.	Fax	Email	Radio Channel/ Frequency	Alt. Communication Device	Comments
Ben Batey	Incident Commander			bbatey@co.wood.oh.us			
Alex Aspacher	Public Information Officer			aaspacher@co.wood.oh.us			
Kami Wildman	Public Information Officer Support Staff			kwildman@co.wood.oh.us			
Kelly Bechstein	Liaison Officer	3272	(419) 353-9680	kbechstein@co.wood.oh.us	XWOOD		
Lana Glore	Operation Section Chief			lglore@co.wood.oh.us			
William C. Bryant-Bey	Planning Section Chief/MRC Coordinator			wbryant-bey@co.wood.oh.us			
Tracy Henderly	Logistics Section Chief			thenderely@co.wood.oh.us			
Tracy Henderly	Finance/Adm. Section Chief			thenderely@co.wood.oh.us			
Pat Snyder	Exercise Controller			psnyder@co.wood.oh.us			
Amy Jones	Exercise Evaluator			ajones@co.wood.oh.us			

5. Prepared by (Communications Unit Leader)	6. Approved by (Logistics Section Chief)	7. Facility Name
William C. Bryant-Bey		**Wood County Health District**

Purpose: Document the external communications equipment/channels to be used within the facility. **Origination:** Communications Unit Leader.
Copies to: Command Staff, General Staff, Branch Directors, and Documentation Unit Leader.

HICS 205
Page 1 of 1

APPENDIX G: ICS FORM 205 (EXTERNAL)

2018 NWO Regional Functional Exercise

HICS 205

INCIDENT COMMUNICATIONS LOG (External)

1. Incident Name					
2018 NWO Regional Functional Exercise					
Name	**Facility Name**	**Phone** All (419)	**Fax**	**Email**	**Facility Type (Evacuating/Receiving)**
Brooke Harrison	Bowling Green Manor	352-4694	(419) 353-1870	Brooke.Harrison@bowlinggreenmanor.com	Evacuating Facility
Brooke Harrison	Bowling Green Care Center	352-4694	(419) 353-1870	Brooke.Harrison@bowlinggreenmanor.com	Receiving Facility
Shelly Ruehl	Brookdale Senior Center	354-5300	(419) 354-1177	MRuehl@brookdale.com	Receiving Facility
Cheryl Lampkowski-Sowle	Heartland of Perrysburg	874-3578	(877) 349-3225	Cheryl.lampkowskisowle@hcr-manorcare.com	Receiving Facility
Abbie Kelly	The Manor of Perrysburg	874-0306	(419) 874-9295	Abagail.kelly@ManorAtPerrysburg.com	Receiving Facility
Karyn S. Ku	WellsBrooke Premium Home Health Care	874-7766		kku@wellsbrooke.com	Receiving Facility
Mike Hurd	Wood County Hospital	354-8922	(419) 354-8757	hurdm@woodcountyhospital.org	Receiving Facility
Name	**Facility Name**	**Phone**	**Fax**	**Email**	**Radio**
Brad Gilbert	Wood County EMA	(419) 354-9269	(419) 354-6382	woodcountyema@co.wood.oh.us	XCOEMA (Zone 1, Channel 2)
Connor Ritwage	Regional Public Health Coordinator	(484) 363-0824		crittwage@co.wood.oh.us	XWOOD (Zone 1,Channel 1)
5. Prepared by (Communications Unit Leader)					
William C. Bryant-Bey					

Purpose: Document the external communications equipment/channels to be used within the facility. **Origination:** Communications Unit Leader.
Copies to: Command Staff, General Staff, Branch Directors, and Documentation Unit Leader.

HICS 205
Page 1 of 2

APPENDIX G: ICS FORM 205 (SIMCELL)

Regional Exercise – 2018
Comms List for Simcell and Regional

Sector	Contacts	Phone	Email
	Simcell		
Water Utility Company	Claud Simon Dan	419-354-9090 ext 170	
Emergency Management Agency	Jeff Klein	419-908-6269	jklein@co.wood.oh.us
Nursing Home (Evacuating Facility)	Ask for *Happy Acres*	419-354-4306	
	Regional		
Regional Public Health Coordinator	Connor	484-363-0824	crittwage@co.wood.oh.us
Regional Health Care Coordinator	Patrick Trejchel	419-842-0800 ext 127 Cell: 419-377-0948	ptrejchel@hcno.org

APPENDIX H: VOLUNTEER MANAGEMENT PERFORMANCE MEASURE

After-Action Report/
Improvement Plan (AAR/IP) 2018 NWO Regional Exercise

PHEP FY18 BP1 Volunteer Management Performance Measure Template

Agency Name: Wood County Health District
Person Completing: William C. Bryant-Bey
Date Reporting: 1/17/2018
Report # 1 (1st or 2nd)

For each incident, exercise, or planned event reported for demonstration of the Volunteer Management Capability, please enter the following:

1. This performance measure is required if an incident/exercise involving the management of volunteers occurred within BP1. Did an incident/exercise involving the deployment of volunteers occur?
   - ☒ Yes
   - ☐ No [If no, only Question 17 is required]
2. The number of volunteers determined to be needed for the response by public health/medical lead or other authorized official (denominator) 10
3. The number of volunteers who arrived at staging area/on scene within the requested timeframe (numerator) *[Max 5 digits]* 6

   Of these:
   a. Number of deployed volunteers registered in the ESAR-VHP *[Max 5 digits]* 4
   b. Number of deployed volunteers registered in the other systems *[Max 5 digits]* 0

   Total *[Max 5 digits]* (Note: Sum of 3a and 3b must equal value entered for question 3) 4

   Performance Measure for HPP/PHEP 15.1: Percentage of volunteers deployed to support a public health/medical incident within an appropriate timeframe *(numerator/denominator)* **40%**
4. Requested timeframe for on-scene (including staging area or other designated area) arrival of volunteers *[Max 100 characters]* 2 hours
5. The request for volunteers occurred during a(n):
   - ☐ Incident
   - ☐ Full-Scale
   - ☒ Functional
   - ☐ Drill
6. This incident or exercise utilized or demonstrated one or more functions within the: *[select one]*
   - ☐ HPP Volunteer Management Capability
   - ☒ PHEP Volunteer Management Capability
   - ☐ Both HPP and PHEP Volunteer Management Capabilities
7. Does this incident reflect your best volunteer deployment (highest percentage)?
   - ☐ Yes
   - ☒ No
8. Is this incident being used to focus on quality improvement or technical assistance?
   - ☒ Yes
   - ☐ No
9. The name and date of the incident or exercise.
   a. Name: 2018 NWO Regional Exercise
   b. Date: 1/17/2018
10. The type of incident or exercise upon which the request for volunteers was based: *[Select only one, even if multiple hazards existed in one incident]*
    - ☐ Extreme weather (e.g., heat wave, ice storm)

1

After-Action Report/
Improvement Plan (AAR/IP) 2018 NWO Regional Exercise

- ☐ Flooding
- ☐ Earthquake
- ☐ Hurricane/tropical storm
- ☐ Hazardous material
- ☐ Fire
- ☐ Tornado
- ☐ Biological hazard or disease – please specify *[Max 100 characters]*
- ☐ Radiation
- ☒ Other (please specify) *[Max 100 characters]* Medical Surge - Assisting Bowling Green Manor with evacuating of residents due to a water main break.

11. The entity that made the original request for volunteers *[Select one]*
    - ☒ Local health department
    - ☐ State health department
    - ☐ Other, please specify:
    - ☐ Healthcare coalition
    - ☐ Healthcare organization

12. The requested location for the deployment *[Select one]*
    - ☐ Staging/assembly area(s) (not actual incident site)
    - ☐ Points of Dispensing (POD or PODs)
    - ☐ Hospital(s)
    - ☐ Shelter(s)
    - ☐ Alternate care site(s), please specify *[Max 750 characters]*
    - ☒ Other, please specify *[Max 100 characters]* Bowling Green Manor

13. The number of volunteers who were contacted for potential deployment *[Max 5 digits]* 44

14. Please indicate any barriers to deploying volunteers to support a public health/medical incident within requested timeframe.
    - ☐ Communication
    - ☐ Equipment
    - ☒ Funding
    - ☒ Participation
    - ☐ Policies/procedures
    - ☐ Resource limitations
    - ☒ Staffing
    - ☐ Time constraints
    - ☐ Training
    - ☐ Other, please specify *(max 100 characters)*
    - ☐ None

15. Continuous Quality Improvement:

a. Were relevant corrective actions/improvement plans items from *prior responses* (including exercises, drills, etc.) related to volunteer management incorporated into planning and/or response procedures before this incident/drill took place?	☐ Yes ☐ No ☒ Some
b. Have corrective actions/improvement plan items related to volunteer management been identified as a result of this incident/drill?	☐ Yes ☐ No ☒ Some
i. Have they been implemented?	☐ Yes ☐ No ☒ Some

16. Awardees that experience no incidents or exercises involving deployment of volunteers in BP1 do

2

After-Action Report/
Improvement Plan (AAR/IP) 2018 NWO Regional Exercise

not need to report on this measure; however they must conduct a call down and acknowledgement drill. Please enter the following information on the call down drill.

a. Number of volunteers contacted (registered in the ESAR-VHP system) *[Max 5 digits]* 44
b. Number of volunteers contacted (registered in other systems) *[Max 5 digits]* 0
c. Number of volunteers in the ESAR-VHP system that acknowledged contact within the requested timeframe *[Max 5 digits]* 13 (Can Volunteer – 4, Cannot Volunteer – 9)
d. Number of volunteers registered in other systems that acknowledged contact within the requested timeframe *[Max 5 digits]* 0
e. Requested timeframe for acknowledgment: Hours 2 Mins 0

3

APPENDIX I: INFORMATION SHARING PERFORMANCE MEASURE

After-Action Report/
Improvement Plan (AAR/IP) 2018 NWO Regional Exercise

FY18 BP1 Information Sharing Performance Measure Template

Agency Name: Wood County Health District
Person Completing: William C. Bryant-Bey
Date Reporting: 1/17/2018
Report # 1 (1st or 2nd)

For each incident, exercise, or planned event reported for demonstration of the Information Sharing Capability, please enter the following:

1. Number of local partners that received a request for Essential Elements of Information (denominator)	9
2. Number of local partners that reported requested EEI to the health and medical lead within the requested time-frame (numerator)	9
3. **Performance Measure**: Percent of local partners that reported EEI to the health/medical lead within the requested time-frame (denominator/numerator)	100%
4. The request for EEI occurred during a/an: (select one) ☐ Incident ☐ Drill ☐ Full-Scale Exercise ☐ Planned Event ☒ Functional Exercise	
5. Please identify the type of incident/exercise/planned event upon which the request for the EEI was based. (Select only one, even if multiple hazards existed in one incident) ☐ Extreme Weather ☐ Radiation ☐ Flooding ☐ Earthquake ☐ Hurricane/tropical storm ☐ Fire ☐ Tornado ☐ Hazardous Material ☐ Biological hazard of disease, please specify (max 100 characters) ☒ Other Medical Surge - Water main break that caused Bowling Green Manor to evacuate residents.	
6. Was this incident/exercise/planned event MCM-related? ☐ Yes ☒ No	
7. Please provide the name and date of the incident/exercise/planned event used: a. Name 2018 NWO Regional Exercise b. Date 1/17/2018	
8. Does this incident reflect your best performance (highest percentage)? ☒ Yes ☐ No	
9. Is this incident being used to focus on quality improvement or technical assistance? ☐ Yes ☒ No	
10. This incident/exercise/planned event utilized or demonstrated one or more functions within the: (select one) ☐ HPP Capability ☒ PHEP Capability ☐ Both HPP and PHEP Capability	

1

After-Action Report/
Improvement Plan (AAR/IP) 2018 NWO Regional Exercise

11. Please state how many of each type(s) of local partners responded to the request. (max 5 digits for each type)

Hospitals	1	Long-Term Care Facilities	6
Healthcare Organizations		Community Health Centers	
Local Public Health entities (LHD's, district or regional offices, etc.			1

12. Did "other" types of local partners (not listed above) respond to same request? (max 5 digits for each type)
    - [x] Yes
    - [ ] No

13. If "yes" for question 12, please describe other type and how many local partners of "other" types responded. (max 300 characters)
    1

14. Please identify the requesting entity (e.g. public health/medical lead at the state, subgrant regional or local level). [select one]
    - [ ] State health/medical lead (or designee)
    - [ ] Sub-state regional health/medical lead (or designee)
    - [x] Local health/medical lead or designee
    - [ ] Other, please specify (max 100 characters)

15. Please identify the types of EEI requested (select all that apply)
    - [ ] Facility operating status
    - [ ] Staffing status
    - [x] Facility structural integrity
    - [ ] Emergency Medical Services (EMS) status
    - [x] The status of evacuations/shelter in-place operations
    - [ ] Epidemiological, surveillance or lab data
    - [ ] Status of critical medical services (e.g., trauma, critical care)
    - [ ] School-related data (closure, absenteeism, etc.)
    - [x] Critical service/Infrastructure status (e.g., electric, water, sanitation, heating, ventilation, and air conditioning)
    - [x] Bed or patient services
    - [ ] POD/mass vaccine sites data (e.g., throughput, open/set-up status, etc.)
    - [ ] Equipment/supplies/medications/vaccine status or needs
    - [x] Other, please specify (max 100 characters)
      Status of Volunteer

16. Please identify the type of information technology or other communication system you used to request the EEI from local partners. (select all that apply)
    - [x] Telecommunications
    - [x] Email
    - [ ] On-line/web interface (electronic bed or patient tracking, survey tools, WebEOC or similar, etc.)
    - [ ] Health Alert Network
    - [ ] Other, please specify (max 100 characters)

17. Continuous Quality Improvement:
    a. Were relevant correction actions/improvement plan items from prior responses (including exercises, drill, etc.) related to information sharing incorporated into planning and/or response procedures before this incident/drill took place?

2

After-Action Report/
Improvement Plan (AAR/IP) 2018 NWO Regional Exercise

- ☐ Yes
- ☐ No
- ☒ Some

b. Have corrective actions/improvement plan items related to information sharing been identified as a result of this incident drill?

- ☒ Yes
- ☐ No

c. Have corrective actions/improvement plan items been implemented?

- ☒ Yes
- ☐ No
- ☐ Some

18. Please identify any barriers to submitting a requested EEI within the requested timeframe (select all that apply).

- ☐ Communication
- ☐ Equipment
- ☐ Funding
- ☒ Participation
- ☐ Policies/procedures
- ☐ Resource limitations
- ☐ Staffing
- ☐ Time Constraints
- ☒ Training
- ☐ Other, please specify
- ☐ None

3

APPENDIX J: SIGN-IN SHEET

WOOD COUNTY HEALTH DISTRICT

2018 Regional Functional Exercise
1/17/2018

SIGN-IN SHEET

Name	Title
Darlene Beggs	PHN
Kathy Teeple	PHN
JEFF KLEIN	WOOD CO. EMA DEP DIRECTOR
William C. Bryant-Mez	EMT
Kami Wildman	Outreach + Enrollment
Kelly Bechstein	Assistant EH Dir.
ALEX ASLACHER	Comm. Outreach Coord.
Ben Batey	Health Commissioner
Pat Snyder	Comm Mgr / Controller
Mary Henderly	Finance Director
Connie [illegible]	Regional Public Health Coordinator
Lana Glore	WCHD EH Director

HCF

IN-SERVICE EDUCATION RECORD

Location _____ Time 9^25 - 10^36 Date 1-17-18

Instructor Brooke Harrison

Topic 2018 Medical Surge Exercise

Minutes: Minutes of meeting attached.

Attendance:

NAME	DEPT.		NAME	DEPT.
1. Linda -	Nrsg		21.	
2. Marenda -	ACH.		22.	
3. John -	ESS		23.	
4. Pam -	Nursing		24.	
5. Andrea -	NRSG		25.	
6. Rita -			26.	
7. Kerri -	COM,NSS		27.	
8. Jeff -	BDC		28.	
9. Michelle -	RSC		29.	
10. Lisa -	NJ		30.	
11.			31.	
12.			32.	
13.			33.	
14.			34.	
15.			35.	
16.			36.	
17.			37.	
18.			38.	
19.			39.	
20.			40.	

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Form No. A-0052 Rev. 6/08

WellsBrooke
CERTIFIED HOME HEALTH CARE

Emergency Preparedness Exercise Sign-In Sheet

Date 1/17/18

Exercise Title 2018 TTX Exercise Wood County Health

Scenario Winter weather has caused severe low temps water main break & BG manor flooding

Please Sign In

Print name	Signature	Date
Karyn Ku		1/17/18
Janice Carter	Janice Carter	1/17/18
Stephanie Fengel		1.17.2018
Lindy M Scott	Lynsey M Scott	1.17.18

APPENDIX K: INCIDENT ACTION PLAN (QUICK-START)

HICS INCIDENT ACTION PLAN (IAP) QUICK START
COMBINED HICS 201—202—203—204—215A

1. Incident Name	2. Operational Period (# 1)
2018 NWO Regional Functional Exercise	DATE: FROM: 1/17/2017 TO: 1/17/2017 TIME: FROM: 9:00 AM TO: 12:00 PM

3. Situation Summary — HICS 201 —

The City of Bowling Green Utilities Department reported a water main break to Wood County Health District. Bowling Green Manor is experiencing extensive flooding due to the water main break that has occurred outside the facility. Bowling Green Manor has exhausted all transportation recourses and needs to evacuate residents to receiving facilities. Bowling Green Manor will be calling Wood County Health District to assist with acquiring transportation from the Wood County EMA.

Controller: Pat Snyder
Evaluator: Amy Jones

4. Current Hospital Incident Management Team (fill in additional positions as appropriate) — HICS 201, 203 —

HOSPITAL INCIDENT COMMAND SYSTEM

Purpose: Short form combining HICS Forms 201, 202, 203, 204, and 215A
Organization: Incident Commander or Planning Section Chief
Copies to: Command Staff, Section Chiefs, and Documentation Unit Leader

IAP Quick Start | Page 1 of 2

HICS INCIDENT ACTION PLAN (IAP) QUICK START
COMBINED HICS 201—202—203—204—215A

5. Health and Safety Briefing Identify potential incident health and safety hazards and develop necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect responders from those hazards. — **HICS 202, 215A** —

Registered Sanitarians, Home Health Aide, MRC Volunteers and other staff who may be out in the field should be aware of the following hazards:

- Slip, trip and fall hazards
- Cuts, lesions, and punctures
- High water areas

Wear protective footwear (e.g., steel toe boots, waterproof safety shoes) in areas where there is a danger of foot injuries.

Avoid hazardous areas and report dangerous area to your supervisor.

6. Incident Objectives — **HICS 202, 204** —

6a. OBJECTIVES	6b. STRATEGIES / TACTICS	6c. RESOURCES REQUIRED	6d. ASSIGNED TO
Communicate with Bowling Green Manor to determine evacuation needs.	Utilize the ICS 213 RR Form to gather information from the evaluating and receiving facility.	• Phone in Department Operation Center (DOC) • Laptop and access to printer • ICS 213 RR Form	Liaison Officer
Information Sharing	• Provide Situational Awareness to Incident Management Team, local, and regional partners on a regular basis (e.g., hourly, every 2 hours). Provide regular updates to the public using multiple media platforms	• Access to WCHD Facebook and Twitter account • Laptop and access to printer • Access to NWO HAN List • Access to Seneca County Local Contact List	Logistics Section Chief
Rumor Control	• Monitor Facebook and Twitter regularly to debunk rumors	• Access to WCHD Facebook and Twitter account • Laptop and access to printer • Access to NWO HAN List • Access to HAN List	Public Information Officer

7. Prepared by PRINT NAME: William C. Bryant-Bey SIGNATURE: _____

DATE/TIME: January 17, 2018 (Review Date/Time) FACILITY: Wood County Health District

HOSPITAL INCIDENT COMMAND SYSTEM

Purpose: Short form combining HICS Forms 201, 202, 203, 204, and 215A
Organization: Incident Commander or Planning Section Chief
Copies to: Command Staff, Section Chiefs, and Documentation Unit Leader

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APPENDIX L: EXERCISE/EVENT REVIEW FORM (EERF)

Ohio Department of Health

Exercise/Event Review Form (EERF)

Review Part 1: For deliverable reimbursement, the EERF must be received in GMIS by the 31st of March.

Date AAR/IP submitted to ODH: 03/02/2018 **Date of Exercise/Event:** 01/17/2018
AAR/IP Subgrantee: Wood County Combined Health District **Jurisdiction:** PHEP Region 1 NW
Submission Type: Deliverable Reimbursement and Capability Credit **Deliverable Number:** PHEP Core 11.1
Exercise/Event Type: Functional **Exercise/Event Name:** 2018 NWO Regional Exercise

PHEP Capability Ratings: Assign ratings to all exercise/event task observations described in the capability analysis section of your AAR/IP. You must consider and should average all task ratings for the function before you assign an overall function rating. You must consider and should average all the function ratings before you assign the overall PHEP capability rating (see the rating scale below).
NOTE: It may take multiple exercises to obtain a complete capability rating if you only exercise a few tasks each exercise.

PHEP CAPABILITY RATINGS

P - Performed without Challenges **M** - Performed with Major Challenges **S** - Performed with Some Challenges
U - Unable to be Performed **N** – Not Observed

NOTE: Input the corresponding letter into fields below, the rating definitions are located on Page 3.

PHEP Capability	Function	T1	T2	T3	T4	T5	T6	T7
1. Community Preparedness Rating	1 =							
	2 =							
	3 =							
	4 =							
2. Community Recovery Rating	1 =							
	2 =							
	3 =							
3. Emergency Operations Coordination Rating	1 =							
	2 =							
	3 =							
	4 =							
	5 =							
4. Emergency Public Information and Warning Rating	1 =	P	P	P	P	P	P	P
	2 =	P	P	P	P			
	3 =	P	P	P	P			
	4 =	P	P	P	P			
	5 =	S	P	S	P			
5. Fatality Management Rating	1 =							
	2 =							
	3 =							
	4 =							
	5 =							
6. Information Sharing Rating	1 =	P	P	P	P			
	2 =	P	P	P	P	P		
	3 =	P	P	P	P	P	P	
7. Mass Care Rating	1 =							
	2 =							
	3 =							
	4 =							
8. Medical Countermeasure Dispensing Rating	1 =							
	2 =							
	3 =							
	4 =							
	5 =							

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Ohio Department of Health

PHEP CAPABILITY RATING

P - Performed without Challenges **M** - Performed with Major Challenges **S** - Performed with Some Challenges
U - Unable to be Performed **N** – Not Observed
NOTE: Input the corresponding letter into fields below, the rating definitions are located on Page 3.

PHEP Capability	Function	T1	T2	T3	T4	T5	T6	T7
9. Medical Material Management and Distribution Rating	1 =							
	2 =							
	3 =							
	4 =							
	5 =							
	6 =							
10. Medical Surge Rating	1 =	P	P	P	P			
	2 =	P	P	P	P	P	S	
	3 =	S	P	S	P			
	4 =	P	P	P	P			
11. Non-Pharmaceutical Interventions Rating	1 =							
	2 =							
	3 =							
	4 =							
12. Public Health Laboratory Testing Rating (ODH only)	1 =							
	2 =							
	3 =							
	4 =							
	5 =							
13. Public Health Surveillance and Epi Investigation Rating	1 =							
	2 =							
	3 =							
	4 =							
14. Responder Safety and Health Rating	1 =							
	2 =							
	3 =							
	4 =							
15. Volunteer Management Rating	1 =							
	2 =							
	3 =							
	4 =							

NOTE: Subgrantees will focus exercise design objectives around the six Public Health Preparedness outcomes to align with and strengthen all six public health domains. Outcomes will be monitored using capabilities-based metrics. The green highlights in the table above correlate to the priority functions listed on the PHEP Logic model. PHEP capability analysis within the AAR/IP must address PHEP capability functions, tasks and associated performance measures demonstrated to receive PHEP Capability Credit.