



Public Health
Prevent. Promote. Protect.

North East Central Ohio (NECO) 2018 Regional Functional Exercise

Report Title: Tuscarawas County Health Department After-Action Report / Improvement Plan

Exercise Dates: January 24th – 25th, 2018

Report Submission Date: 3/21/2018

Reporting Agency: Tuscarawas County Health Department

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/EVENT OVERVIEW

Exercise/Event Name	North East Central Ohio (NECO) 2018 Regional Functional Exercise
Exercise/Event Dates	January 24 th – 25 th , 2018
Scope	This is a Functional Exercise (FE) that was planned for January 24 th – 25 th , 2018 within the North East Central Ohio (NECO) Region. Exercise/event participation was limited to public safety and healthcare entities within the NECO Region.
Mission Area(s)	Preparedness, Mitigation, Response, and Recovery
PHEP Capabilities/HPP Capabilities	<p>PHEP Capability #1: Community Preparedness</p> <p>PHEP Capability #2: Community Recovery</p> <p>PHEP Capability #3: Emergency Operations Coordination</p> <p>PHEP Capability #4: Emergency Public Information and Warning</p> <p>PHEP Capability #6: Information Sharing</p> <p>PHEP Capability #7: Mass Care</p>
Objectives	<p>PHEP Capability: Community Preparedness</p> <ul style="list-style-type: none"> - Objective #1: Collaborate with jurisdictional stakeholders to identify the hazards and risks posed to the population. - Objective #2: Collaborate with jurisdictional stakeholders to identify the roles and responsibilities of stakeholders to support response and recovery efforts. - Objective #3: Collaborate with jurisdictional stakeholders at the time of the incident to support the continued delivery of healthcare services. <p>PHEP Capability: Community Recovery</p> <ul style="list-style-type: none"> - Objective #4: Collaborate with jurisdictional stakeholders at the time of the incident to support the continued delivery of healthcare services. <p>PHEP Capability: Emergency Operations Coordination</p>



- Objective #5: Implement incident/hazard assessment measures to determine the extent (incident complexity, roles and responsibilities, etc.) of public health operations.
- Objective #6: Activate the Incident Command System
- Objective #7: Develop and Incident/Event Action Plan to support the management of public health operations.
- Objective #8: Monitor and maintain public health operations through the duration of the incident.

PHEP Capability: Emergency Public Information and Warning

- Objective #9: Coordinate and manage public information initiatives to support public health operations.

PHEP Capability: Information Sharing

- Objective #10: Coordinate and manage the sharing of information to support public health operations.

PHEP Capability: Mass Care

- Objective #11: Identify the roles and responsibilities of public health related to mass care operations.
- Objective #12: Identify mass care needs within the jurisdiction as applicable within the scope of public health.
- Objective #13: Coordinate the delivery of mass care needs within the jurisdiction relevant to the scope of public health.

Threat or Hazard

Meteorological Hazard

- Severe Winter Weather Hazards (Snow, Freezing Rain, Ice, Cold Temperatures, etc.).

Technological Hazard

- Energy, Power, Utility Hazards (Power Outages)
- Building/Structural Collapse

Scenario/Event Catalyst

Severe winter weather is impacting the greater North East Ohio area causing freezing rain, ice accumulation, excessive snowfall, and low temperatures. Cascading hazards are impacting and/or inundating the community’s ability to provide and maintain public safety and health services.

Sponsor/Lead Agency

North East Central Ohio (NECO) Regional Healthcare Coalition

Participating Organizations

Tuscarawas County Health Department: 21
New Philadelphia City Health Department: 1 (+ 2 observers)
Tuscarawas County Emergency Management Agency: 2
Observers: 7 (from local CMS agencies)

Point of Contact

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EXECUTIVE SUMMARY

The Northeast Central Ohio 2018 Regional Functional Exercise (NECO 2018 Regional FE) is sponsored by the Ohio Department of Health (ODH); Assistant Secretary for Preparedness and Response (ASPR); Healthcare Preparedness Program (HPP); Office of Health Care Preparedness, Healthcare Preparedness Program and coordinated by the Northeast Central Ohio (NECO) Region 5. This exercise is an unclassified exercise.

The exercise scenario centered around a severe winter storm that impacted our area, causing freezing rain, ice accumulation, excessive snowfall, and low temperatures. Cascading hazards impacted and inundated the community's ability to provide and maintain public safety and health services.

The capabilities selected for the 2018 NECO Region 5 Winter Storm functional exercise were from the Office of the Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program (HPP) Healthcare Preparedness Capabilities and Centers for Disease Control and Prevention (CDC), Public Health Emergency Preparedness (PHEP). Capabilities-based planning focuses on planning under uncertainty because the next danger or disaster can never be forecast with complete accuracy.

The following capabilities were selected by the NECO Exercise Design Committee from the priority capabilities identified in the NECO Healthcare Region 5 Multi-Year Training and Exercise Plan.

1. Community Preparedness (CDC Capability #1)
2. Community Recovery (CDC Capability #2)
3. Emergency Operations Coordination (CDC Capability 3)
4. Emergency Public Information and Warning (CDC Capability #4)
5. Information Sharing (CDC Capability #6)
6. Mass Care (CDC Capability #7)

The NECO Exercise Planning Committee selected the following objectives for the NECO 2017 Regional Functional Exercise:

PHEP Capability #1: Community Preparedness

Community preparedness is the ability of communities to prepare for, withstand, and recover – in both the short and long terms – from public health incidents.¹ By engaging and coordinating with emergency management, healthcare organizations (private and community-based), mental / behavioral health providers, community and faith-based partners, state, local, and territorial, public health's role in community preparedness is to do the following:

- Support the development of public health, medical and mental/behavioral health systems that support recovery.
- Participate in awareness training with community and faith-based partners on how to prevent, respond to, and recover from public health incidents.
- Promote awareness of and access to medical and mental/behavioral health resources that help.

- Protect the community’s health and address the functional needs (i.e., communication, medical care, independence, supervision, transportation) of at-risk individuals.
 - Engage public and private organizations in preparedness activities that represent the functional needs of at-risk individuals as well as the cultural and socio-economic, demographic components of the community.
 - Identify those populations that may be at higher risk for adverse health outcomes.
 - Receive and/or integrate the health needs of populations who have been displaced due to incidents that have occurred in their own or distant communities (e.g., improvised nuclear device or hurricane).
- **Objective 1:** Collaborate with jurisdictional stakeholders to identify the hazards and risks posed to the population.
 - **Objective 2:** Collaborate with jurisdictional stakeholders to identify the roles and responsibilities of stakeholders to support response and recovery operations.
 - **Objective 3:** Collaborate with jurisdictional stakeholders at the time of the incident to support the continued delivery of healthcare services.

Capability 2: Community Recovery

Community recovery is the ability to collaborate with community partners, (e.g., healthcare organizations, business, education, and emergency management) to plan and advocate for the rebuilding of public health, medical, and mental/ behavioral health systems to at least a level of functioning comparable to pre-incident levels, and improved levels where possible.

- **Objective 1:** Collaborate with jurisdictional stakeholders at the time of the incident to support the continued delivery of healthcare services.

Capability 3: Emergency Operations Coordination

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

- **Objective 1:** Implement incident/hazard assessment measures to determine the extent (incident complexity, roles and responsibilities, etc.) of public health operations.
- **Objective 2:** Activate the Incident Command System
- **Objective 3:** Develop and Incident/Event Action Plan to support the management of public health operations.
- **Objective 4:** Monitor and maintain public health operations through the duration of the incident.

Capability 4: Emergency Public Information and Warning

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

- **Objective 1:** Coordinate and manage public information initiatives to support public health operations.

Capability 6: Information Sharing

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

- **Objective 1:** Coordinate and manage the sharing of information to support public health operations.

Capability 7: Mass Care

Mass care is the ability to coordinate with partner agencies to address the public health, medical, and mental/behavioral health needs of those impacted by an incident at a congregate location. This capability includes the coordination of ongoing surveillance and assessment to ensure that health needs continue to be met as the incident evolves.

- **Objective 1:** Identify the roles and responsibilities of public health related to mass care operations.
- **Objective 2:** Identify mass care needs within the jurisdiction within the scope of public health.
- **Objective 3:** Coordinate the delivery of mass care needs within the jurisdiction relevant to the scope of public health.

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

Major Strengths

The major strengths identified during this incident are as follows:

- TCHD's plans were up to date and utilized. Plans existed for all parts of the scenario.
- TCHD staff had good grasp of the Incident Command System and the roles that they played. Due to the size of our health department and our jurisdiction, most TCHD staff do not get the opportunity to function in a DOC setting or utilize ICS. TCHD staff did an excellent job managing their respective sections and assignments.
- Coordination and communication with TC EMA and other community partners went really well.

Primary Areas for Improvement

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

- When scoring the capabilities tested, it was noted that all “S” scores (Tasks performed with some challenges) that were given was due to not including mental/behavior health partners to address the needs of the community as a whole and for the responders. It is recommended that an MOU be created with Professional and Family Counseling Services (PFCS) to provide a mental health professional to be present whenever the TCHD DOC is activated.
- TCHD does not have any pre-established messages in formats to meet the needs of the county’s access and functional needs population. It is recommended that we work with the Access and Functional Needs Workgroup to develop these resources.

This exercise was successful. It tested our plans and identified a common area in all of our response plans that needs addressed – that of addressing the mental health needs of our community. Future training and exercises should focus on this need, to assess whether the TCHD is successfully addressing this segment of our population

ANALYSIS OF PUBLIC HEALTH EMERGENCY PREPAREDNESS (PHEP) CAPABILITIES

Aligning exercise/event objectives and PHEP capabilities provides 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)
Objective #1: Collaborate with jurisdictional stakeholders to identify the hazards and risks posed to the population.	Community Preparedness	P			
Objective #2: Collaborate with jurisdictional stakeholders to identify the roles and responsibilities of stakeholders to support response and recovery efforts.	Community Preparedness	P			
Objective #3: Collaborate with jurisdictional stakeholders at the time of the incident to support the continued delivery of healthcare services.	Community Preparedness		S		

Objective	PHEP Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
Objective #4: Collaborate with jurisdictional stakeholders at the time of the incident to support the continued delivery of healthcare services.	Community Recovery		S		
Objective #5: Implement incident/hazard assessment measures to determine the extent (incident complexity, roles and responsibilities, etc.) of public health operations.	Emergency Operations Coordination	P			
Objective #6: Activate the Incident Command System	Emergency Operations Coordination	P			
Objective #7: Develop and Incident/Event Action Plan to support the management of public health operations.	Emergency Operations Coordination	P			
Objective #8: Monitor and maintain public health operations through the duration of the incident.	Emergency Operations Coordination	P			
Objective #9: Coordinate and manage public information initiatives to support public health operations.	Emergency Public Information and Warning		S		

Objective	PHEP Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
Objective #10: Coordinate and manage the sharing of information to support public health operations.	Information Sharing	P			
Objective #11: Identify the roles and responsibilities of public health related to mass care operations.	Mass Care	P			
Objective #12: Identify mass care needs within the jurisdiction as applicable within the scope of public health.	Mass Care	P			
Objective #13: Coordinate the delivery of mass care needs within the jurisdiction relevant to the scope of public health.	Mass Care		S		

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.

Capability: Community Preparedness

Community Preparedness is the ability of communities to prepare for, withstand, and recover – in both short and long terms – from public health incidents. By engaging and coordinating with emergency management, healthcare organizations (private and community-based), mental/behavioral health providers, community and faith-based partners, state, local, and territorial, public health’s role in community preparedness is to do the following:

- Support the development of public health, medical and mental/behavioral health systems that support recovery.
- Participate in awareness training with community and faith-based partners on how to prevent, respond to, and recovery from public health incidents.
- Promote awareness of an access to medical and mental/behavioral health resources that help protect the community’s health and address the functional needs (i.e., communication, medical care, independence, supervision, transportation) of at-risk individuals.
- Engage public and private organization in preparedness activities that represent the functional needs of at-risk individuals as well as the cultural and socio-economic demographic components of the community.
- Identify those populations that may be at higher risk for adverse health outcomes.
- Receive and/or integrate the health needs of populations who have been displaced due to incidents that have occurred in their own or distant communities (e.g., improvised nuclear device or hurricanes).

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

Objective #1: Collaborate with jurisdictional stakeholders to identify the hazards and risks posed to the population.

- Function #1 (Associated Task #1): Does the jurisdiction risk assessment identify the public health, medical, and mental/behavioral health services for which the jurisdiction needs to have access to mitigate identified disaster health risks?

Task Rating: P

- Function #1 (Associated Task #2): Was the jurisdictions risk assessment utilized to identify the public health, medical, and mental/behavioral health services within the jurisdiction that currently support the mitigation of identified disaster health risks?

Task Rating: S

Objective #2: Collaborate with jurisdictional stakeholders to identify the roles and responsibilities of stakeholders to support response and recovery efforts.

- Function #2 (Associated Task #2): Were strategies created and implemented for ongoing engagement with community partners who may be able to provide services to mitigate identified public health threats or incidents (concept of “strategic advisory council” or joint collaborative)?

Task Rating: P

- Function #3 (Associated Task #1): Did the community constituency groups understand how to connect to public health to participate in public health and community partner preparedness efforts?

Task Rating: P

- Function #3 (Associated Task #3): Were jurisdictional networks (e.g., local businesses, community and faith-based organizations, ethnic radio/media, and, if used by the jurisdictions, social networking sites) created for public health, medical, and mental/behavioral health information dissemination before, during, and after the incident?

Task Rating: P

- Function #4 (Associated Task #1): Was information on resilience, specifically the need for community-derived approaches to support the provision of public health, medical, and mental/behavioral health services integrated during and after an incident, into existing training and educational programs related to crisis and disaster preparedness and response?

Task Rating: U

Objective #3: Collaborate with jurisdictional stakeholders at the time of the incident to support the continued delivery of healthcare services.

- Function #2 (Associated Task #3): Were community and faith-based partnerships as well as collaborations with any agencies primarily responsible for providing direct health-related services utilized to help assure the community’s ability to deliver public health, medical, and mental/behavioral health services in both short and long term settings during and after an incident?

Task Rating: P

- Function #3 (Associated Task #2): Were public health, medical, and mental/behavioral health service agencies that provide essential health services to the community connected to jurisdictional public health preparedness plans and efforts?

Task Rating: P

- Function #4 (Associated Task #3): Was guidance provided to community partners, particularly groups representing the functional needs of at-risk populations, to assist them in educating their own constituency groups regarding plans for addressing preparedness for and recovery from the jurisdiction's identified risks and for access to health services that may apply to the incident?

Task Rating: P

Strengths

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

- **Strength 1:** The Emergency Response Plan (draft version) was utilized and had all the necessary plans, attachments and appendices needed to respond to the exercise.
- **Strength 2:** An Access and Functional Needs Workgroup is in place and active with quarterly meetings.
- **Strength 3:** Several MOUs exist to address emergency needs, such as generator fuel delivery.

Areas for Improvement

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

- **Area for Improvement 1:** There was a generalized failure to utilize our mental health partners.

Reference:

- Emergency Response Plan – Basic Plan, 2017.11 Draft Version
- Public Health Operations Guide, Version 2017.11

Analysis: The root cause for not involving mental health partners, is that TCHD staff are not thinking globally. We are looking at the traditional services and functions of the TCHD, and not as a community needs-based program.

Capability: Community Recovery

Community Recovery is the ability to collaborate with community partners, (e.g., healthcare organizations, business, education, and emergency management) to plan and advocate for the rebuilding of public health, medical, and mental/behavioral health systems to at least a level of functioning comparable to pre-incident levels, and improved levels where possible.

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

Objective #4: Collaborate with jurisdictional stakeholders to identify the roles and responsibilities of stakeholders to support response and recovery efforts.

- Function #1 (Associated Task #1): Were short-term and long-term health service delivery priorities and goals documented in collaboration with jurisdictional partners?

Task Rating: S

- Function #1 (Associated Task #2): Were the services that can be provided by the public health agency and by community and faith-based partners identified, as well as by new community partners that may arise during the incident process?

Task Rating: S

- Function #1 (Associated Task #3): Were plans activated that were previously created with neighboring jurisdictions to provide services that the jurisdictions do not have the ability to provide during and after an incident?

Task Rating: S

- Function #1 (Associated Task #4): In conjunction with healthcare organizations (e.g., healthcare facilities and public and private community providers) and based upon recovery operations, were the community's health service priorities and goals determined as a responsibility of public health?

Task Rating: 4

- Function #2 (Associated Task #1): Were the recovery lead jurisdictional agencies (e.g., emergency management and social service) included to ensure that the jurisdiction can provide health services needed to recovery from a physical or mental/behavioral injury, illness, or exposure sustained as a result of the incident, with particular attention to the functional needs of at-risk persons?

Task Rating: P

- Function #2 (Associated Task #2): In conjunction with jurisdictional government and community partners, was the community informed of the availability of mental / behavioral, psychological first aid, and medical services within the community?

Particular attention should be paid to how these services affect the functional needs of at-risk persons.

Task Rating: S

- Function #2 (Associated Task #3): Was the community notified via the community partners of the health agency's plans for restoration of impacted public health, medical, and mental/behavioral health services?

Task Rating: P

- Function #2 (Associated Task #5): Were public health, medical, and mental/behavioral health professionals and other social networks partnered with from within and outside the jurisdiction, as applicable to the incident, to educate their constituents regarding applicable health interventions being recommended by public health?

Task Rating: P

- Function #2 (Associated Task #6): In conjunction with jurisdictional government and community partners, was the community informed of the availability of any disaster or community case management services being offered that provide assistance for community members impacted by the incident?

Task Rating: P

Strengths

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

- **Strength 1:** TCHD has a good Continuity of Operations Plan that worked well during this exercise.
- **Strength 2:** Utilization of our community partners such as the United Way's 211 system, the Salvation Army, the Red Cross and the Tuscarawas County EMA.
- **Strength 3:** The TCHD Mass Care Plan was used and referenced to identify the TCHD role in the activation of shelters.

Areas for Improvement

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

- There was a generalized failure to utilize our mental health partners.

Reference:

- Emergency Response Plan – Basic Plan, 2017.11 Draft Version
- Public Health Operations Guide, Version 2017.11
- TCHD Mass Care Plan, Version 2017.12

Analysis: The root cause for not involving mental health partners, is that TCHD staff are not thinking globally. We are looking at the traditional services and functions of the TCHD, and not as a community needs-based program.

Capability: Emergency Operations Coordination

Emergency Operations Coordination is the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System.

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

Objective #5: Collaborate with jurisdictional stakeholders to identify the roles and responsibilities of stakeholders to support response and recovery efforts.

- **Function #1 (Associated Task #1):** Did the jurisdictional officials (e.g., other agency representatives; elected or appointed leadership officials; epidemiology, laboratory, surveillance, medical, and chemical, biological, and radiological subject matter experts; and emergency operations leadership) work together to analyze data, assess emergency conditions and determine the activation levels based on the complexity? Activation levels should be consistent with jurisdictional standards and practices.

Task Rating: P

- **Function #1 (Associated Task #2):** Was a determination made whether public health has the lead role, a supporting role, or no role?

Task Rating: P

- **Function #1 (Associated Task #3):** Was the incident command and emergency structure defined for the public health event or incident according to one of the Federal Emergency Management Agency (FEMA) types?

Task Rating: P

Objective #6: Activate the Incident Command System.

- **Function #2 (Associated Task #1):** Were incident command and emergency management functions identified for which public health is responsible?

Task Rating: P

- **Function #2 (Associated Task #2):** Was a pool of staff who have the skills necessary to fulfill required incident command and emergency management roles deemed necessary for a response pre-identified?

Task Rating: P

- Function #2 (Associated Task #4): Were primary and alternate physical locations or virtual structures (owned by public health or have access through a memorandum of understanding or other written agreements) pre-identified that will serve as the public health emergency operations center?

Task Rating: P

- Function #2 (Associated Task #6): Were designated staff assembled at the appropriate emergency operations center(s) (i.e., public health emergency operations center or jurisdictional emergency operations center)?

Task Rating: P

Objective #7: Develop and Incident/Event Action Plan to support the management of public health operations.

- Function #3 (Associated Task #1): Was an Incident Commander or Unified Command approved Incident Action Plan produced or contributed to prior to the start of the second operational period?

Task Rating: P

- Function #3 (Associated Task #2): Was the Incident action Plan disseminated to public health response staff?

Task Rating: P

- Function #3 (Associated Task #3): Was the Incident Action Plan revised and briefed at least at the start of each new operational period?

Task Rating: P

Objective #8: Monitor and maintain public health operations through the duration of the incident.

- Function #4 (Associated Task #1): Did coordination occur with public health and medical emergency management operations for the public health response (e.g., phone calls, meetings, and conference calls)?

Task Rating: P

- Function #4 (Associated Task #2): Were all public health resources tracked and accounted for during the public health response?

Task Rating: P

- Function #4 (Associated Task #3): Was situational awareness maintained using information gathered from medical, public health, and other health stakeholders (e.g., fusion centers)?

Task Rating: P

- Function #4 (Associated Task #4): Were shift change briefings conducted between outgoing and incoming public health staff to communicate priorities, status of tasks, and safety guidance?

Task Rating: P

Strengths

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

- **Strength 1:** The TCHD Emergency Response Plan, Draft Version, including its attachments, appendices and annexes, was utilized and followed.
- **Strength 2:** TCHD staff showed a good working knowledge of the ICS system. Proper forms were completed, including the IAP.
- **Strength 3:** Strong coordination with the Tuscarawas County Emergency Management Agency.

Areas for Improvement

N/A

Capability: Emergency Public Information and Warning

Emergency Public Information and Warning is the ability to develop, coordinate, and disseminate information alerts, warning, and notifications to the public and incident management responders.

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

Objective #9: Coordinate and manage public information initiatives to support public health operations.

- Function #1 (Associated Task #1): Were Public Information Officers, support staff (depending on jurisdictional vulnerability and subject matter expertise), and potential spokesperson(s) pre-identified to convey information to the public?

Task Rating: P

- Function #1 (Associated Task #2): Were a primary and alternate physical and/or virtual structure that will be used to support alerting and public information operations pre-identified?

Task Rating: P

- Function #1 (Associated Task #3): Were identified personnel trained in the functions they were asked to fulfill?

Task Rating: P

- Function #3 (Associated Task # 3): Was rumor control facilitated for media outlets for the jurisdiction such as television, internet, radio, and newspapers?

Task Rating: P

- Function #4 (Associated Task #1): Were mechanisms established for public and media inquiries that can be scalable to meet the needs of the incident?

Task Rating: P

- Function #4 (Associated Task #2): Was incident-related information posted on the health department's website as a means of information and connecting with the public?

Task Rating: P

- Function #4 (Associated Task #3): Was social media (e.g., Twitter and Facebook) utilized when and if possible for public health messaging?

Task Rating: P

- Function #5 (Associated Task #2): Was information disseminated to the public using pre-established message maps in languages and formats that take into account jurisdiction demographics, at-risk populations, economic disadvantages, limited language proficiency, and cultural or geographical isolation?

Task Rating: S

- Function #5 (Associated Task #3): Was health-related messaging information transmitted to responder organizations through secure messaging platforms?

Task Rating: P

Strengths

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

- **Strength 1:** Public information and warning was completed with an experienced Public Information Officer providing instruction and assistance to person assuming the role for the first time.
- **Strength 2:** A detailed communications log was completed.

- **Strength 3:** Social media and TCHD websites were both kept up to date and monitored.

Areas for Improvement

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

- **Area for Improvement 1:** The TCHD’s biggest shortcoming for this capability is that there are very limited pre-established messages that we can use.

Reference:

- TCHD Emergency Response Plan – Basic, 2017.11 Draft Version.
- Public Health Operations Guide, Version 2017.11
- Tuscarawas County Emergency Operations Plan, Annex H, ERF #2, #4, Version 2016.12.22

Analysis: The formation of pre-established messages have not been created, due to the many different emergencies and situations that may arise.

Capability: Information Sharing

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

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

Objective #10: Coordinate and manage the sharing of information to support public health operations.

- Function #1 (Associated Task #1): Were intra-jurisdictional stakeholders across public health, public safety, private sector, law enforcement, and other disciplines identified to determine information-sharing needs.

Task Rating: P

- Function #1 (Associated Task #2): Were inter-jurisdictional public health stakeholders identified to determine information sharing needs?

Task Rating: P

- Function #2 (Associated Task #1): Were current jurisdictional and federal regulatory, statutory, privacy-related and other provisions laws, and policies that authorize and limit

sharing of information relevant to emergency situational awareness identified through public health agency legal counsel?

Task Rating: N/A; The scenario did not lend itself to developing this function.

- Function #2 (Associated Task #2): Were routine or incident-specific data requirements for each stakeholder identified?

Task Rating: N/A; The scenario did not lend itself to developing this function.

- Function #2 (Associated Task #3): Were public health events and incident that, when observed, will necessitate information exchange identified?

Task Rating: P

- Function #2 (Associated Task #4): Were continuous quality improvements (CQI) or have a process and a corrective action system (CAS) to identify and correct unintended legal and policy barriers to sharing of situational awareness information that are within the jurisdictional public health agency's control (e.g., legal and policy barriers, opportunities to shorten the amount of time to share data)?

Task Rating: P

- Function #3 (Associated Task #1): Did collaboration and participation in jurisdictional health information exchange occur?

Task Rating: P

Strengths

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

- **Strength 1:** Information was shared with local partners including the New Philadelphia City Health Department, the Tuscarawas County Emergency Management Agency, and the regional health care coalition.
- **Strength 2:** When a shelter was opened, information was shared with county partners regarding the roles that TCHD would play, including shelter health inspections and, if possible, nursing staff.

Areas for Improvement

N/A

Capability: Mass Care

Mass Care is the ability to coordinate with partner agencies to address the public health, medical, and mental/behavioral health needs of those impacted by an incident at a congregate location. This capability includes the coordination of ongoing surveillance and assessment to ensure that health needs continue to be met as the incident evolves.

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

Objective #11: Identify the roles and responsibilities of public health related to mass care operations.

- Function #1 (Associated Task #1): Were pre-determined public health roles needed in the mass care response activated in coordination with Emergency Support Function (ESF) #6 and ESF #8 partners?

Task Rating: P

Objective #12: Identify mass care needs within the jurisdiction as applicable within the scope of public health.

- Function #2 (Associated Task #2): Did coordination occur with response partners to complete a facility-specific environmental health and safety assessment of the selected or potential congregate locations?

Task Rating: P

- Function #2 (Associated Task #3): Did coordination occur with partner agencies to assure food and water safety inspections at congregate locations?

Task Rating: P

Objective #12: Coordinate the delivery of mass care needs within the jurisdiction relevant to the scope of public health.

- Function #3 (Associated Task #1): Did coordination occur with healthcare partners to assure medical and mental/behavioral health services are accessible at or through congregate locations?

Task Rating: S

- Function #3 (Associated Task #2): Did coordination occur with providers to facilitate access to medication and assistive devices for individuals impacted by the incident?

Task Rating: P

Strengths

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

- **Strength 1:** TCHD Mass Care Plan had recently been revised and updated. The plan was referenced and worked well.

- **Strength 2:** Environmental Health Staff, who were heavily involved in ICS roles during the exercise, knew their roles and offered a lot of terrific suggestions and input on actions during the exercise.
- **Strength 3:** The need to line up medical assistive devices was recognized and plans were in place to arrange for same.

Areas for Improvement

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

- There was a generalized failure to utilize our mental health partners.

Reference:

- Emergency Response Plan – Basic Plan, 2017.11 Draft Version
- Public Health Operations Guide, Version 2017.11
- TCHD Mass Care Plan, Version 2017.12

Analysis: The root cause for not involving mental health partners, is that TCHD staff are not thinking globally. We are looking at the traditional services and functions of the TCHD, and not as a community needs-based program.

CONCLUSION

In conclusion, the 2018 NECO Region Functional Exercise was a success. The exercise showed several strengths including showing that the TCHD’s plans were up to date and were applicable to all parts of the scenario. The TCHD staff had good grasp of the Incident Command System and the roles that they played, and did an excellent job managing their respective sections and assignments. Another strength was the coordination between the TCHD and the TCEMA and other community partners.

However, the exercise showed that there is much to be done to include mental health professionals in our responses. We also found the need to have pre-established messages that can be disseminated to people with access and functional needs, including those with limited English proficiency, vision difficulties, hearing difficulties and cultural differences.

APPENDIX A: IMPROVEMENT PLAN

This IP has been developed specifically for Tuscarawas County Health Department as a result of North East Central Ohio (NECO) 2018 Regional Functional Exercise conducted on January 24th and 25th, 2018.

PHEP/HPP Capability	Issue/Area for Improvement	Corrective Action	Capability Element ¹	Primary Responsible Organization	Organization POC	Start Date	Completion Date
PHEP Capability 1: Community Preparedness	1. Failure to utilize our mental health partners.	Develop an MOU with Professional and Family Counseling Services	Planning	TCHD	Paul Westlake	2/1/2018	3/1/2018
		Utilize PFCS counselors in the DOC during activation	Organization, Exercise	TCHD	Paul Westlake	4/1/2018	
		Utilize PFCS and other mental health agency partners to review TCHD plans	Planning	TCHD	Paul Westlake	4/1/2018	
	2. Integrate psychological first aid training and how to utilize mental health professionals in responses.	Find a psychological first aid course to offer to TCHD response staff.	Training	TCHD	Paul Westlake	4/1/2018	
		Review TCHD response plans and utilization of mental health professionals during a response	Training	TCHD	Paul Westlake	4/1/2018	
[Continue adding capabilities and related information as relevant.]							

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

PHEP/HPP Capability	Issue/Area for Improvement	Corrective Action	Capability Element ²	Primary Responsible Organization	Organization POC	Start Date	Completion Date
PHEP Capability 2: Community Recovery	1. Failure to include our mental health partners during a response	Develop an MOU with Professional and Family Counseling Services	Planning	TCHD	Paul Westlake	2/1/2018	3/1/2018
		Utilize PFCS counselors in the DOC during activation	Organization, Exercise	TCHD	Paul Westlake	4/1/2018	
		Utilize PFCS and other mental health agency partners to review TCHD plans	Planning	TCHD	Paul Westlake	4/1/2018	
	2. Integrate psychological first aid training and how to utilize mental health professionals in responses.	Find a psychological first aid course to offer to TCHD response staff.	Training	TCHD	Paul Westlake	4/1/2018	
		Review TCHD response plans and utilization of mental health professionals during a response	Training	TCHD	Paul Westlake	4/1/2018	
[Continue adding capabilities and related information as relevant.]							

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

PHEP/HPP Capability	Issue/Area for Improvement	Corrective Action	Capability Element ³	Primary Responsible Organization	Organization POC	Start Date	Completion Date
PHEP Capability 4: Emergency Public Information and Warning	Pre-established message maps in languages and formats that take into account jurisdiction demographics, at-risk populations, limited English proficiency and cultural isolation.	Work with the Access and Functional Needs Workgroup to develop pre-established messages that can be used during an emergency.	Planning	TCHD	Paul Westlake	3/29/2018	
[Continue adding capabilities and related information as relevant.]							

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

PHEP/HPP Capability	Issue/Area for Improvement	Corrective Action	Capability Element ⁴	Primary Responsible Organization	Organization POC	Start Date	Completion Date
PHEP Capability 7: Mass Care	1. Failure to coordinate with mental health partners for a presence at congregate locations.	Develop an MOU with Professional and Family Counseling Services	Planning	TCHD	Paul Westlake	2/1/2018	3/1/2018
		Utilize PFCS counselors in the DOC during activation	Organization, Exercise	TCHD	Paul Westlake	4/1/2018	
		Utilize PFCS and other mental health agency partners to review TCHD plans	Planning	TCHD	Paul Westlake	4/1/2018	
[Continue adding capabilities and related information as relevant.]							

⁴ Capability Elements are: Planning, Organization, Equipment, Training, or Exercise.

APPENDIX B: EXERCISE/EVENT PARTICIPANTS

Participating Organizations			
Participant Type	# in Agency/Org	# Participating	% Participation
Federal Government			
-	-	-	-
State Government			
-	-	-	-
Local Government			
Public Health			
Alliance City Health Department	12	1	8%
Ashland County-City Health Department	12	4	33%
Canton City Health Department	61	4	6%
Carroll County General Health District	17	6	35%
Columbiana County General Health District	17	16	94%
East Liverpool City Health Department	5	2*	40%
Holmes County General Health District	24	7	29%
Kent City Health Department	6	2	33%
Mahoning County District Board of Health	71	14	20%
Massillon City Health Department	9	1	11%
Medina County Health District	79	18	23%
New Philadelphia City Health Department	6	1	17%
Portage County Health Department	38	18	47%
Mansfield Ontario Richland County Health Department	40	16	40%
Salem City Health Department	4	1*	25%
Shelby City Health Department	4	1	25%
Stark County Health Department	68	10	15%
Summit County Public Health	210	17	8%
Trumbull County Health Department	34	8	24%
Tuscarawas County Health Department	63	11	9%
Warren City Health Department	10	3	30%
Wayne County Health Department	42	9	21%
Youngstown City Health District	22	3	7%
Emergency Management			
Ashland County Emergency Management Agency	1	1	100%

Carroll County Emergency Management Agency	2	1	50%
Mahoning County Emergency Management Agency	2	1	50%
Portage County Emergency Management Agency	4	3	75%
Richland County Emergency Management Agency	3	1	33%
Stark County Emergency Management Agency	6	3	50%
Summit County Emergency Management Agency	6	2	33%
Trumbull County Emergency Management Agency	2	1	50%
Wayne County Emergency Management Agency	3	1	33%
Non-Government Coalition Members and Partners			
Alliance Community Hospital	Unknown	8	Unknown
Aultman Hospital	Unknown	12	Unknown
Aultman Orrville Hospital	Unknown	42	Unknown
Avita Health System – Ontario Hospital	Unknown	20	Unknown
Children’s Hospital Medical Center of Akron	Unknown	42	Unknown
Children’s Hospital Medical Center of Akron – Mahoning Valley	Unknown	29	Unknown
Cleveland Clinic Akron General	Unknown	33	Unknown
Cleveland Clinic Akron General – Lodi Hospital	Unknown	8	Unknown
Cleveland Clinic Medina Hospital	Unknown	32	Unknown
East Liverpool City Hospital	Unknown	32	Unknown
Mercy Medical Center	Unknown	23	Unknown
Northside Medical Center	Unknown	68	Unknown
OhioHealth Mansfield Hospital	Unknown	40	Unknown
OhioHealth Shelby Hospital	Unknown	8	Unknown
Pomerene Hospital	Unknown	31	Unknown
Salem Regional Medical Center	Unknown	75	Unknown
St. Elizabeth Boardman Hospital	Unknown	21	Unknown
St. Elizabeth Youngstown Hospital	Unknown	45	Unknown
St. Joseph Warren Hospital	Unknown	28	Unknown
Summa Health System – Akron Campus	Unknown	34	Unknown
Summa Health System – Barberton Campus	Unknown	17	Unknown
Trinity Twin City Hospital	Unknown	20	Unknown

Trumbull Memorial Hospital	Unknown	48	Unknown
Union Hospital	Unknown	60	Unknown
University Hospital – Portage Medical Center	Unknown	24	Unknown
University Hospital – Samaritan Medical Center	Unknown	33	Unknown
Western Reserve Hospital	Unknown	56	Unknown
Wooster Community Hospital	Unknown	39	Unknown
Aultman Home Health	Unknown	3	Unknown
Aultman Specialty Hospital	Unknown	2	Unknown
Aultman Woodlawn	Unknown	2	Unknown
Cleveland Clinic Medical Outpatient Center – Stow Falls	Unknown	8	Unknown
Cleveland Clinic Medina Medical Office Building	Unknown	11	Unknown
Cleveland Clinic Summit Ambulatory Surgery Center	Unknown	10	Unknown
Cleveland Clinic Wooster Family Health and Surgery Center	Unknown	39	Unknown
Cleveland Clinic Akron General Visiting Nurse Service	Unknown	9	Unknown
Cleveland Clinic Akron General Green Emergency Department	Unknown	7	Unknown
Cleveland Clinic Akron General Stow Emergency Department	Unknown	8	Unknown
Select Specialty Hospital – Akron	Unknown	10	Unknown
Summa Rehab Hospital	Unknown	13	Unknown
Summa Health System – St. Thomas Campus	Unknown	27	Unknown
Vibra Hospital and Mahoning Valley	Unknown	16	Unknown
Cleveland Clinic Brunswick FHC/ED	Unknown	13	Unknown
Cleveland Clinic Twinsburg ASC/FHC/ED	Unknown	14	Unknown
OhioHealth Emergency Care Ontario	Unknown	2	Unknown
Summa Health Green Emergency Department	Unknown	10	Unknown
Summa Health Lake Medina Emergency Department	Unknown	7	Unknown
Summa Wadsworth-Rittman Emergency Department	Unknown	5	Unknown
Sim-Cell / Exercise Control / Regional Coordinating Agency			
Akron Regional Hospital Association (RHCC)	3	3	100%
Summit County Public Health (RPHC)	1	1	100%

Sim-Cell (Law Enforcement, Fire, Utilities, Medical, EMA, Red Cross)	N/A	7	N/A
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Note: Jurisdictions with a * did not sign in via the sign in sheet but justification of attendance and participation was noted within the evaluations. These jurisdictions are not primary PHEP funded agencies.

Additional Information/Comments

Center for Medicare and Medicaid Service (CMS) providers within the NECO Region participated in a voluntary Table Top Exercise (TTX) directly correlating with the exercise. The exercise was conducted independently (internal exercise only) with the intent for future discussion regarding exercise participation. Please note the submission of the sign in sheet was not required as their participation and performance was not evaluated.

Participating Organizations			
Participant Type	# in Agency/Org	# Participating	% Participation
CMS Partners			
Arbors at Mifflin (Richland)	-	-	-
AxessPointe Community Health Center (Summit)	-	-	-
AxessPointe Community Health Center (Portage)	-	-	-
Canterbury Villa of Alliance (Stark)	-	-	-
Colonial Manor Health Care Center (Portage)	-	-	-
Crystal Care Center (Richland)	-	-	-
DaVita Akron Renal (Summit)	-	-	-
DaVita Akron Summit (Summit)	-	-	-
DaVita Coventry (Summit)	-	-	-
DaVita Munroe Falls (Summit)	-	-	-
DaVita Strongsville (Cuyahoga)	-	-	-
DaVita Twinsburg (Summit)	-	-	-
DaVita White Pond (Summit)	-	-	-
Gastroenterology Associates, Inc. (Stark)	-	-	-
Lexington Court Care Center (Richland)	-	-	-

LifeCare Hospice (Wayne)	-	-	-
LSS The Good Shepard (Ashland)	-	-	-
NxStage Kidney Care (Medina)	-	-	-
OASIS Surgery Center (Stark)	-	-	-
Ohio Living Home Health and Hospice (Summit)	-	-	-
Ohio Living – Park Vista (Mahoning)	-	-	-
Ohio Living – Lake Vista (Trumbull)	-	-	-
The Merriman SNF and AL (Summit)	-	-	-
Third Street Family Health Services	-	-	-
Wooster Ambulatory Surgery Center	-	-	-

APPENDIX C: ACRONYMS

Table E.1: Acronyms

Acronym	Meaning
AAM	After Action Meeting
AAR	After Action Report
ASPR	Assistant Secretary for Preparedness
CDC	Center for Disease Control and Prevention
C/E	Controller and Evaluator
EEG	Exercise Evaluation Guides
EMA	Emergency Management Agency
EOC	Emergency Operations Center
EOP	Emergency Operations Center
EXPLAN	Exercise Plan
FBI	Federal Bureau of Investigation
FE	Functional Exercise
FEMA	Federal Emergency Management Agency
FOUO	For Official Use Only
HCC	Hospital Command Center
HICS	Hospital Incident Command System
HPP	Healthcare Preparedness Program
HSEEP	Homeland Security Exercise and Evaluation Program
ICS	Incident Command System
IAP	Incident Action Plan
IP	Improvement Plan
MSEL	Master Scenario Events List
NECO	North East Central Ohio
NEOMED	North East Ohio Medical University
ODH	Ohio Department of Health
PHEP	Public Health Emergency Preparedness
PHPR	Public Health Preparedness and Response
PIO	Public Information Officer
POC	Point of Contact
POD	Point of Distribution
POR	Post-Operative Recovery
PPE	Personal Protective Equipment
SIMCELL	Simulation Cell
SME	Subject Matter Experts
TJC	The Joint Commission
VIP	Very Important Person

APPENDIX D: PARTICIPANT FEEDBACK SUMMARY

Participant Feedback was conducted via an online survey intended to assess exercises comments focused at both design and exercises play. In summary 163 of the 173 public health participants completed the survey. Overall comments reflect a positive takeaway from exercise participation with all assessment factors receiving a 4 out of 5 rating.

Note: Feedback from other participating agencies and summary regional information have been included for reference.

<i>Public Health Participant Feedback (163) – 2018 NECO Regional Functional Exercise</i>		
<i>Assessment Factor</i>	<i>Ratings</i>	<i>Average Rating (out of 5)</i>
<i>The exercise time was utilized effectively to test/review your agency’s capabilities.</i>	1- Strongly Disagree-1% 2- Disagree-2% 3- Uncertain- 4% 4- Agree-48% 5- Strongly Agree- 45%	4.3
<i>The exercise was well structured and organized.</i>	1- Strongly Disagree- 2% 2- Disagree- 2% 3- Uncertain- 1% 4- Agree- 55% 5- Strongly Agree- 40%	4.3
<i>The exercise scenario was plausible and realistic.</i>	1- Strongly Disagree- 1% 2- Disagree- 4% 3- Uncertain- 6% 4- Agree- 46% 5- Strongly Agree- 43%	4.2 (Lowest)
<i>The facilitator/controller (s) was knowledgeable about the area of play and kept the exercise on target.</i>	1- Strongly Disagree- 1% 2- Disagree- 0% 3- Uncertain- 1% 4- Agree- 23% 5- Strongly Agree- 75%	4.7 (Highest)
<i>The exercise documentation provided to assist in preparing for and participating in the exercise was useful.</i>	1- Strongly Disagree- 1% 2- Disagree- 0% 3- Uncertain- 3% 4- Agree- 52% 5- Strongly Agree- 44%	4.4
<i>Participation in the exercise was appropriate for someone in my position.</i>	1- Strongly Disagree- 1% 2- Disagree- 1% 3- Uncertain- 5% 4- Agree- 39% 5- Strongly Agree- 54%	4.5
<i>The participants included the right people in terms of level and mix of disciplines.</i>	1- Strongly Disagree- 1% 2- Disagree- 2% 3- Uncertain- 3% 4- Agree- 48% 5- Strongly Agree- 46%	4.4

<p><i>This exercise allowed my agency/jurisdiction to practice and improve priority capabilities.</i></p>	<p>1- Strongly Disagree-1% 2- Disagree-0% 3- Uncertain-4% 4- Agree- 50% 5- Strongly Agree-45%</p>	<p>4.4</p>
<p><i>After this exercise, I believe my agency/jurisdiction is better prepared to deal successfully with the scenario that was exercised.</i></p>	<p>1- Strongly Disagree- 0% 2- Disagree- 1% 3- Uncertain- 7% 4- Agree- 50% 5- Strongly Agree- 42%</p>	<p>4.3</p>

Summary Strengths and Area for Improvement Results from 2018 Participant Feedback Forms
(Represents All Participants/Disciplines)

Strengths: Based on the exercise today and the tasks identified, list the top 3 strengths that you observed. (Hospitals: Consider topics such as Communications, Patient Clinical/Support Services, Resource & Asset Management, Safety & Security or Operations, Staff Roles & Responsibilities and Utility Management)

1. Communication
2. Teamwork
3. Knowledgeable/Experienced Staff and Leadership
4. Staff Roles and Responsibilities
5. Resource Management
6. Operations
7. Patient Clinical/ Support

Areas for Improvement: Based on the exercise today and the tasks identified, list the top 3 areas that need improvement. (Hospitals: Consider topics such as Communications, Patient Clinical/Support Services, Resource & Asset Management, Safety & Security or Operations, Staff Roles & Responsibilities and Utility Management)

1. Communications with outside agencies
2. Staff Roles and Responsibilities
3. Resources
4. Phone Communication (*Not enough lines in Command Centers, Call management, SIMCELL lines busy*)

<i>Hospital Participant Feedback (319) – 2018 NECO Regional Functional Exercise</i>		
<i>Assessment Factor</i>	<i>Ratings</i>	<i>Average Rating (out of 5)</i>
<i>The exercise time was utilized effectively to test/review your agency’s capabilities.</i>	1- Strongly Disagree-6% 2- Disagree-1% 3- Uncertain- 2% 4- Agree- 39% 5- Strongly Agree- 52%	4.2
<i>The exercise was well structured and organized.</i>	1- Strongly Disagree- 4% 2- Disagree- 1% 3- Uncertain- 3% 4- Agree- 44% 5- Strongly Agree- 48%	4.3
<i>The exercise scenario was plausible and realistic.</i>	1- Strongly Disagree- 3% 2- Disagree- 4% 3- Uncertain- 4% 4- Agree- 35% 5- Strongly Agree- 54%	4.3
<i>The facilitator/controller (s) was knowledgeable about the area of play and kept the exercise on target.</i>	1- Strongly Disagree- 4% 2- Disagree- 1% 3- Uncertain- 1% 4- Agree- 29% 5- Strongly Agree- 65%	4.5
<i>The exercise documentation provided to assist in preparing for and participating in the exercise was useful.</i>	1- Strongly Disagree- 3% 2- Disagree- 4% 3- Uncertain- 8% 4- Agree- 49% 5- Strongly Agree- 36%	4.1 (Lowest)
<i>Participation in the exercise was appropriate for someone in my position.</i>	1- Strongly Disagree- 2% 2- Disagree- 1% 3- Uncertain- 2% 4- Agree- 39% 5- Strongly Agree- 56%	4.6 (Highest)
<i>The participants included the right people in terms of level and mix of disciplines.</i>	1- Strongly Disagree- 3% 2- Disagree- 3% 3- Uncertain- 6% 4- Agree- 44% 5- Strongly Agree- 44%	4.2
<i>This exercise allowed my agency/jurisdiction to practice and improve priority capabilities.</i>	1- Strongly Disagree- 3% 2- Disagree- 1% 3- Uncertain- 3% 4- Agree- 41% 5- Strongly Agree- 52%	4.4
<i>After this exercise, I believe my agency/jurisdiction is better prepared to deal successfully with the scenario that was exercised.</i>	1- Strongly Disagree- 3% 2- Disagree- 1% 3- Uncertain- 5% 4- Agree- 46% 5- Strongly Agree- 45%	4.3

EMA Participant Feedback (5)– 2018 NECO Regional Functional Exercise		
Assessment Factor	Ratings	Average Rating (out of 5)
<i>The exercise time was utilized effectively to test/review your agency’s capabilities.</i>	1- Strongly Disagree-40% 2- Disagree-0% 3- Uncertain- 20% 4- Agree- 20% 5- Strongly Agree-20%	2.8 (Lowest)
<i>The exercise was well structured and organized.</i>	1- Strongly Disagree- 20% 2- Disagree- 0% 3- Uncertain- 0% 4- Agree- 40% 5- Strongly Agree- 40%	3.8
<i>The exercise scenario was plausible and realistic.</i>	1- Strongly Disagree- 20% 2- Disagree- 20% 3- Uncertain- 0% 4- Agree- 20% 5- Strongly Agree- 40%	3.4
<i>The facilitator/controller (s) was knowledgeable about the area of play and kept the exercise on target.</i>	1- Strongly Disagree- 20% 2- Disagree- 3- Uncertain- 4- Agree- 20% 5- Strongly Agree- 60%	4.0
<i>The exercise documentation provided to assist in preparing for and participating in the exercise was useful.</i>	1- Strongly Disagree- 0% 2- Disagree- 0% 3- Uncertain- 0% 4- Agree- 40% 5- Strongly Agree- 60%	4.6 (Highest)
<i>Participation in the exercise was appropriate for someone in my position.</i>	1- Strongly Disagree- 20% 2- Disagree- 0% 3- Uncertain- 0% 4- Agree- 60% 5- Strongly Agree- 20%	3.6
<i>The participants included the right people in terms of level and mix of disciplines.</i>	1- Strongly Disagree- 20% 2- Disagree- 20% 3- Uncertain- 0% 4- Agree- 20% 5- Strongly Agree- 40%	3.4
<i>This exercise allowed my agency/jurisdiction to practice and improve priority capabilities.</i>	1- Strongly Disagree- 20% 2- Disagree- 20% 3- Uncertain- 0% 4- Agree- 20% 5- Strongly Agree- 40%	3.4
<i>After this exercise, I believe my agency/jurisdiction is better prepared to deal successfully with the scenario that was exercised.</i>	1- Strongly Disagree- 20% 2- Disagree- 20% 3- Uncertain- 20% 4- Agree- 20% 5- Strongly Agree- 20%	3.0

Community Partner Participant Feedback (42)– 2018 NECO Regional Functional Exercise		
Assessment Factor	Ratings	Average Rating (out of 5)
<i>The exercise time was utilized effectively to test/review your agency’s capabilities.</i>	1- Strongly Disagree-5% 2- Disagree-0% 3- Uncertain-0% 4- Agree-33% 5- Strongly Agree-62%	4.4
<i>The exercise was well structured and organized.</i>	1- Strongly Disagree- 5% 2- Disagree- 0% 3- Uncertain- 2% 4- Agree- 36% 5- Strongly Agree-57%	4.4
<i>The exercise scenario was plausible and realistic.</i>	1- Strongly Disagree- 5% 2- Disagree- 2% 3- Uncertain- 0% 4- Agree- 31% 5- Strongly Agree- 62%	4.4
<i>The facilitator/controller (s) was knowledgeable about the area of play and kept the exercise on target.</i>	1- Strongly Disagree- 5% 2- Disagree- 0% 3- Uncertain- 0% 4- Agree- 28% 5- Strongly Agree- 67%	4.5 (highest)
<i>The exercise documentation provided to assist in preparing for and participating in the exercise was useful.</i>	1- Strongly Disagree- 3% 2- Disagree- 0% 3- Uncertain- 8% 4- Agree- 39% 5- Strongly Agree- 50%	4.3
<i>Participation in the exercise was appropriate for someone in my position.</i>	1- Strongly Disagree- 5% 2- Disagree- 0% 3- Uncertain- 0% 4- Agree- 31% 5- Strongly Agree- 64%	4.5
<i>The participants included the right people in terms of level and mix of disciplines.</i>	1- Strongly Disagree- 5% 2- Disagree- 0% 3- Uncertain- 6% 4- Agree- 34% 5- Strongly Agree- 55%	4.3 (Lowest)
<i>This exercise allowed my agency/jurisdiction to practice and improve priority capabilities.</i>	1- Strongly Disagree- 5% 2- Disagree-0% 3- Uncertain-3% 4- Agree- 33% 5- Strongly Agree-59%	4.4
<i>After this exercise, I believe my agency/jurisdiction is better prepared to deal successfully with the scenario that was exercised.</i>	1- Strongly Disagree- 5% 2- Disagree- 0% 3- Uncertain- 0% 4- Agree- 38% 5- Strongly Agree- 57%	4.4

APPENDIX E: EXERCISE SUMMARY

Date	Time	Event/Action
Pre-Ex 1/22/2018	1300	Weather Brief #1 provided. Winter Weather Advisory in effect for the forecast area. Rain with possibility of freezing rain to occur through January 22 nd to January 26 th . Rain will turn to snow with the possibility of ice accumulation. Temperatures will fall into the single digits.
Start-Ex #2 1/25/2018	0800	Player Registration and Player Briefing conducted for Start-Ex #1
Start-Ex #1 1/24/2018	Time Varies	Start-Ex #1 (Warm Start)
Start-Ex #1 1/24/2018	Time Varies	Weather Brief #2 provided. Winter Weather Warning in effect for the forecast area. Heavy snowfall (8" to 15") is expected. Temperatures have dropped into the teens with negative temperatures expected during evening to nighttime hours due to wind chill. Wind gust of up to 40 mph expected in the forecast area.
Start-Ex #1 1/24/2018	Time Varies	Inject #5: EMA is requesting jurisdictions review specific plans and procedures prior to the upcoming weather for contingency purposes. This includes the county EOP and agency plans and procedures. [Jurisdictions review plans and procedures.]
Start-Ex #1 1/24/2018	Time Varies	Inject #6: ODH is requesting jurisdictions assess continuity and emergency plans and procedures. It is recommended jurisdictions develop contingency Incident Action Plans (IAPs) to support possible future operations. [Jurisdictions develop an IAP for Emergency and Continuity Operations.]
Start-Ex #1 1/24/2018	Time Varies	End-Ex #1 (Warm Start)
Start-Ex #1 1/24/2018	Time Varies	End-Ex #1 (Warm Start) Hot Wash
Start-Ex #2 1/25/2018	0800	Player Registration and Player Briefing conducted for Start-Ex #2
Start-Ex #2 1/25/2018	0830	Start-Ex #2
Start-Ex #2 1/25/2018	0830	Weather Brief #3 provided. Winter Weather Warning in effect for the forecast area. Ice accumulation of .10" to .25" has occurred throughout the area. Heavy snowfall between 8" to 15" has fallen in the area. Temperatures remain in the teens with negative temperatures occurring during evening to nighttime hours due to wind chill. Wind gust of up to 40 mph expected in the forecast area. An additional 1" of snow is expected. Hazardous road conditions exist, power outages and falling debris is likely. Level 2 Snow Emergency in effect.
Start-Ex #2 1/25/2018	0835	Inject #11: Please provide a recap of the operations/design of the Public Health Department Operations Center (DOC) and a refresher on the developed IAP. [Jurisdictions provide the appropriate briefing.]

Date	Time	Event/Action
Start-Ex #2 1/25/2018	0850	Inject #12/13: Supervisors are receiving multiple leave requests for various reasons due to the weather. What instruction should supervisors have? Do we make staff come in? Do we suspend/modify operations? Safety Concerns? [Public Health leadership assesses the situation and issue instructions to supervisors regarding staff requirements.]
Start-Ex #2 1/25/2018	Optional	Inject #14: Have staff been notified regarding the agency's status? Please send an alert to staff notifying them of the situation, cancelled or suspended services, etc. Please utilize the phone tree as our primary method is down. [Jurisdictions notify through the phone tree the current status of agency programs and services.]
Start-Ex #2 1/25/2018	0915	Inject #15: Is there a system we should be monitoring to see what is happening with other jurisdictions / agencies? [Jurisdictions assess situational awareness modalities to support awareness].
Start-Ex #2 1/25/2018	Optional	Inject #16: I haven't seen any information sent out to the public yet regarding our services. I want them to be informed as soon as possible. [Jurisdictions develop a press release to inform the public about modified or suspended services.]
Start-Ex #2 1/25/2018	0930	Pause Ex #1
Start-Ex #2 1/25/2018	0945	Situation Update: Power Outage reported throughout the area. It is estimated 20% of customers are without power. Restoration time unknown. Snow removal is progressing. Shortages of salt and liquid calcium chloride. Road conditions will remain dangerous. Sheriff has issued a Level 2 Snow Emergency Classification at 0830.
Start-Ex #2 1/25/2018	0945	Inject #19: ODH would like to verify your jurisdiction is reaching out to the functional needs population within you jurisdiction. What groups are vulnerable to the extreme cold and power outages? What services are in place to support their needs? Have they been informed about the situation and have the information to access such services? Please provide an update. [Jurisdictions coordinate with partners and assess the situation to ensure functional needs individuals have access to the appropriate information. A report is generated to summarize current actions.]
Start-Ex #2 1/25/2018	0950	Inject #20: Does the preparedness program maintain a notification list of functional and special needs agencies/services within the community? Do we at least have a list of agencies / nonprofits that support them? [Jurisdictions identify if a list exists and/or identify options to obtain a list to support communication.]
Start-Ex #2 1/25/2018	Optional	Inject #21: Have you been notified of the warming center collapse? Is there anything public health can provide to assist? What is public health's role in a warming center? [Jurisdictions assess roles and responsibilities and provide a response.]
Start-Ex #2 1/25/2018	Optional	Inject #22: Could public health assist in developing a press release regarding the potential health dangers of a winter storm? [Jurisdictions create a press release with information applicable to severe winter conditions.]
Start-Ex #2 1/25/2018	1000	Inject #23: The EOC is attempting to obtain a better picture of the medical/healthcare situation within the community (i.e., long term care, hospitals, home health, etc.). Please provide an update for the policy group. How are other jurisdictions fairing within the region? [Jurisdictions coordinate information collection and provide a response to the request.]

Date	Time	Event/Action
Start-Ex #2 1/25/2018	Optional	Inject #24: We keep getting calls from restaurant owners indicating their power has been out since last night? Many have closed due to the travel restrictions but have concerns about their food. Some have noted concern regarding safe food temperatures and storage concerns? What information should we provide? [Jurisdictions submit information to support food safety.]
Start-Ex #2 1/25/2018	1010	Inject #25: I manage a long term care facility within your jurisdiction. We are not sure if we can sustain operations as our power is off and we are operating under generator power. Our fuel vendor is closed and is not responding to inquiries. We may have to consider relocating patients. What options exist for fuel and what plans are in place for relocating our patients? Our facility is severely understaffed and we have 150 patients. [Jurisdictions coordinate with partners to support the request.]
Start-Ex #2 1/25/2018	1015	Inject #26: What options exist to transfer or defer clients to services outside our agency, perhaps to other jurisdictions contiguous to our county/city? What does the regional agreement and internal plans such as the COOP say? [Jurisdiction will provide a brief on referral options and what conditions may be associated with external support.]
Start-Ex #2 1/25/2018	1020	Inject #27: The physician assigned to the medical unit at our main shelter was called away for personal reasons. At present we do not have a physician available to assist our sheltered clients. What resources are available for a possible replacement? We are also in need of specific resources (20 wheelchairs, 30 walkers, 10 canes). [Jurisdictions coordinate the resource request according to jurisdictional plans and procedures.]
Start-Ex #2 1/25/2018	Optional	Inject #28: I have been looking at your website and social media feeds and I can't find any information telling me if you're still open. I know other government agencies have closed and wanted to find out before I come for my appointment. [Jurisdictions indicate what services are still open as applicable.]
Start-Ex #2 1/25/2018	1030	Pause Ex #2
Start-Ex #2 1/25/2018	1045	Situation Update: Power Outage reported throughout the area due to downed power lines and transformers. It is estimated 45% of customers are without power. Restoration time unknown. Multiple fires, including an apartment fire has necessitated the activation of a shelter (serving 175 individuals). Snow removal is progressing. Shortages of salt and liquid calcium chloride. Road conditions will remain dangerous. Multiple accidents have occurred and fatalities have been reported. Sheriff has escalated to a Level 3 Snow Emergency effective immediately.
Start-Ex #2 1/25/2018	1045	Inject #31: Our internet and VOIP telephone services are down. Landline and cellular services are still available though. Our internet and telephone provider is reporting outages in our area and they do not expect to have restoration until the evening of 1/27. To summarize, we have lost connectivity, no internet, no Wi-Fi, no wireless server access, no VOIP phones. [Jurisdictions assess continuity options.]
Start-Ex #2 1/25/2018	1050	Inject #32: A police officer just stopped by. We have received instructions the roads are closed as the Sheriff has issued a Level 3 Snow Emergency due to the icy conditions. The officer instructed us (staff and public) to remain in the building. I heard conditions are not expected to improve until tomorrow and the officer hinted the emergency may be in effect until tomorrow. The officer inquired we may have to spend the night here? We have some public here as well. What should we do? Can we stay the night here? [Jurisdictions assess

Date	Time	Event/Action
		the possibilities of remaining in the facility after hours and potential implications of remaining at the agency versus dismissal.]
Start-Ex #2 1/25/2018	Optional	Inject #33: County/City agencies should be advised a Level 3 Snow Emergency is in effect. Please evaluate the possibility of closing services and implications of staff dismissal. This restriction will stay in effect until tomorrow. [Jurisdictions assess the possibilities of remaining in the facility after hours and potential implications of remaining at the agency versus dismissal.]
Start-Ex #2 1/25/2018	Optional	Inject #34: I have staff here wondering what to do. As closing time fast approaches what are we going to do with staff. I was told a travel restriction exits and I hear staff talking about staying the night. Is this true? I and my staff have kids...we have to get home. [Jurisdictions assess implications of remaining at the agency versus dismissal.]
Start-Ex #2 1/25/2018	1110	Inject #35: You may not have heard this yet but we have a shelter beginning to open for residents of an apartment fire and are in need of public health's assistance. We are beginning to prepare food and provide services for the 240 plus shelter residents arriving. We would like a health inspector to come out and oversee meal prep as we have improved our food preparation process. Can an inspector come out and oversee our operations with the travel restriction in place? [Jurisdictions identify if personnel can travel for public health/safety reasons on the road.]
Start-Ex #2 1/25/2018	Optional	Inject #36: What services are we supposed to provide? Do we have a job aid or checklist I can use? [What services are required at the shelter]
Start-Ex #2 1/25/2018	Optional	Inject #37: I am not traveling on these roads. Since I am staying here, what accommodations are there for me to stay the night? Will we be fed? Are we eligible for overtime or flex time? [Jurisdiction addresses the inquiry.]
Start-Ex #2 1/25/2018	1115	Inject #38: We have received reports from a member of the public your agency has forced a member of the public outside in the wintery conditions when the Sheriff has issued travel restrictions. Is this true? Please comment as this is going to be reported on TV in 20 minutes? [Provide a comment to address the inquiry.]
Start-Ex #2 1/25/2018	Optional	Inject #39: Staffing levels here are becoming severe due to staff shortages and staff fatigue. Can public health provide assistance, primarily staffing, to augment our workforce? We are afraid the quality of care we are providing will go down. Will there be a cost of providing such services? [Jurisdictions assess and/or coordinate the request.]
Start-Ex #2 1/25/2018	Optional	Inject #40: The power just went out and the generator is not coming on? What should we do? [Jurisdictions will assess the implications.]
Start-Ex #2 1/25/2018	1130	End-Ex #2
Start-Ex #2 1/25/2018	1130 - 1200	End-Ex #2 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.]

To pull a message report in the OPHCS system:

1. Navigate to the “Messages” tab and select the “Sent” sub tab on the right of the screen.
2. You will now see all the messages you have sent, if you sent the message please skip step 3
3. From the drop-down menu that says “Sent by you” select “Sent by all Administrators”
4. Scroll through the list until you find the message you want to pull a report for.
5. Once the message has been selected, use the “Actions” drop down box to select “Export”
6. In the “Export Message” window check the box beside all the report options you wish to retrieve.
7. Click download
8. Congratulations you have successfully pulled an OPHCS message report.

Example OPHCS Message Report

Responses By Delivery Method - All Recipients

Delivery Method	Delivered	Delivered/ Responded	Delivered/No Response	Delivery Failed
Email	52	30	22	0
Phone	45	17	28	0
Internal	52	0	52	0

Recipient Statistics - By Containers

Recipient Containers	Recipient Count	Delivered	Responded	No Response	Failed	Not Contacted
ODH-SNS 2nd Tier Assignment	10	10	10	0	View values	0
ODH-SNS CRT Response	16	16	16	0	View values	0
ODH-SNS Response	46	46	42	4	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	10 minutes

Message Details

Sender	Ohio Public Health Communication System
Subject	SNS Responder Test Alert
Message Types	Email Internal Phone
Is this communication sensitive	No
Communication Type	Alert
Long Message	"This is an ALERT"

Sent Message - Report generated on 01/26/2018 08:23 AM EST

Date Sent 01/25/2018 09:12 AM EST
Status Message Sent

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 10 minutes

Message Details

Sender Ohio Public Health Communication System
Total Recipients 469
Subject THIS IS AN EXERCISE
Message Types Email
Internal
Is this communication sensitive No
Communication Type Exercise
Long Message "This is an EXERCISE"
THIS IS AN EXERCISE
The Tuscarawas County Health Department is open for essential services only.
The DOC has been opened and staffed.
Regular updates will be posted on our social media and web site.
THIS IS AN EXERCISE

Recipients

APPENDIX G: ICS FORM 205

1. Incident Name: 2018 NECO Regional Functional Exercise			2. Date/Time Prepared: Date: 1/25/2018 Time: 0810				3. Operational Period: Date From: 1/24/2018 Date To: 1/25/2018 Time From: 1200 Time To: 1300			
4. Basic Radio Channel Use:										
Zone Grp.	Ch . #	Function	Channel Name/Trunked Radio System Talk group	Assignment	RX Freq N or W	RX Tone/NAC	TX Freq N or W	TX Tone/NAC	Mode (A, D, or M)	Remarks
		N/A	N/A	N/A						Radios not used
5. Special Instructions: Radios not used; All communications occurred over land-lines, cell phones or electronically										
6. Prepared by (Communications Unit Leader):			Name: N/A				Signature: N/A			
ICS 205			IAP Page			Date/Time: N/A				