

After Action Report for Multnomah County Incident Command Post Operations during ‘PandORa’

**[a State-wide Public Health
Pandemic Influenza Exercise]**

November 1-2, 2006

Based upon the written and post exercise comments of
exercise evaluators and participants. Assembled by:

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Executive Summary

PandORa was a state-wide pandemic influenza exercise held on November 1 and 2, 2006. *This report focuses on Multnomah County operations led by an Incident Commander (IC) at the Multnomah County Health Department-based Incident Command Post (ICP).* This ICP directly collaborated with the operation centers of major hospital systems, six hospitals in the county, adjacent county health departments, State Department of Human Services Public Health Division, and a joint Multnomah County and City of Portland Emergency Operation Center (EOC).

Health Department Incident Management Team (IMT) members formed the core of ICP operations. They served in Command and General Staff, Leader, and most staff positions. They were joined by Red Cross, City of Portland, and the Multnomah County Department of Human Services staff. While individual levels of training, experience, and performance varied widely, the ICP organization was seeded with enough well-trained, prepared, and experienced IMT members so that it generally operated as a Type 3 Incident Management Team¹; well qualified to competently apply Incident Command System to a significant local/regional incident requiring hundreds of resources. However, this was a regionally significant Type 2 scenario that was escalating to a complex, large, prolonged Type 1 event. Therefore the scenario tested and strained the response organization and highlighted many opportunities to improve our capacity to apply ICS to a major incident/event. Key general areas to improve are:

From the Multi Agency Coordination System (MACS) Perspective:

1. Establish proper MAC System components and relationships.
2. Establish a Joint Information System (JIS) that works as a high performing system.
3. Establish a resource ordering system that is well coordinated between organizational layers.

From the Incident Response Organization's Teamwork Perspective:

4. Improve the link between good depiction and interpretation of the current and forecasted situation and forming the best objectives, strategies, organizational shape, and resources.
5. Leverage the entire response team for quality incident documentation.
6. Leverage the entire response team for coordinated strategy development and support.
7. Leverage the entire response team for quality time and cost accounting.

From the Incident Response Organization's Individual ICS Position Perspective:

8. Improve the competency/capacity of each ICS position, especially leaders.
9. Rapidly determine and apply personal protective equipment standards.
10. Rapidly solve communication challenges within the organization and with partners.
11. Quickly form Unified Command, in this case with law enforcement partners.

¹ Under the National Incident Management System, incidents are Typed according to five levels of complexity ranging from Type 5 requiring a small, short duration response, to Type 1 incidents of national significance and requiring extensive resources and lengthy response operations. Many resources are also Typed, with Type 1 being the most capable resource within a category of resources known as a Kind. For example a Type 1 incident management team, Planning Section Chief, or helicopter is the most capable of each Kind of resource.

A. Purpose and Description

The purpose of PandORa was to assess, evaluate, and exercise plans, policies, procedures, systems, personnel, and facilities used for responding to a major health emergency. This State-wide pandemic influenza exercise was held on November 1 and 2, 2006. Some 30 counties, 50 hospitals, and many cities, state agencies, and other organizations participated.

Each exercise venue applied the common elements of the State Public Health designed scenario to their facility or jurisdiction. The scenario described the situation during the second week of the influenza outbreak in Oregon. Each venue chose their own type of exercise, number and type of participants, hours of participation, and degree of preparation.

Fully participating organizations exercised: fully-staffed incident management teams from 0900-1600 on both days (when State Health AOC and the State OEM's ECC were activated); and applied Incident Command System 'tools' and engaged with partner organizations as they would do during this type of major, complex event. The Multnomah County Emergency Operation Center (EOC) and Incident Command Post (ICP) at the Health Department were full exercise participants.

The Multnomah County EOC was staffed by 5 persons on Day 1. On Day 2 County EOC staff were joined by City of Portland EOC staff for a total of about 20 persons.

The six participating hospitals located in Multnomah County were all represented by Legacy system's Director of Security on exercise day one. On exercise day two the Providence, Legacy, and Kaiser Permanente NW system operation centers were activated and staffed along with six hospital command posts within the County (Legacy's Emanuel and Good Samaritan, Oregon Health Sciences University, Adventist Medical Center, Providence Portland Medical Center, the Shriners Hospital for Children, and Portland Veterans Administration). Many other hospitals in the region also participated on day two.

The Incident Command Post (ICP) for Multnomah County tactical operations was at the Health Department. It was staffed by ~70 persons on each day (~50 from Health Department), 4 from County Human Services, 3 from Red Cross, several from various other organizations, and 8 evaluator/coaches/controllers). The ~80 total MCHD participants collectively experienced three ICS Planning Cycles and two Operational Periods in preparing for and conducting the exercise:

1. A prolonged Planning Cycle with training and preparation was conducted over the ~7 week period prior to the exercise. This prolonged Planning Cycle (based on the scenario for the start of exercise play) led to a written Incident Action Plan (IAP) for the Operational Period that included exercise operations on Day 1.
2. Day 1 began with an Operational Brief for the Operational Period, and then a Planning Cycle was conducted to prepare an IAP for the next Operational Period, that is Day 2 operations.
3. Day 2 began with an Operational Brief, a Transfer of Command (and most other leadership roles), and then a Planning Cycle was conducted to prepare an IAP for the Day 3 Operational Period that extended beyond the end of the exercise.

B. Scope

This report focuses on Multnomah County ICP operations, and its relations with other response organizations. Participating organizations were responsible for their own After Action Reports (AAR). Participant's Handbook and other documentation may be found at <http://www.co.multnomah.or.us/health/emergprep/pandora/index.shtml> An Oregon DHS AAR provides a state-wide perspective with emphasis on Public Health Agency Operation Center activities.²

Evaluation comments and recommendations in this report are drawn from:

- participant evaluation forms and verbal comments at critique sessions at the ICP at the end of each exercise day;
- notes from a EOC participant critique session held at the end of Day 2;
- verbal and written comment from evaluators located at the ICP.³
- the author's observations in the context of the 4 year development of the Health Department's Incident Management Team.

C. Exercise Objectives with Summary Results

Objective 1. Establish and maintain National Incident Management System compliant relationships between ICPs, DOCs, hospital operation centers, State AOC and ECC, EOCs, and other organizations (of various disciplines) with the purpose of: defining and sharing the situational picture; incident forecast; coordinated objectives, priorities, and operations; coordinated public information that supports operations; and resource procurement, allocation, and management.

Result Summary and General Recommendations: This fourth annual Health Department major exercise was a best effort in the performance of response organization processes, proper relationships, ICS focused duties, and well differentiated relationships between the major response organizations (e.g. ICP with County/City EOC, State Health AOC, and regional county ICPs, hospital CPs). This basic objective might have been more firmly attained with:

1. **Proper MACS organizations and relationships.** No MACS policy entities and/or Area Commands were formed to firmly address overall resource allocation, incident/jurisdiction/hospital prioritization, diminished standards of care, and other critical decisions and their execution.
2. **A Joint Information System (JIS) that works as a high performing system.** While the ICPs PIO was superb, the overall PIO/Joint Information System needed to act more like system with agreed role differentiation between various PIOs, and shared knowledge and discipline about the scope, level, consistency, accuracy, and execution of messaging.
3. **A resource ordering system that is well coordinated between organizational layers.** The Logistics Supply Unit at the ICP and hospitals and joint County/City EOC was the best

² Oregon Department of Human Services, Public Health Division. Final After Action Report, Pandora Pandemic Oregon Activity, Oregon Statewide Public Health Full Scale Exercise. Prepared by Ecology and Environment, Inc. December 15, 2006.

³ The evaluators were: Both days -- David Harrington, Portland Office of Transportation; Richard Konrad, Clark County Health Department; and Robin Holm, James Spitzer, Valerie Whittlesley of Multnomah County Health Department; Day 1 only -- Bert Sorio, Regence Blue Cross/Blue Shield, Scott France, Cities Readiness Initiative; Day 2 only -- Ray Bonilla Jr., Nick Swords, and Justin Chase of T-Mobile USA.

performance yet of our four major annual exercises, particularly at the ICP. However, major flaws included different response organizations (ICP, City/County EOC, State ECC) assigning different request numbers for the same resource order, non-ICS compliant ordering processes, and separate processes for Strategic National Stockpile resources relative to other resources imposed on Incident Commanders, a high percentage of unacknowledged orders, and a high error rate in the relay of orders. This was documented in detail as part of the Health Department's participation in a RAND project.

Objective 2. Individuals will competently perform assigned ICS position roles. Key ICS processes and products include:

- a) Conducting the activities of a formal ICS Planning Cycle at the ICP/EOC in order to prepare an Incident Action Plan for the next Operational Period and an advance planning function that prepares each organization for beyond the next Operational Period.
- b) Develop, maintain, and share an appropriately detailed 'situational picture' and resource management system internally and with other response organizations.

Result Summary and General Recommendations. Three Planning Cycles and two Operational Periods resulted in much more practical experience in application of ICS to a major, complex event than gained during major exercises of the past 4 years. Several IMT members participated in all or many steps within these cycles and periods. The exercise demonstrated a maturing Incident Management Team well grounded in basic ICS principles, with many individuals able to solidly apply intermediate and advanced ICS principles. The resulting experience and confidence will allow them to establish and lead many ICS processes in a large response organization. However, improvement is needed. The pandemic influenza event required this response organization to share its 'situational picture' with response organizations at six hospitals, a County/City EOC, and a State Health AOC and State ECC. Defined relationships, communications plans, and coordinated messages developed slowly and inadequately. Resources ordering systems developed quickly but were not executed within the context of priorities and situational awareness that should have been provided by MACS decision entities and/or Area Commands if they had existed.

Recommendations from the teamwork perspective:

4. **Improve the link between good depiction and interpretation of the current and forecasted situation and forming the best objectives, strategies, organizational shape, and resources.** Sharpen Planning Section and Situation Unit status/forecast information collection, processing, display, and sharing so that this information is relied upon and in steady demand by other ICS functions and positions in the Command Post.
5. **Leverage the entire response team for quality incident documentation.** Documentation Unit needs to actively leverage all who are required to produce documentation to ensure adequacy, accuracy, and completeness of documentation. Train, give feedback, and demand that individual positions produce documents and records to a high standard.
6. **Leverage the entire response team for coordinated strategy development and support.** Operations, Planning, and Logistics Sections need to improve coordination and division of labor on developing and supporting operational strategies. Some preparations were redundant. Others needed to better align strategy development with the support required to execute the strategy.

7. **Leverage the entire response team for quality time and cost accounting.** Finance and Administration Section needs to better leverage response organization leadership to capture and submit time/cost data at scheduled times. This will ensure adequate time/cost documentation and daily expense updates relative to funding ceilings.

Recommendations from the individual position perspective:

8. **Improve the competency/capacity of each ICS position, especially leaders.** Each response leader and staff needs to better embrace their ICS position role relative to their: 1) ICS function, 2) other staff and leaders, and 3) the Planning Cycle.
9. **Rapidly determine and apply personal protective equipment standards.** Safety Officer and pre-incident preparation is required to expedite operations that need personnel protective equipment (PPE). A baseline capacity of trained, fit-tested, and protected personnel along with just in time training/fit-testing will help to meet surge needs.
10. **Rapidly solve communication challenges within the organization and with partners.** The Communications Unit needs to accept responsibility to anticipate and solve all communications related challenges for the response organization.
11. **Quickly form Unified Command (UC), in this case with law enforcement partners.** Agency Executives or the Incident Commander should have sought UC with law enforcement and perhaps other disciplines more quickly. Large, complex incidents almost always warrant UC. UC composition is determined and adjusted warranted by changing issues and priorities.

Objective 3. Develop and conduct Just-In-Time (JIT) training for supervisors, leaders, and staff of ongoing or future (e.g. next Operational Period) operations such as Medical Care Points and vaccine/anti-viral mass dispensing operations. Conduct training and operations as scheduled by participating organizations.

Result Summary and General Recommendations. JIT training was prepared for prospective dispensing and assessment operations. It was to have been conducted on a small scale. Evaluators did not observe or comment on the training.

D. Detailed Evaluation Comments and Recommendations

A table for internal use and improvement reflects more detailed evaluation comments, observations, and recommendations by exercise objective and major ICS functions. Such detail will help to guide preparation for TOPOFF 4 in Portland in October, 2007.

The table uses symbols: pluses (+) before comments on what went well, deltas (▲) before comments on what needs to improve. Comments within each + or ▲ grouping are roughly in order of importance. Participants and evaluators are inclined to comment on what might be done better relative to high standards of incident management. Therefore there are more ▲ than +.

E. Conclusion

Participants took the scenario, their roles, and their performance very seriously. They generally performed to their level of training, expertise, and experience. The exercise demonstrated an

improved, broader understanding of the Incident Command System, roles within that system, and little or no confusion of ICS roles with normal organizational roles.

This exercise proved a steadily improving level of incident management competence and depth within the Health Department; perhaps well above many disciplines and emergency management organizations in a major metropolitan area of the Nation. While the Department has not formally adopted a system to qualify and certify IMT members in their ICS roles, the more experienced members of the Department's IMT are operating at the margin of a Type 3 and 2 Level (Team and individual performance levels).

The greatest opportunity for improvement continues to rest with individual's understanding and performing their position roles in alignment with the teamwork and processes required within ICS units, functions, and across functions during the ICS Planning Cycle. The Health Department's 'bootstrap' adoption of and initial training in ICS in early 2003 required assigning individuals to Incident Commanders and Command and General Staff positions who had not "risen through the ICS ranks." Therefore, individuals need to be continually challenged to develop expertise in:

1. Their own ICS position;
2. The positions and processes that they oversee; and
3. ICS positions in different functions that they must coordinate with.