

**MERS/Food Borne NECO Regional Exercise**

**April 7, 2016**

**AFTER ACTION  
REPORT/IMPROVEMENT PLAN**

**April 2016**

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## **ADMINISTRATIVE HANDLING INSTRUCTIONS**

1. The title of this document is NECO Regional Drill After Action Report/Improvement Plan.
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3. Points of Contact:

Health Commissioner

Katie Seward  
Tuscarawas County Health Department  
897 East Iron Avenue  
Dover, Ohio 44622  
330-343-4928  
sewardkatie@gmail.com

Public Health Emergency Preparedness Director

Andrea Dominick  
PHEP Director  
Tuscarawas County Health Department  
897 East Iron Avenue  
Dover, Ohio 44622  
330-343-5555 x170  
Andrea.dominick@odh.ohio.gov

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## CONTENTS

ADMINISTRATIVE HANDLING INSTRUCTIONS.....	1
CONTENTS .....	3
EXECUTIVE SUMMARY .....	5
SECTION 1: EXERCISE OVERVIEW .....	7
SECTION 2: EXERCISE DESIGN SUMMARY .....	12
SECTION 3: ANALYSIS OF CAPABILITIES.....	12
SECTION 4: CONCLUSION .....	22
APPENDIX A: IMPROVEMENT PLAN.....	23

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## EXECUTIVE SUMMARY

The Northeast Central Ohio 2016 Regional Functional Exercise is sponsored by the Ohio Department of Health. Office of Health Care Preparedness, Healthcare Preparedness Program and coordinated by the NECO Region 5. This exercise is an unclassified exercise.

The 2016 NECO Region 5 MERS/Foodborne Outbreak exercise was developed to test Tuscarawas County Health Department's emergency operation coordination, information sharing, medical surge, responder safety and health, emergency public information and warning, medical countermeasure dispensing, medical material management distribution and non-pharmaceutical intervention capabilities. The exercise planning team was composed of numerous and diverse agencies, including Tuscarawas County Health Department and New Philadelphia City Health Department. The exercise planning team discussed establishing an on-site emergency management system, communication plans, personnel role establishment and responsibilities, current resource evaluation, review of PHEP policies, plans and procedures, review of POD site plans, hypothesizing of potential problems that may be encountered. The general planning team met for two hours but then broke down by division for further preparation.

Based on the exercise planning team's deliberations, the following objectives were developed for Plague NECO Regional Exercise:

- Objective 1: Demonstrate the ability to establish a standardized system of organization, direct and support emergency management operations, and coordinate with multiple agency representatives for a simulated incident.
- Objective 2: Demonstrate the ability to develop, provide and exchange information through regional coordination that contributes to situational awareness and development of a common operating picture during a simulated incident.
- Objective 3: Demonstrate the ability to active and sustain medical surge and continue to expand patient capacity and capabilities during a simulated event.
- Objective 4: Demonstrate the ability to develop appropriate personal protective measures and maintain supplies through coordination between healthcare and public health during a simulated event.

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.

### Major Strengths

The major strengths identified during this exercise are as follows:

- Communication both within the agency and across multi-agency jurisdiction was well established and allowed for the continual flow of information throughout the event.
- Officers and section chiefs were very knowledgeable within their area of expertise which allowed the group as a whole to make educated decisions.

- Each member of the team was willing to participate and took on additional responsibilities as the situation changed.

### **Primary Areas for Improvement**

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

- It was identified that staff and personnel needed to actually utilize the procedures that TCHD has in place rather than just their knowledge of the procedures.
- Ensure that the Operational Section actually implemented the tasks that the Planning Section identified through exercise objectives in the IAP.

Overall the NECO Regional exercise was a success for Tuscarawas County Health Department and highlighted many strengths as well as a few areas of needed improvement.



## SECTION 1: EXERCISE OVERVIEW

### Exercise Details

**Exercise Name**

MERS/FOODBORNE OUTBREAK NECO Regional Exercise

**Type of Exercise**

Drill

**Exercise Start Date**

April 7, 2016

**Exercise End Date**

April 7, 2016

**Duration**

2 hours planning April 6, 2016; 4 hour drill April 7, 2016

**Location**

Tuscarawas County Health Department

897 East Iron Avenue

Dover, Ohio 44622

**Sponsor**

NECO Region 5; sponsors: Ohio Department of Health, Office of Health Care Preparedness

**Program**

NECO Region 5

**Capabilities**

The 2016 NECO Region 5 exercise was developed to test Tuscarawas County Health Department's community preparedness (Capability 5) and public health surveillance/epidemiological investigation (Capability 6).

**Scenario Type**

Communicable Disease / Foodborne Outbreak

## Exercise Planning Team Leadership

Name: Katie Seward  
Title: PIO  
Agency: Tuscarawas County Health Department  
Address: 897 East Iron Avenue Dover, Ohio 44622  
Office: 330-343-5555  
Email: [sewardkatie@gmail.com](mailto:sewardkatie@gmail.com)

Name: Andrea Dominick  
Title: Incident Commander  
Agency: Tuscarawas County Health Department  
Address: 897 East Iron Avenue Dover, Ohio 44622  
Office: 330-343-5555  
Email: [andrea.dominick@odh.ohio.gov](mailto:andrea.dominick@odh.ohio.gov)

Name: Gary Spargrove  
Title: Safety Officer  
Agency: Tuscarawas County Health Department  
Address: 897 East Iron Avenue Dover, Ohio 44622  
Office: 330-343-5555

Name: Loretta Pinchek  
Title: Liaison Officer  
Agency: Tuscarawas County Health Department  
Address: 897 East Iron Avenue Dover, Ohio 44622  
Office: 330-343-5555  
Email: [Loretta.pinchek@odh.ohio.gov](mailto:Loretta.pinchek@odh.ohio.gov)

Name: Mike Chek

Title: Controller

Agency: Tuscarawas County Health Department

Address: 897 East Iron Avenue Dover, Ohio 44622

Office: 330-343-5555

Email: [Michael.chek@odh.ohio.gov](mailto:Michael.chek@odh.ohio.gov)

Name: Vickie Ionno

Title: Operations Section Chief

Agency: New Philadelphia City Health Department

Address: 150 East High Street New Philadelphia, Ohio 44663

Office: 330-364-4491

Email: [health4u@tusco.net](mailto:health4u@tusco.net)

Name: Amy Kaser

Title: Planning Sections Chief

Agency: Tuscarawas County Health Department

Address: 897 East Iron Avenue Dover, Ohio 44622

Office: 330-343-5555

Email: [amy.kaser1@gmail.com](mailto:amy.kaser1@gmail.com)

Name: Zach Phillips

Title: Logistics Section Chief

Agency: Tuscarawas County Health Department

Address: 897 East Iron Avenue Dover, Ohio 44622

Office: 330-343-5555

Email: [Zachary.phillips@odh.ohio.gov](mailto:Zachary.phillips@odh.ohio.gov)

Name: Tony Incarnato

Title: Finance Section Chief

Agency: Tuscarawas County Health Department

Address: 897 East Iron Avenue Dover, Ohio 44622

Office: 330-343-5555

Email: [tony.incarnato@odh.ohio.gov](mailto:tony.incarnato@odh.ohio.gov)

Name: Lee Finley

Title: Evaluator

Agency: New Philadelphia City Health Department

Address: 150 East High Street New Philadelphia, Ohio 44663

Office: 330-364-4491

Email: [lfinley@newphilaoh.com](mailto:lfinley@newphilaoh.com)

## Participating Organizations

Tuscarawas County Health Department

New Philadelphia City Health Department

Trinity Twin City Hospital

Union Hospital

### Number of Participants

- Players: 20
- Controllers: 1
- Evaluators: 1
- Facilitators: 0
- Observers: 3
- Victim Role Players: 0

## **SECTION 2: EXERCISE DESIGN SUMMARY**

### **Exercise Purpose and Design**

The purpose of this exercise is to evaluate player actions against current response plans and capabilities for specific objectives. The exercise was planned to last approximately 4 hours and is used to increase regional preparedness by validating and assessing the region's capability to respond and manage a healthcare incident on the magnitude of a regional disaster.

### **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: Demonstrate the ability to establish a standardized system of organization, direct and support emergency management operations, and coordinate with multiple agency representatives for a simulated incident.
- Objective 2: Demonstrate the ability to develop, provide and exchange information through regional coordination that contributes to situational awareness and development of a common operating picture during a simulated incident.
- Objective 3: Demonstrate the ability to active and sustain medical surge and continue to expand patient capacity and capabilities during a simulated event.
- Objective 4: Demonstrate the ability to develop appropriate personal protective measures and maintain supplies through coordination between healthcare and public health during a simulated event.
- Capability 5: Community Preparedness
- Capability 6: Public Health Surveillance/Epidemiological Investigation

### **Scenario Summary**

The hospitals are near capacity because of a late season influenza outbreak. The Ohio Department of Health reports two healthcare providers in the State were part of a mission trip to

Saudi Arabia. They are hospitalized at a Franklin County hospital with symptoms suggestive of Middle Eastern Respiratory Syndrome (MERS-CoV). Test are pending. The Ohio Department of Health has identified all 100 health professionals that were on the same mission trip. Suspected MERS is immediately reportable to the local health department who in turn must report to ODH. The media has gotten wind of a suspected MERS case and has misrepresented the situation on the news.

The hospitals note that the emergency department has seen some individuals with bloody diarrhea and dehydration on the previous shift. It was noted that there was a connection between ill persons and a functional needs camp. There is a variety of disease severity presentation.

The testing that was performed on the suspected MERS cases in Franklin County has come back negative for the disease. Results indicate that these individuals were positive for influenza A.

Public health begins investigating the outbreak of gastrointestinal illness with the camps. There has been at least one death. Several other children have severe complications.

Wait times in the hospital are increasing and there are no beds for admission. A man has taken several hostages in the hospital because he is upset in the delay of treatment for his mother.

## 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 Plague NECO Drill are listed below, followed by corresponding activities. Each activity is followed by related observations, which include references, analysis, and recommendations.

### Objective 1: Emergency Operation Coordination

**Capability Summary:** CDC Capability 3; 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.

This capability consists of the ability to perform the following functions:

Function 1: Conduct preliminary assessment to determine need for public activation

Function 2: Activate public health emergency operations

Function 3: Develop incident response strategy

Function 4: Manage and sustain the public health response

Function 5: Demobilize and evaluate public health emergency operations

**Activity 1.1:** Staff notified that emergency procedures initiated

**Observation 1.1:** Strength. Staff was given a memo from the Ohio Department of Health informing TCHD of the incident

**References:** N/A

**Activity 1.2:** Operation Center or command center activated

**Observation 1.2:** Strength. While the evaluator observed that this activity was only partially met, there was conversations between the health commissioners from both jurisdictions to open the EOC early in the exercise play. ICS roles were established.

**References:** TCHD SOG; ICS

**Activity 1.3:** ICS command system implemented

**Observation 1.3:** Strength. TCHD set up and ICS command system almost immediately and established necessary roles and responsibilities.

**References:** FEMA and NIMS Training Materials

**Activity 1.4:** Representation identified to coordinate with outside agencies.

**Observation 1.4:** Strength. A liaison officer was established and responsibilities clearly highlighted.

**References:** FEMA and NIMS training materials

**Activity 1.5:** Public health and medical emergency operations coordinated

**Observation 1.5:** Strength. The liaison officer coordinated frequent phone calls between TCHD and Union and Trinity Hospital

**References:** N/A

**Activity 1.6:** Documentation maintained to evaluate effectiveness of emergency operations coordination

**Observation 1.6:** Improvement needed. Communication logs were kept however ICS form 214 or HICS form 215 were not utilized

**References:** ICS form 214/ HICS form 215

**Activity 1.7:** Coordination and Command Staff effective in completing goals



**Observation 1.7:** Strength. The command staff were aware of the objectives and job responsibilities and effectively able to complete goals.

**References:** FEMA and NIMS training materials

**Activity 1.8:** Was the regional concept plan consulted

**Observation 1.8:** Improvement Needed. TCHD did not access or utilize regional plans

**References:** Regional Concept Plans

**Analysis:** Overall the activities completed to meet objective 1 were done so in comprehensive manner and activities were completed as a strength for TCHD. An area of improvement was identified with activity 1.6 in utilizing all the necessary tools and completing proper documentation for communication and 1.8 utilizing regional plans when necessary.

**Recommendations:**

1. Staff should become more familiar with ICS forms and communication tracking logs
2. Department Directors and PHEP coordinator should be trained in regional plans and procedures

## Objective 2: Information Sharing

**Capability Summary:** CDC Capability 6; 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.

This capability consists of the ability to perform the following functions:

Function 1: Identify stakeholders to be incorporated into information flow

Function 2: Identify and develop rules and data elements for sharing

Function 3: Exchange information to determine a common operating picture

**Activity 2.1:** Important and critical elements of information identified early in the incident.

**Observation 2.1:** Improvement Needed. Critical information regarding MERS was

secured early on, however some team members got sidetracked and a strict ICS framework for understanding the EEI was not observed

**References:** N/A

**Activity 2.2:** Essential elements of information shared internally with the appropriate personnel within the organization to develop situational awareness.

**Observation 2.2:** Strength. Information that was known was shared and a JIC was opened to coordinate messages

**References:** N/A

**Activity 2.3:** Ongoing situational awareness updates communicated internally to patients, visitors and staff.

**Observation 2.3:** Strength. Information was shared freely throughout exercise and briefings were held.

**References:** N/A

**Analysis:** Communication and risk communication policies and procedures were utilized. Areas of improvement were identified in that better understanding of EEI among staff should be required

**Recommendations:**

1. Train on EEI
2. Hold regular briefings for TCHD staff and visitors
- 3.

### Objective 3: Medical Surge

**Capability Summary:** CDC Capability 10; Medical surge is the ability to provide adequate medical evaluation and care during events that exceed the limits of the normal medical infrastructure of an affected community. It encompasses the ability of the healthcare system to survive a hazard impact and maintain or rapidly recover operations that were compromised.

This capability consists of the ability to perform the following functions:

Function 1: Assess the nature and scope of the incident

Function 2: Support activation of medical surge

Function 3: Support jurisdictional medical surge operations

Function 4: Support demobilization of medical surge operations

**Activity 3.1:** Medical surge plans activated

**Observation 3.1:** Strength. Observed by exercise evaluator

**References:** POD site plans, Isolation and Quarantine Plan

**Activity 3.2:** Ongoing status of the incident and the status of medical surge operations communicated among local and regional partners

**Observation 3.2:** Improvement Needed. TCDH did have intermittent communications with both hospitals via the liaison officer however surge plans were not implemented

**References:** Surge protocols

**Activity 3.3:** Increase in patient numbers and special types of patients managed according to established protocols and communicated to local and regional partners

**Observation 3.3:** Improvement Needed. While protocols were followed the evaluator did not see any person actually reference the plan

**References:** Surge Plans/Protocol

**Activity 3.4:** Agency assist in expansion of healthcare system under medical surge

**Observation 3.4:** N/A

**References:** N/A

**Activity 3.5:** Staff roles and responsibilities defined during medical surge

**Observation 3.5:** Strength. Roles and responsibilities clearly defined

**References:** N/A

**Activity 3.6:** Additional medical surge resources identified, requested and made available from local, regional, state and Federal resources

**Observation 3.6:** Strength. Resources needed were identified and requested through the local EMA.

**References:** N/A

**Activity 3.7:** MOU in place for medical surge if needed

**Observation 3.7:** N/A

**References:** N/A

**Analysis:** Overall the ability to test medical surge was somewhat limited due to the fact that resource and medical countermeasure requests were not met throughout the majority of the drill. However, TCHD should make it a practice to reference plans and protocols during emergency situations.

**Recommendations:**

1. Practice the application of referencing plans and protocols that have been established for emergency response.

## **Objective 4: Emergency Public Information Warning**

**Capability Summary:** 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.

This capability consists of the ability to perform the following functions:

Function 1: Activate the emergency public information system

Function 2: Determine the need for a joint public information system

Function 3: Establish and participate in information system operations

Function 4: Establish avenues for public interaction and information exchange

Function 5: Issue public information, alerts, warnings, and notifications

**Activity 4.1:** PIO designated

**Observation 4.1:** Strength. Position was assigned prior to the exercise

**References:** FEMA ICS

**Activity 4.2:** Information to public, employees and/or responders developed and disseminated

**Observation 4.2:** Strength. Observed by both TCHD and NPCHD

**References:** Communication Plans

**Activity 4.3:** PIO coordinate with external agency PIOs during the development of messages and public information

**Observation 4.3:** Strength. While this was not observed by the evaluator, the PIO communicated with the PIO from Union Hospital to coordinate messages and share the messages that was being distributed by the other agency. Additionally, a JIC was set up to coordinate press releases and media inquiry.

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**References:** Communication Plan, Risk Communication Plan

**Activity 4.4:** If a JIS was established did the agency participate

**Observation 4.4:** Strength. PIO participated in a conference call regarding the establishment of a JIS regionally.

**References:** N/A

**Analysis:** Communication and risk communication plans are established and followed appropriately. TCHD has a variety of means to communicate with the public and the media.

**Recommendations:**

1. N/A

## Capability 5: 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.<sup>1</sup> 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 <sup>2</sup> 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)

This capability consists of the ability to perform the following functions:

Function 1: Determine risks to the health of the jurisdiction

Function 2: Build community partnerships to support health preparedness

Function 3: Engage with community organizations to foster public health, medical, and

mental/behavioral health social networks

Function 4: Coordinate training or guidance to ensure community engagement in preparedness efforts

**Activity 5.1:** Risks to the health of the community identified

**Observation 5.1:** Strength.

**References:** N/A

**Activity 5.2:** Measures and response actions discussed for identified populations

**Observation 5.2:** Strength. This was observed for both MERS suspected patients as well as SOAR camp attendees

**References:** N/A

**Activity 5.3:** Coordination with community partners observed in support of impacted populations.

**Observation 5.3:** Strength. Liaison officer had communication with both Union and Trinity Hospital

**References:** N/A

**Activity 5.4:** Mental and behavioral health needs of impacted populations discussed

**Observation 5.4:** Strength. While this was not observed by the evaluator the MRC was contacted to deploy counselors to support mental and behavioral health needs of the affected populations.

**References:** MRC

**Analysis:** Community preparedness was well implemented and can be attributed to well established policies, plans and procedures

**Recommendations:**

1. N/A

## **Capability 6: Public Health Surveillance/Epidemiological Investigation**

Public health surveillance and epidemiological investigation is the ability to create, maintain, support, and strengthen routine surveillance and detection systems and epidemiological investigation processes, as well as to expand these systems and processes in response to incidents of public health significance.

This capability consists of the ability to perform the following functions:

Function 1: Conduct public health surveillance and detection

Function 2: Conduct public health and epidemiological investigations

Function 3: Recommend, monitor, and analyze mitigation actions

Function 4: Improve public health surveillance and epidemiological investigation systems

**Activity 6.1:** Hazard to the community identified and classified

**Observation 6.1:** Strength. This was observed for both the MERS and foodborne outbreak

**References:** N/A

**Activity 6.2:** Surveillance and detection systems discussed and utilized

**Observation 6.2:** Needs Improvement. Only surveillance discussed were the reports of the ill patients at the hospital and those that self-reported. Better use of contact investigation and culture evaluation procedures should be utilized.

**References:** Contact investigation forms, cluster evaluation protocol

**Activity 6.3:** Epidemiological investigation processes activated

**Observation 6.3:** Strength. Process was activated however no plan was not physically consulted

**References:** Epi Surveillance Plan, Foodborne outbreak plan

**Activity 6.4:** Were “at-risk” populations identified and categorized

**Observation 6.4:** Needs improvement. Evaluator notes that while the populations were identified the term “at-risk” was never utilized

**References:** N/A

**Activity 6.5:** Information sharing and reporting conducted between horizontal and vertical partners

**Observation 6.5:** Strength. This was observed at length

**References:** N/A

**Analysis:** Epidemiological procedures were clearly utilized however common

terminology and actual use of plans should be practiced.

**Recommendations:**

1. Training on epi plan and common terminology should be implemented

## **SECTION 4: CONCLUSION**

Overall the NECO Regional Exercise of 2016 was a success for the Tuscarawas County Health Department and New Philadelphia City Health Departments. Major strengths were identified in personnel, plans, policies and procedures. Internal communications were excellent and the responsibilities of each person identified through the incident command system were followed appropriately. Communication between TCHD and the local hospitals was ongoing and fluid.

The exercise also provided an opportunity for TCHD to recognize areas of improvements which include communication and collaboration with healthcare during public health emergencies. The necessity for all staff to be regularly trained on TCHD public health emergency plans and procedures and ensure that those plans are always references and utilized during emergencies. All ICS forms should be kept in a general location within the health department and staff should also be comfortable accessing the forms and documentation online.



## APPENDIX A: IMPROVEMENT PLAN

This IP has been developed specifically for the Tuscarawas County Health Department as a result of NECO Exercise conducted on April 7, 2016. These recommendations draw on the After Action Report

Capability	Observation Title	Recommendation	Corrective Action Description	Capability Element	Primary Responsible Agency	Agency POC	Start Date	Completion Date
<b>Objective 1: Emergency Operation Coordination</b>	Observation 1.6: Communications logs were kept however ICS form 215 was not utilized	Utilize appropriate ICS forms	Provide ICS forms and training to staff	Planning	TCHD	PHEP Coordinator	May 1, 2016	Ongoing
<b>Objective 1: Emergency Operation Coordination</b>	Observation 1.8: TCHD did not utilize regional plans or procedures	Become familiar with the regional plans and procedures and when to activate	Training on regional plans and procedures	Planning	TCHD	PHEP Coordinator	May 1, 2016	Ongoing
<b>Objective 2: Information Sharing</b>	Observation 2.1: A better understanding of EEI is necessary	Become familiar with what EEI constitutes	Training on EEI for department directors and PHEP Coordinator	Planning	TCHD	PHEP Coordinator	May 1, 2016	Ongoing
<b>Objective 3: Medical Surge</b>	Observation 3.2: TCHD communicated regularly with local hospitals but surge plans were not activated	Familiarize individuals with TCHD's medical surge plan and when it should be activated	Training on medical surge for department directors	Planning/Implementation	TCHD	PHEP Coordinator	May 1, 2016	Ongoing

## Homeland Security Exercise and Evaluation Program (HSEEP)

### After Action Report/Improvement Plan (AAR/IP)]

### 2016 NECO Regional Drill

<b>Objective 3: Medical Surge</b>	Observation 3.3: Protocols were followed however there was never any physical reference of the protocols and plans	Ensure that plans and protocols are physically referenced during a public health emergency	Communicate expectations with persons who may potentially utilize emergency plans/procedures	Implementation	TCHD	Health Commissioner	May 1, 2016	As needed
<b>Capability 6: Public Health Surveillance/ Epi</b>	Observation 6.2: Better use of epi plans and contact investigation protocol should be utilized	Ensure that department directors and communicable disease nurse are familiar with epi plans and contact investigation protocols	Training for department directors and communicable disease nurse	Planning	TCHD	PHEP Coordinator	May 1, 2016	Ongoing
<b>Capability 6: Public Health Surveillance/ Epi</b>	Observation 6.4: Utilize common epi terminology	See above	See above	Planning	TCHD	PHEP Coordinator	May 1, 2016	Ongoing

**Table A.1: Improvement Plan Matrix**

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