

BTX '04—Regional After Action Report and Recommendations October 2004

Introduction

From October 4-6, 2004, the Portland metropolitan area county health agencies, Oregon public health, and many partner hospital and emergency management organizations participated in the largest contagious disease exercise conducted in Oregon (see participants list on last page). These command post exercises were complemented by a mass vaccination clinic field exercise conducted on October 13. The field exercise is the subject of a separate evaluation.

The main purpose of the exercise was to exercise and evaluate the following functions:

- a) Epidemiological investigation.
- b) Regional coordination.
- c) Regional communications.
- d) Implementation of the Regional Public Health (PH) Response Plan.
- e) Use of the Incident Command System (ICS) in a public health event.

This report summarizes four categories of regional issues identified at an October 20th meeting of representatives from most participating organizations. Many participating agencies conducted their own internal evaluations in far greater detail.

A. Command, Control and ICS issues:

1. ICS

Issue: There were varying levels of familiarity and comfort among Public Health officials and staff (both state and county) with ICS roles and structure.

Discussion: Several discussions between PH departments made it clear that the ICS process was not well understood. More communications were required between Public Health command and general staff officers working to solve similar challenges. Many PH officials from all areas expressed a lack of familiarity with their assigned roles under ICS (especially if these roles were not associated with their usual working titles and positions).

Recommendation: Further training of all PH staff (state and local) on ICS and specifically NIMS. Suggest further training in NIMS for all hospital staff.

2. Roles

Issue: There was significant confusion regarding roles of the PH leaders and officials on county, regional and state levels.

Discussion: It was unclear when and how things move from a county specific event to a regional county event to a state-wide event. There was a lot of confusion regarding who was “in charge of” or in the lead role during this exercise. There was also confusion regarding which plan we were operating under, with some hospitals asking if the MMRS plan was still in effect. Local health providers were not sure whose guidance to follow for consistent disease treatment standards and precautions (state or local health department). There was some confusion regarding the role of county and state emergency operation centers.

Recommendations: Clarification of roles and command in local, regional and state-wide events is needed, including triggers for moving to each and who is in the lead or command for the different levels of events. Further training in NIMS will provide some assistance with this, although regional work with the state needs to be done to determine clarifications. Also needed is clarification on how MMRS merges with the current regional planning efforts.

B. Communications:

1. Regional Communications Plan

Issue: There is currently no established regional health communications plan.

Discussion: There is no regional health communications plan that includes hospitals, PH, and other providers. No identified prioritization of communications

methods, and PH is not tied into the 800 MHz radio systems that hospitals currently use to communicate with Regional Hospital. In addition, no identified common alternate means of communication is in place in case of prolonged power loss or telephone outage occurs. Each county's 911 system needs to be included in the communications system so that they have the most current information.

Recommendations: Development of a pre-event regional communications plan that includes hospitals, public health, and the 911 systems. This plan should be prioritized, and include alternate methods of communications in power or telephone outages. The plan should include contact numbers and allow for differing organizational structures. This issue might best be addressed by the regional Health Preparedness Organization.

2. Internet resources

Issue: Internet resources are under-developed and under-utilized.

Discussion: The regional website for hospital capacity (www.oregonhospitals.org), is a new website that is still under development and revision (some of the suggested revisions came about as a result of this exercise). It was on-line for the exercise, but very new and many users were not very familiar with the function and capability. The state Health Alert Network (HAN) site was not used during this exercise, and there is some confusion about how it would be utilized in an event. There needs to be more clarity about how HAN would be used in an event. Physicians and hospitals were requesting disease-specific Internet resources for use in an event.

Recommendations: Further development of the Oregon hospitals website in a manner that provides every day utility and can adapt to the information needs of a specific emergency. Clarification of the role of the HAN website for area providers in an event is needed.

3. Risk Communications

Issue: The mechanism for regional collaboration for sending out press releases to the public and information to area partners was very slow and cumbersome.

Discussion: The first press releases regarding a Bioterrorism event must be released in the first hour after the story is broken in the media. The regional system must be rapidly responsive to misinformation broadcast and printed by the media. In addition, rapid information must be released by the health departments to hospitals and first responders regarding the specific agent and prevention measures to be taken.

Recommendations: The regional risk communications process needs to be refined to make it able to be rapidly responsive. Pre-event, generalized press

releases should be in place now, and approved for regional use. Possible suggestion might be to assign Washington County the task of releasing the immediate regional press release regarding an event, as they are in contact with the Washington County Consolidated Communications Agency (911 Center). WCCCA has the most comprehensive immediate public notification capabilities using the Emergency Alert broadcast system, Dept. of Transportation billboards, and the Amber Alert system.

4. Relationship and communications between hospitals, PH and Regional Hospital

Issue: Unclear what the relationships between the hospitals, Regional Hospital, and Public Health are, and what the lines of communication should be.

Discussion: Confusion regarding who should report to whom, and how. Should all hospitals be reporting to and communicating with Regional, who then reports status to the county PH departments? Should hospitals update their status on the hospital website, and only communicate directly with their local health departments? Should hospitals be communicating duplicate information to both?

Recommendations: This issue should be addressed by the regional Health Preparedness Organization.

C. Resourcing and Logistics

1. Caches

Issue: Unsure what regional resources are currently available.

Discussion: It is not known by this group if there is an MMRS cache of medications stockpiled, maintained or available. Some regional hospitals have a cache of supplies available for them to draw upon, while others do not. In an event, local resources must be used up prior to calling upon state or federal resources.

Recommendations: A regional inventory of supplies, as well as who is in charge of those supplies needs to be done. This issue might best be addressed by the regional Health Preparedness Organization.

2. Communications

Issue: Similar to #4 above. Hospitals are unsure who they report shortages to.

Discussion: Communications pathway for hospitals to report shortages in resources is not firmly established. It is not clear who is the recipient of a report—Regional Hospital, the local health department, or their county's EOC.

Recommendations: This issue should be addressed by the regional Health Preparedness Organization.

D. Miscellaneous

1. Future exercises

Issue: Need for coordination of exercises

Discussion: All participants seemed to feel that this was a valuable experience, and would like to participate in further joint exercises. There was a definite desire to better coordinate the exercises—with a set schedule—further in advance so that there were not competing exercises with different jurisdictions. In addition, the State Health Department has just requested a three year schedule of exercises from each county health department. The State Office of Emergency Management would definitely like to participate in the future.

Recommendations: The Regional Emergency Managers' Technical Committee (REMTEC) has started a calendar with all of their exercises included to facilitate coordination and collaboration. This issue should be addressed by the regional Health Preparedness Organization, who might want to either create their own calendar, or perhaps even better, join with the REMTEC calendar to create a master exercise calendar for the region.

Participating Organizations:

Washington County:

Providence St. Vincent
Tuality Hospitals (both Hillsboro and Forest Grove)
Legacy Meridian Park
Metro West
City of Beaverton Emergency Management
Beaverton Police Department
Office of Consolidated Emergency Management (OCEM)
Washington County Consolidated Communications Agency (911) (WCCCA)
Amateur Radio Operators (ARES)

Clackamas County:

Willamette Falls Hospital
Kaiser Sunnyside Medical Center
Providence Milwaukee Hospital
Clackamas County Sheriff Office
Clackamas County Homeland Security Office
Clackamas County Emergency Management

Multnomah County:

Legacy Hospital System
Health Reserve Corps
City of Gresham Emergency Management (and other City Departments)
City of Portland Emergency Management (and other City Departments)
Multnomah County Emergency Management (and other County Departments)

Regional

Tri-Met
American Red Cross
Oregon Health Sciences University (as Regional Hospital)

State:

State Department of Human Services/Health Services AOC (in Portland)
State Office of Emergency Management
Oregon State Public Health Laboratory

Federal:

Federal Bureau of Investigation
Veteran's Administration Hospital