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Homeland Security Exercise and Evaluation Program (HSEEP)
After Action Report/Improvement Plan
(AAR/IP)

ACS Activation Functional Exercise
October 2009

Calaveras County

ALTERNATE CARE SITE ACTIVATION EXERCISE

October 20, 2009

AFTER ACTION REPORT/IMPROVEMENT PLAN

October 26, 2009



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CONTENTS

Administrative Handling Instructions	1
Contents	3
Executive Summary	5
Section 1: Exercise Overview	5
Exercise Details	7
Exercise Planning Team Leadership	7
Participating Organizations	8
Section 2: Exercise Design Summary	9
Exercise Purpose and Design	9
Capabilities and Activities Identified for Demonstration	9
Scenario Summary	10
Section 3: Analysis of Capabilites	11
Activity 1: ACS Management Team Activation	11
Activity 2: Use of ACS Forms & Documents	12
Activity 3: Developing Staffing & Supply Plans	13
Section 4: Conclusion	15
Appendix A: Improvement Plan	16

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EXECUTIVE SUMMARY

The Calaveras County ACS Activation Exercise was developed to test Calaveras County's Medical Surge Capability. The exercise planning team was composed of numerous and diverse agencies, including representatives from Calaveras County Public Health Department, Mark Twain St. Joseph's Hospital, and Calaveras County Office of Emergency Services. The exercise planning team discussed the logistical challenges actual length of time required to fully develop an Incident Action Plan (IAP) for activating an ACS, and determined to limit the exercise to key components of IAP development.

Based on the exercise planning team's deliberations, the following objectives were developed for the ACS Activation Exercise:

- Objective 1: Understand the process used to activate an Alternate Care Site
- Objective 2: Identify and explain the basic purpose of commonly used forms for ACS Activation.
- Objective 3: Develop key components of an Incident Action Plan for operating a 50 bed ACS

The purpose of this report is to analyze exercise results, identify strengths to be maintained and built upon, identify potential areas for further improvement, and support development of corrective actions. Additional exercise details can be found in the body of this report.

Major Strengths

The major strengths identified during this exercise are as follows:

- Good collaboration among agency representatives.
- Forms and supplemental documents supported a logical and organized process.
- Testing the plan helped bring the scenario and real threat to life.

Primary Areas for Improvement

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

- Update Equipment/Supply list to identify "short-list" for local stockpile vs the comprehensive State ACS Cache list.
- Continue to promote electronic database proposal with state HPP representatives.
- Develop or revise resource ordering process, based upon new CD-HOM guidance

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Homeland Security Exercise and Evaluation Program (HSEEP)
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Overall, this exercise was a success. Future exercises should be considered to test other parts of the ACS Activation Plan, such as the initial Technical Advisory Group discussion to establish the “type” of ACS and triage criteria for target patients; or specific functional areas such as Kitchen/Dietary or Pharmacy plan development.

SECTION 1: EXERCISE OVERVIEW

Exercise Details

Exercise Name

ACS Activation Functional Exercise

Type of Exercise

Functional Exercise

Exercise Start Date

October 20, 2009

Exercise End Date

October 20, 2009

Duration

2 hours

Location

Fireside Room, Greenhorn Creek Resort, Angels Camp, CA

Sponsor

Calaveras County Public Health Department

Program

Fiscal Year 2009/10

Mission

Prevention (planning)

Capabilities

Medical Surge

Scenario Type

H1N1 Pandemic Influenza Outbreak

Exercise Planning Team

Colleen Tracy, *Public Health Director*

Dean Kelaita MD, *Public Health Officer*

Fred Claridge, *Public Health Emergency Preparedness Manager*

Doug Buchanan, *Disaster Preparedness Consultant*

Participating Organizations

- Calaveras County Public Health Department
- Calaveras County Office of Emergency Services
- Mark Twain Saint Joseph's Hospital
- American Legion Ambulance
- Ebbott's Pass Fire Protection District

Invited Organizations, Unable to Attend

- American Red Cross
- California Department of Public Health
- Mark Twain St. Joseph's Clinics
- MACT Health Board, Inc.

Participants

The following agency/department representatives participated in the ACS Activation Exercise. Participants were assigned to one of two groups: ACS Equipment/Supply Group or ACS Staffing Group. Leaders were assigned to each group, as well as one Observer and one Controller. The Observers and Controllers also acted as Evaluators for this exercise.

Equipment/Supply Group

- Johanna Vermeltfoort, RN, MTSJ (Group Leader)
- Bill Wennhold, MTSJH (Observer)
- Fred Claridge, Public Health Dept.
- Mauro Garcia, MTSJH
- Terry Bullock, OES
- Nicole Vasquez, ALA
- James Crabtree, Ebbotts Pass Fire
- Colleen Tracy, Public Health Dept. (Controller)

ACS Staffing Group

- Melissa Cuevas, RN, MTSJH (Group Leader)
- Jeanne Boyce, HHS (Observer)
- Debbie Brooks, Public Health Dept.
- Dean Kelaita, MD, Public Health Officer
- Linda Winn, RN, Public Health Nursing Director
- Doug Buchanan, Consultant (Controller)

SECTION 2: EXERCISE DESIGN SUMMARY

Exercise Purpose and Design

The purpose of this exercise was to assess the ability of local medical/health and county representatives to develop portions of an Incident Action Plan to activate an Alternate Care Site during a pandemic influenza outbreak. The exercise was designed with both discussion-based and functional components.

Documents to support the functional exercise were developed including: Draft ACS Plan, ACS Activation Checklist, ACS Staffing Matrix, ACS Organization Chart, ACS Equipment/Supply Matrix, Medical/Health Mutual-Aid Request Form. Participant packets containing the supporting documents were created and provided to participants at the exercise. Participants were directed to pre-assigned seating with name plates upon arrival, in order to accommodate two break-out groups for the exercise.

Exercise Objectives, Capabilities, and Activities

Capabilities-based planning allows for exercise planning teams to develop exercise objectives and observe exercise outcomes through a framework of specific action items that were derived from the Target Capabilities List (TCL). The capabilities listed below form the foundation for the organization of all objectives and observations in this exercise. Additionally, each capability is linked to several corresponding activities and tasks to provide additional detail.

Based upon the identified exercise objectives below, the exercise planning team has decided to demonstrate the following capabilities during this exercise:

- **Objective 1:** Understand the process used to activate an Alternate Care Site
 - **Capability: Medical Surge**
 - **Activity:** Conduct Initial Briefing with the ACS Management Team, selected from appropriate agencies / departments.
- **Objective 2:** Identify and explain the basic purpose of commonly used forms for ACS Activation.
 - **Capability: Medical Surge**
 - **Activity:** Appropriately use forms and supporting documents from the Calaveras ACS Plan.
- **Objective 3:** Develop key components of an Incident Action Plan for operating a 50 bed ACS
 - **Capability: Medical Surge**
 - **Activity:** Develop ACS Staffing Plan and ACS Equipment/Supply Plan for operating a 50 bed ACS.

Scenario Summary

[The following background information was provided to exercise participants to lay the groundwork for this exercise:

The current H1N1 influenza pandemic is causing an increase in influenza-like illness (ILI) in the U.S. and California. Federal and State emergency declarations remain in effect.

During the week of September 28, 2009 the Calaveras County Public Health Department's local surveillance mechanisms indicate that three local schools had a sizable and sudden increase in absenteeism, most of which is reported as due to ILI. Surveillance at the local ED indicated that ILI-related visits increased by 40% the week of 10/5/09. Local outpatient clinics informally report a steady increase in ILI calls and visits during late September – early October, 2009.

On October 10, 2009 six persons with serious ILI are admitted to the Mark Twain St. Joseph's Hospital. Four of these patients require ICU admission. An additional 20 flu patient are admitted to the hospital on October 11 – 15. Four additional ICU beds are needed. Hospitals in Amador, Tuolumne, San Joaquin, Stanislaus and Sacramento counties cannot receive transfers due to similar flu-illness increases and lack of available beds.

On October 16 – 17, an additional 11 patients are admitted to the MTSJH. As of 10/13/09 at 0700, the patient census for flu illness is 30 medical-surgical and eight ICU.

The hospital notified the Public Health Department on October 15 that they were implementing their surge in place plan in response to the rapid increase in admissions for flu. Policies on early discharge and deferral of elective procedures have also been implemented.

On October 18 at 0730 the hospital notifies the Public Health Department that they have 22 patients in the ED for serious flu evaluation and anticipate additional admissions. Two additional ICU beds are needed, totaling 10. The hospital anticipates needing to concentrate resources on critical care patients and notifies the Department that an alternate site for care of flu patients who do not require critical care will be needed.

ACS Activation

The Public Health Department notifies the local OES that the ACS activation team is being notified and a planning meeting scheduled for October 19, 2009 at 0900 to determine the level of care and location of an ACS.

SECTION 3: ANALYSIS OF CAPABILITIES

This section of the report reviews the performance of the exercised capabilities, activities, and tasks. In this section, observations are organized by capability and associated activities. The capabilities linked to the exercise objectives of ACS Activation Functional Exercise are listed below, followed by corresponding activities. Each activity is followed by related observations, which include references, analysis, and recommendations.

CAPABILITY : MEDICAL SURGE

Capability Summary: Medical Surge is the capability to rapidly expand the capacity of the existing healthcare system (long-term care facilities, community health agencies, acute care facilities, alternate care facilities and public health departments) in order to provide triage and subsequent medical care. This includes providing definitive care to individuals at the appropriate clinical level of care, within sufficient time to achieve recovery and minimize medical complications. The capability applies to an event resulting in a number or type of patients that overwhelm the day-to-day acute-care medical capacity. Medical Surge is defined as the rapid expansion of the capacity of the existing healthcare system in response to an event that results in increased need of personnel (clinical and non-clinical), support functions (laboratories and radiological), physical space (beds, alternate care facilities) and logistical support (clinical and non-clinical equipment and supplies).

Activity 1: Conduct Initial Briefing with the ACS Management Team, selected from appropriate agencies / departments.

Observation 1.1: (Strength) Good to have all the players in the room.

Observation 1.2: (Strength) It was helpful to walk through this process.

Observation 1.3: (Strength) Good collaboration among agency representatives.

Observation 1.4: (Weakness) Planning process got “side-tracked” a few times to off-topic discussions.

Observation 1.5: (Weakness) Certain decisions could not be made without the right people being at the table (e.g. Security staffing, Housekeeping, Dietary).

References:

- **Calaveras ACS Plan D.3.b.** *The ACS Management Team for each ACS shall be comprised of at least the following representatives (additional HICS positions may be required based on needs):*
 - i. *One hospital clinical care representative (Medical Branch)*

- ii. *One hospital finance or resources representative (Logistics)*
- iii. *One security representative (Security Branch)*
- iv. *One hospital facilities representative (Infrastructure Branch)*
- v. *One hospital representative with a minimum of ICS 300 training (ACS Management Team Leader)*

Analysis:

Although efforts were made to solicit representatives from all appropriate agencies, certain representatives were unable to attend the ACS Activation Exercise. Extra time was spent on discussion of certain topics due to lack of information from the appropriate sources.

Recommendations:

1.4.1 Continue to direct Controller/Facilitator to keep group focused.

1.5.1 Continue to solicit participation from appropriate agency/department representatives.

Activity 2: Appropriately use forms and supporting documents from the Calaveras ACS Plan.

Observation 2.1: (Strength) Forms seemed fairly simple and straight forward.

Observation 2.2: (Strength) Forms and supplemental documents supported a logical and organized process.

Observation 2.3: (Weakness) Supply list is too varied (i.e. multiple sizes of each item), should be pared down.

Observation 2.4: (Weakness) Hand-washing stations should be added to the equipment list, as well as supply shelving and partitions.

Observation 2.5: (Weakness) Need electronic database inventory system vs Excel Spreadsheets to maintain/track local inventories.

References:

- **Calaveras ACS Plan – (page 18) Staffing Guideline**
- **Calaveras ACS Plan – (Appendix H) Equipment/Supply Matrix**

Analysis:

Overall feedback from the exercise participants indicated that the use of the forms was helpful, although various improvements to the form contents could be improved. The Staffing Group noted certain positions were lacking on the ACS Staffing Guideline matrix. The Equipment/Supply Group noted that ordering individual supplies using the Supply Matrix was very cumbersome and time-consuming. This group also noted that several pieces of necessary equipment were missing from the list such as: hand-washing stations, supply shelving, and privacy partitions.

Recommendations:

2.3.1 Update Equipment/Supply list to identify “short-list” for local stockpile vs the comprehensive State ACS Cache list.

2.4.1 Add Hand-washing stations, supply shelving, and privacy partitions to the Supply/Equipment List.

2.5.1 Continue to promote electronic database proposal with state HPP representatives.

Activity 3: Develop ACS Staffing Plan and ACS Equipment/Supply Plan for operating a 50 bed ACS.

Observation 3.1: (Strength) It’s good to go through this now, before we actually have to activate an ACS.

Observation 3.2: (Strength) Testing the plan helped bring the scenario and real threat to life.

Observation 3.3: (Weakness) Equipment list was long and cumbersome for entry into RIMS. Ordering a “cache” seems more logical.

Observation 3.4: (Weakness) Due to potential delays in receiving state caches, a local stockpile for ACS Activation should be developed.

Observation 3.5: (Weakness) O2 administration poses logistical challenges.

Observation 3.6: (Weakness) Develop or revise resource ordering process.

References:

- Calaveras ACS Plan – (page 11) ACS Staffing Plan
- Calaveras ACS Plan – (page 19) ACS Supply Plan

Analysis:

The Equipment/Supply Group noted that entry of individual supplies into the RIMS system to support an ACS would be impractical and suggested that the a more reasonable process would be to simply order an “ACS Cache.” It was also noted that the time delay for receiving a state cache could be significant, and therefore a local ACS cache might be a more reasonable starting place. Both groups were also tasked to use the newly released Medical/Health Resource Ordering Form, however, there was little time left for completing this process nor is there currently a written procedure for processing this pursuant to the new CDHOM guidance.

Recommendations:

- 3.3.1 Note procedural difference on ACS Equipment/Supply list.
- 3.4.1 Develop local ACS Cache.
- 3.5.1 Note logistical challenges on Equipment/Supply list for providing and maintaining oxygen administration.
- 3.6.1 Develop or revise resource ordering process, based upon new CD-HOM guidance

SECTION 4: CONCLUSION

Overall, this exercise was success in evaluating the draft ACS Plan and supporting documents, as well as exposing many of the players to the ACS Activation process for the first time.

The major strengths identified during this exercise include: good collaboration among agency representatives; forms and supplemental documents supported a logical and organized process; testing the plan helped bring the scenario and real threat to life.

Throughout the exercise, several opportunities for improvement in Calaveras County's ability to respond to the incident were identified. The primary areas for improvement, including recommendations, include: updating the Equipment/Supply list to identify "short-list" for local stockpile vs the comprehensive State ACS Cache list; continuing to promote electronic database proposal with state HPP representatives; and developing or revising the resource ordering process, based upon new CD-HOM guidance.

Future exercises should be considered to test other parts of the ACS Activation Plan, such as the initial Technical Advisory Group discussion to establish the "type" of ACS and triage criteria for target patients; or specific functional areas such as Kitchen/Dietary or Pharmacy plan development.

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 AFTER ACTION REPORT/IMPROVEMENT PLAN
ACS Activation Functional Exercise

APPENDIX A: IMPROVEMENT PLAN

This IP has been developed specifically for the Calaveras County Public Health Department as a result of the ACS Activation Functional Exercise conducted on October 20, 2009. These recommendations draw on both the After Action Report and the After Action Conference.

Capability	Observation Title	Recommendation	Corrective Action Description	Capability Element	Primary Responsible Agency	Agency POC	Start Date	Completion Date
Medical Surge	Observation 1.4	1.4.1 Continue to direct Controllers/ Facilitators to keep group focused on assigned task/topic.	Keep group focused on topic	Training	--	--	--	ongoing
	Observation 1.5	1.5.1 Continue to solicit representation from appropriate agencies / departments	Invite appropriate agency/department reps to participate in exercises	Planning	--	--	--	ongoing
	Observation 2.3	2.3.1 Update Equipment/ Supply list to identify "short-list" for local stockpile vs the comprehensive State ACS Cache list.	Update Equipment/ Supply list	Systems/ Equipment	Consultant	Doug Buchanan		06/30/10
	Observation 2.4	2.4.1 Add Hand-washing stations, supply shelving, and privacy partitions to the Supply/Equipment List.	Update Equipment/ Supply list	Systems/ Equipment	Consultant	Doug Buchanan		10/30/09
	Observation 2.5	2.5.1 Continue to promote electronic database proposal with state HPP	Promote database concept	Planning	Public Health		--	ongoing

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 AFTER ACTION REPORT/IMPROVEMENT PLAN
ACS Activation Functional Exercise

		representatives.						
Medical Surge	Observation 3.3	3.3.1 Note procedural difference on ACS Equipment/Supply list.	Update Equipment/Supply list	Systems/Equipment	Consultant	Doug Buchanan	--	10/30/09
	Observation 3.4	3.4.1 Develop local ACS Cache.	Develop local ACS Cache.	Systems/Equipment	Public Health			06/30/10
	Observation 3.5	3.5.1 Note logistical challenges on Equipment/Supply list for providing and maintaining oxygen administration.	Update Equipment/Supply list	Systems/Equipment	Consultant	Doug Buchanan		10/30/09
	Observation 3.6	3.6.1 Develop or revise resource ordering process, based upon new CD-HOM guidance.	Develop or revise resource ordering process, based upon new CD-HOM guidance.	Planning	Public Health			06/30/10

Table A.1 *Improvement Plan Matrix*