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

ACS Activation Functional Exercise  
July 2010

## Amador County

### ALTERNATE CARE SITE ACTIVATION EXERCISE

July 6, 2010



# AFTER ACTION REPORT/IMPROVEMENT PLAN

July 9, 2010



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## HANDLING INSTRUCTIONS

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## EXECUTIVE SUMMARY

The Amador County ACS Activation Exercise was developed to test Amador County's Medical Surge Capability. The exercise planning team was composed of numerous and diverse agencies, including representatives from Amador County Public Health Department, Sutter Amador Hospital, and Amador County Office of Emergency Services. The exercise planning team discussed the logistical challenges actual length of time required to fully develop an Action Plan for activating an ACS, and determined to limit the exercise to key components of 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 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 Amador County's ability to respond to the incident were identified. The primary areas for improvement, including recommendations, are as follows:

- Update Equipment/Supply with additional items identified during the exercise.
- Update the ACS Staffing Guide, based upon exercise participant feedback.
- Establish a directory and consider MOUs for certain support services, such as Mobile Radiology, Food Services, Housekeeping, Staffing, etc.

Overall, this exercise was a success. Future exercises should be considered to test other parts of the ACS Activation Plan, such as the initial Medical/Health Threat Assessment Group discussion to establish the "type" of ACS and triage criteria for target patients; or set-up of ACS.

## SECTION 1: EXERCISE OVERVIEW

### Exercise Details

**Exercise Name**

ACS Activation Functional Exercise

**Type of Exercise**

Functional Exercise

**Exercise Start Date**

July 6, 2010

**Exercise End Date**

July 6, 2010

**Duration**

3 hours

**Location**

Mountain-Meadow Room, Sutter Amador Hospital, Jackson, CA

**Sponsor**

Amador County Public Health Department

**Program**

Fiscal Year 2009/10

**Mission**

Prevention (planning)

**Capabilities**

Medical Surge

**Scenario Type**

H1N1 Pandemic Influenza Outbreak

### Exercise Planning Team

Lori Jagoda, *Public Health*

Robert Hartmann MD, *Public Health Officer*

Richard Murdock, *Amador County HPP Coordinator*

Lynne Olson, *Amador County OES Coordinator*

Joyce Friday, *Sutter Amador Hospital Emergency Preparedness Coordinator*

Doug Buchanan, *Disaster Preparedness Consultant*

## Participating Organizations

- Amador County Public Health Department
- Amador County Office of Emergency Services
- Amador County Sheriff's Office
- Sutter Amador Hospital

## Invited Organizations, Unable to Attend

- American Legion Ambulance
- California Department of Public Health
- Jackson Police Department
- Regional Disaster Medical/Health Specialist
- Argonaut High School

## 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.

### Medical/Surge Group

- Doug Buchanan, Consultant (Controller/Observer)
- Tracy Robles, Sutter Health
- Anne Platt, Sutter Amador Hospital
- Connie Vacavrezza, Amador County Public Health
- Judy Vermason, Sutter Amador Hospital
- Barbara Steuble, Sutter Amador Hospital
- Eduardo Morin, Sutter Amador Hospital
- Nikki Allen, Sutter Amador Hospital

### Infrastructure Group

- Richard Murdock, Amador County Public Health (Controller/Observer)
- Robert Hartmann MD, Amador County Public Health Officer
- Doug McElwee, Sutter Amador Hospital
- Lori Jagoda, Amador County Public Health
- Debbie Staniford, Amador County Public Health
- Joyce Friday, Sutter Amador Hospital

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Security Group

- Kelly Cosgrove, Consultant (Controller/Observer)
- Diana Evensen, Amador County Public Health
- Ron Rockett, Amador County Sheriff's Office
- Gary Redman, Amador County Sheriff's Office

## 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: Activation ACS Plan, ACS Activation Checklist, ACS Staffing Matrix, ACS Organization Chart, ACS Equipment/Supply Matrix, and Medical/Health Mutual-Aid Request Form. Participant packets containing the supporting documents were created and provided to participants at the exercise. Participants were divided into three 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 Activation 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 Amador ACS Activation Plan.
- **Objective 3:** Develop key components of an Action Plan for operating a 50 bed ACS
  - **Capability: Medical Surge**
    - **Activity:** Identify key objectives for activating a 50 bed ACS within the specified functional area.

## Scenario Summary

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

### BACKGROUND

A genetic shift in the H1N1 influenza virus is causing an increase in influenza-like illness (ILI) in the U.S. and California. Federal and State emergency declarations remain in effect.

### WEEK OF JULY 21, 2010

- Amador County Public Health Department's local surveillance mechanisms indicate that three local businesses 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 June 21.
- Local outpatient clinics informally report a steady increase in ILI calls and visits during late June.

### LAST WEEK

- On June 28, six persons with serious ILI are admitted to the Sutter Amador Hospital. Four of these patients require ICU admission.
- An additional 20 flu patient are admitted to the hospital on June 28 – July 2. Four additional ICU beds are needed.
- Continuous surveillance via EMS systems shows that hospitals in Calaveras, Tuolumne, San Joaquin, Stanislaus and Sacramento counties cannot receive transfers due to similar flu-illness increases and lack of available beds.

### LAST WEEKEND

- The hospital notified the Public Health Department on July 2 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 July 3-4, an additional 11 patients are admitted to the SAH. As of 7/05/10 at 0700, the patient census for flu illness is 30 medical-surgical and eight ICU.

### THIS WEEK

- On July 5 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.

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ACS ACTIVATION

The Public Health Department notifies the local OES that the Medical/Health Threat Assessment Group met yesterday, July 5, at 0900 to determine the level of care and location of an ACS.

MEDICAL/HEALTH THREAT ASSESSMENT

- The Threat Assessment Group should include Agency Representatives from local healthcare providers, such as:
- Chief of Medical Staff, SAH (or designee),
- Director of Nursing, SAH (or designee,)
- ED Physician or ED Manager, SAH (or designee),
- Clinic Supervisor for SAH or local clinic, and
- At least one local outpatient physician.

The Threat Assessment Group made recommendation to the Public Health Officer to: 1) Establish an ACS at Argonaut High School, Level of Care: Inpatient/Limited Acute Care Triage criteria to be used for acceptance of patients at the ACS includes: ILI Symptoms & Non-ventilator support.

## 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 Activation 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. Laboratory, Housekeeping, Dietary).

#### References:

- **Amador ACS Activation Plan B.2.** *The ACS Activation Team 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 Amador ACS Activation 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 long and varied (i.e. multiple sizes of each item), should be pared down.

**Observation 2.4: (Weakness)** Courier Services should be added to the Staffing Guidelines.

### **References:**

- **Amador ACS Plan – (Appendix F) Equipment/Supply Matrix**
- **Amador ACS Plan – (Appendix H) Staffing Guideline**

### **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 Medical Care Group noted certain positions were lacking on the ACS Staffing Guideline matrix. The Security Group also noted that the proposed security staffing should be

increased. The Infrastructure Group noted that ordering individual supplies using the Supply Matrix was very cumbersome and time-consuming.

**Recommendations:**

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

2.4.1 Update Staffing Guidelines based upon participant feedback.

**Activity 3:** Develop HICS 204 “Key Objectives” assignments for activating 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.

**Analysis:**

The break out groups was successful in addressing their target areas and developing “Key Objectives” within the timeframe allotted.

## **SECTION 4: CONCLUSION**

Overall, this exercise was success in evaluating the draft ACS Activation 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 Amador County's ability to respond to the incident were identified. The primary areas for improvement, including recommendations, include: updating the Equipment/Supply list and revising the Staffing Guidelines, based upon exercise participant feedback.

Future exercises should be considered to test other parts of the ACS Activation Plan, such as the initial Threat Assessment Group discussion to establish the "type" of ACS and triage criteria for target patients; or set-up of ACS equipment and supplies.

## APPENDIX A: IMPROVEMENT PLAN

This IP has been developed specifically for the Amador County Public Health Department as a result of the ACS Activation Functional Exercise conducted on July 6, 2009. These recommendations draw on both the After Action Report and the After Action Conference.

Table A.1 *Improvement Plan Matrix*

Capability	Observation Title	Recommendation	Corrective Action Description	Capability Element	Primary Responsible Agency	Agency POC	Start Date	Completion Date
<b>Medical Surge</b>	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 versus the comprehensive State ACS Cache list.	Update Equipment/ Supply list	Systems/ Equipment	Consultant	Doug Buchanan		07/09/10
	Observation 2.4	2.4.1 Update Staffing Guidelines based upon participant feedback.	Update Staffing Guidelines Matrix	Staffing Guidelines	Consultant	Doug Buchanan		07/09/10