



Oklahoma State
Department of Health

Cleveland/McClain County MIPS Full Scale Exercise 2007

Exercise Dates: November 27 - 28, 2007



AFTER ACTION REPORT/ IMPROVEMENT PLAN

Publication Date: February 15, 2008

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EXECUTIVE SUMMARY

The Cleveland and McClain County Health Departments conducted a full-scale exercise on November 27-28, 2007 to test the ability to respond to a simulated public health emergency. This exercise, “Cleveland/McClain County Mass Immunization and Prophylaxis Strategy (MIPS) Full Scale Exercise 2007”, was developed to test three target capabilities; Medical Supplies Management; Onsite Incident Management; Distribution and Mass Prophylaxis. The exercise planning team was composed of numerous and diverse agencies, including Cleveland and McClain County Health Departments, Cleveland and McClain County Emergency Management, City of Norman, City of Newcastle Emergency Management, University of Oklahoma, US Postal Training Center and Purcell Hospital. The exercise planning team discussed the need to test the ability of receiving assets from the Strategic National Stockpile (SNS) and the ability to demonstrate delivering mass prophylaxis to a community through use of a newly approved task force concept. The planning process took place over a four-month period, documenting over 2,000 staff hours.

This exercise simultaneously tested a prophylaxis model while providing flu vaccinations. Patients receiving actual vaccinations for influenza were simultaneously used to test the simulated prophylaxis process. Two task forces at each site dispensed mock antibiotics to patients as they processed through the clinic. Patients were used as a captive audience to test the prophylaxis model while receiving flu vaccination.

Based on the exercise planning team’s deliberations, the following objectives were developed for the Cleveland/McClain County MIPS Exercise 2007.

- Objective 1: Establish on-scene Incident Command and activate appropriate ICS elements and facilities needed to manage the incident and meet the incident objectives.
- Objective 2: Develop, approve, disseminate and execute an Incident Action Plan (IAP) for each operational period.
- Objective 3: Demonstrate three forms of communication equipment to update the OSDH Situation Room on the IAP, site openings, needs and progress.
- Objective 4: (Warehouse) Ensure the security of the medical supplies and warehouse operations.
- Objective 5: (Warehouse) Execute credentialing plan for on site personnel and transportation personnel.
- Objective 6: (Warehouse) Receive, inventory, apportion and distribute assets according to priorities or directions given by Incident Command.
- Objective 7: (Warehouse) Track assets using approved documentation.
- Objective 8: (McClain County) Activate staff for the task forces by call down list.
- Objective 9: (McClain County) Establish and execute a site safety and security plan during all operational periods.
- Objective 10: (McClain County) Ensure adequate staffing and supplies are available for expected throughput.

- Objective 11: (McClain County) Establish Communications with Area Command for updates and resource requests.
- Objective 12: (Sheltered in Populations) Activate Sheltered in Populations Sites (SIPS) with greater than 1,000 doses and on site medical staff to pick up medications and supplies as directed.
- Objective 13: (Sheltered in Populations) Ensure the personnel picking up supplies have appropriate documentation, identification and security.

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:

- Demonstrating excellent teamwork at the local, regional and state levels.
- Establishing new cooperative partnerships between community stakeholders and reinforcing existing partnerships.
- Demonstrating positive attitudes and abilities to recognize and react to shortfalls in the plan and to adjust operations in a timely manner.
- Successfully demonstrating the capability to manage a local public health incident including the supply and operation of a temporary dispensing clinic.
- Demonstrating excellent leadership, efficiency and effectiveness at the warehouse site.
- Demonstrating the ability to successfully provide prophylaxis to the identified population within the allotted 48-hour time period.

Primary Areas for Improvement

Throughout the exercise, opportunities for improvement in the Cleveland and McClain counties' abilities to respond to the incident were identified. The primary areas for improvement are as follows:

- Establishing and maintaining communications with Area Command or Situation Room.
- Increasing security awareness at dispensing locations.
- Preparing and delivering effective and appropriate Just In Time Training (JITT) at dispensing sites.
- Conducting additional training with medical personnel as to the signs and symptoms of anthrax and appropriate triage methods for non-communicable agents.
- Increasing ICS knowledge with Command and General Staff to more clearly delineate roles and responsibilities during a prophylaxis event.

- Providing additional communications training for leadership personnel.

Overall, the exercise was a success. This was the first full-scale exercise for warehouse and POD operations in this area. The exercise demonstrated this community's ability to dispense over 26,300 doses of prophylaxis at an average total throughput of 548 doses per hour, per site. The average process time was demonstrated at 9 minutes per patient.

Additionally, this exercise demonstrated the ability to provide medication to those populations designated as Sheltered in Population Sites (SIPS).

SECTION 1: EXERCISE OVERVIEW

Exercise Details

Exercise Name

Cleveland/McClain County MIPS Full Scale Exercise 2007

Type of Exercise

Full-scale exercise

Exercise Start Date

November 27, 2007 (1100 - 1230 hours) 1.5 hours

Exercise End Date

November 28, 2007 (0800 - 1430 hours) 6.5 hours

Duration

8 hours

Location

Cleveland County – County Fair Board – 615 East Robinson, Norman, 73069

McClain County – Newcastle Public Library – 705 NW 10th Street, Newcastle, 73065

McClain County – McClain County Health Department – 919 N 9th Street, Purcell, 73080

Sponsor

Oklahoma State Department of Health (OSDH)

Program

CDC BY08 Public Health Emergency Preparedness Cooperative Agreement (Federal)

Mission

Response

Capabilities

Medical Supplies Management and Distribution

Mass Prophylaxis

Onsite Incident Management

Scenario Type

Biological Event – Anthrax

Exercise Planning Team Leadership

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Homeland Security Exercise and Evaluation Program (HSEEP)
After Action Report/Improvement Plan **Cleveland/McClain County MIPS Exercise 2007**
(AAR/IP)

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Homeland Security Exercise and Evaluation Program (HSEEP)
After Action Report/Improvement Plan **Cleveland/McClain County MIPS Exercise 2007**
(AAR/IP)

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Participating Organizations

Local

American Red Cross (Heart of Oklahoma)
City of Newcastle
City of Norman
City of Purcell
Cleveland County Emergency Management
Cleveland County Fairgrounds
Cleveland County Health Department
Cleveland County Sheriff's Office
Cleveland County Jail
Community Mental Health
Griffin Memorial Hospital
Joseph Harp Correctional Facility
Lexington Assessment and Reception Center
McClain County Community Emergency Response Team (CERT)
McClain County Health Department
McClain County Emergency Management
Marriott Conference Centers
Mazzio's Pizza of Purcell
Mid-America Vo-Tech
Newcastle Emergency Management
Newcastle Library/Community Center
Newcastle Police Department
Norman Emergency Management
Norman Police Department
Pizza Hut of Purcell
Purcell Emergency Management
Purcell Municipal Hospital
Purcell Fire Department
Purcell Police Department
Seminole State College
Sonic, Inc. Newcastle
University of Oklahoma
York/Johnson Controls

State

Oklahoma Department of Mental Health and Substance Abuse Services
Oklahoma State Department of Health

Federal

United States Postal Training Center

Number of Participants

• Players	95
• Controllers	3*
• Evaluators	6
• Facilitators	3*
• Observers	3
• Actors	137
• Total # of vaccines given	189

* Controllers and facilitators were the same personnel.

SECTION 2: EXERCISE DESIGN SUMMARY

Exercise Purpose and Design

The Cleveland and McClain County Health Departments conducted a full-scale exercise November 27–28, 2007 to test the ability to respond to a simulated public health emergency. This exercise, “Cleveland/McClain County Mass Immunization and Prophylaxis Strategy (MIPS) Full Scale Exercise 2007,” was developed to test three target capabilities; Medical Supplies Management; Onsite Incident Management; Distribution and Mass Prophylaxis. The exercise planning team was composed of numerous and diverse agencies, including Cleveland and McClain County Health Departments, Cleveland and McClain County Emergency Management, City of Norman Emergency Management, City of Newcastle Emergency Management, University of Oklahoma, US Postal Training Center and Purcell Hospital. The exercise planning team discussed the need to test the ability of receiving assets from the Strategic National Stockpile (SNS) and the ability to demonstrate delivering mass prophylaxis to a community through the use of a newly approved task force concept. The planning process took place over a four-month period, documenting over 2,000 planning hours.

This exercise simultaneously tested a prophylaxis model while providing flu vaccinations. Patients receiving actual vaccinations for influenza were simultaneously used to test the simulated prophylaxis process. Two task forces at each site dispensed mock antibiotics to patients as they processed through the clinic. Patients were used as a captive audience to test the prophylaxis model while receiving flu vaccination.

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:** Establish on-scene Incident Command and activate appropriate ICS elements and facilities needed to manage the incident and meet the incident objectives.

Target Capability –Onsite Incident Management:

- **Activity** – Establish Full Onsite Incident Command

- **Objective 2:** Develop, approve, disseminate and execute an Incident Action Plan (IAP) for each operational period.

Target Capability - Onsite Incident Management:

- **Activity** – Develop Incident Action Plan
- **Activity** - Execute Plan
- **Objective 3:** Demonstrate three forms of communication equipment to update the OSDH Situation Room on the IAP, site openings, needs and progress.
Target Capability - Onsite Incident Management:
 - **Activity** - Establish Full Onsite Incident Command
 - **Activity** – Evaluate/Revise Plans
- **Objective 4:** Ensure the security of the medical supplies and warehouse operations.
Target Capability – Medical Supplies Management and Distribution:
 - **Activity** – Establish Security
- **Objective 5:** Execute credentialing plan for on site personnel and transportation personnel.
Target Capability - Medical Supplies Management and Distribution:
 - **Activity** - Establish Security
- **Objective 6:** Receive, inventory, apportion and distribute assets according to priorities or directions given by Incident Command.
Target Capability - Medical Supplies Management and Distribution:
 - **Activity** – Warehouse Operations and Distribution
- **Objective 7:** Track assets using approved documentation.
 - **Target Capability** - Medical Supplies Management and Distribution:
 - **Activity** - Warehouse Operations and Distribution
- **Objective 8:** Activate staff for the task forces by call down list.
 - **Target Capability** –Mass Prophylaxis:
 - **Activity** – Activate Mass Prophylaxis
 - **Activity** – Demobilize
- **Objective 9:** Establish and execute a site safety and security plan during all operational periods.
 - **Target Capability** –Mass Prophylaxis:
 - **Activity** – Activate Mass Prophylaxis
 - **Activity** – Direct Mass Prophylaxis Tactical Operations
- **Objective 10:** Ensure adequate staffing and supplies are available for expected throughput.
 - **Target Capability** – Onsite Incident Management:

- **Activity** – Resource Management
- **Objective 11:** Establish Communications with Area Command for updates and resource requests.
 - **Target Capability** – Onsite Incident Management:
 - **Activity** – Establish Full Onsite Incident Command
- **Objective 12:** Activate SIP push sites with greater than 1,000 doses and on site medical staff to pick up medications and supplies as directed.
 - **Target Capability** –Mass Prophylaxis:
 - **Activity** – Conduct Mass Dispensing
- **Objective 13:** Ensure the personnel picking up supplies have appropriate documentation, identification and security.
 - **Target Capability** –Mass Prophylaxis:
 - **Activity** – Conduct Mass Dispensing

Scenario Summary

Nov 20: Local Law enforcement obtains information about a radical group called Citizens Against the Commercialization of Holidays (CACH) planning an attack in the Oklahoma City Metropolitan Area.

Nov 21: Oklahoma City receives a light dusting of snow and freezing rain overnight. Crews work throughout the night to sand or salt area roads.

Nov 22: The threat is deemed creditable by law enforcement and security is increased in high-risk areas such as malls and large shopping venues. Information is given to store owners and workers to report anything suspicious over the next few days.

Nov 23: Large crowds gather outside several shopping venues for the post Thanksgiving Day sales. Men can be seen spreading what appears to be salt on the sidewalks in front of the entrances. As stores open their doors, crowds rush forward and stir up a large cloud of dust. Several people enter the stores coughing from the dust. Stores receive several complaints but the dust settles after an hour.

Nov 26: Area hospitals report a surge in respiratory illness. Cultures and lab specimens are sent to OSDH for analysis. A few storeowners go over salting and sanding expenses and note no record of salting on the morning of November 23rd. Law enforcement is contacted and a criminal investigation begins.

Nov 27: Preliminary results from the hospital lab samples reveal *Bacillus anthracis*. Hazmat teams are dispatched to collect samples from sites. McClain County Health Department is ready for their annual flu vaccination clinics in Purcell and Newcastle. OSDH decides to stand up its

MIPS sites in the Oklahoma Cities Readiness Initiative (CRI) area to conduct prophylaxis for anthrax.

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 the Cleveland/McClain County MIPS Full Scale Exercise 2007 are listed below, followed by corresponding activities. Each activity is followed by related observations, which include references, analysis, and recommendations.

Capability 1: Medical Supplies Management and Distribution

Capability Summary: Medical Supplies Management and Distribution is the capability to obtain and maintain medical supplies and pharmaceuticals prior to the incident and to transport, distribute, and track these materials during an incident.

Activity 1.1: Establish Security (Exercise objectives 4 & 5)

Observation 1.1: This area was demonstrated extremely well. Upon activation of the warehouse, the security plan was activated.

References: MIPS Plan for Cleveland/McClain County

Section 7 – Security – Security will be used for internal and external security at the MIPS locations, PODs and warehouse that receives medical assets (if different from the MIPS location). Security will also be used to escort antibiotics as well as strike teams, if used.
Section 7.1 – Credentialing – During staging, each worker/volunteer will be required to show two forms of identification.

Analysis: The SNS assets arrived on Tuesday, November 27th in Cleveland County. During an event of mass public health concern, the highest visibility of security must be deployed to insure assets arriving to the warehouse for apportionment and distribution are safely protected. The performance of this activity was demonstrated in numerous training events prior to the exercise. Local law enforcement agencies documented over 40 hours of specific warehouse training, which included escort of SNS assets, SNS processes and procedures, security presence during off loading and warehouse security, both internally and externally. Additionally, local law enforcement personnel conducted a vulnerability and threat analysis on the warehouse location. Knowing the public will be anxious about a public health event of this caliber, protection of the assets must be assured. On November 28th, security was delayed in reporting to the warehouse; however, the site commander showed excellent restraint not making rash decisions to move ahead with the exercise, even though push partners were waiting. His calm demeanor resulted in a substitute security assignment being made until the assigned security officer arrived. Once on the scene, security provided excellent control to the warehouse interior and to push partners arriving at the site. The security plan was executed and warehouse personnel were credentialed after showing two forms of identification in accordance with the MIPS plan. One officer

established security checkpoints in the vicinity of the medical supplies warehouse and staging area.

Recommendations:

None

Activity 1.2: Warehouse Operations and Distribution (Exercise objectives 6 & 7)

Observation 1.2: This is an area demonstrated extremely well. After delivery of medical assets to the warehouse facility, pharmaceuticals and other assets must be repackaged and distributed to Points of Dispensing (PODS).

References: MIPS Plan for Cleveland/McClain County

Section 8.5 - Distribution Schedule – The distribution plan for each site is listed..., whether the pick up is from the warehouse or a POD.

Section 9 – Inventory – Based on the number of PODS in the area, assets will be apportioned.

Section 10.2 – Sheltered in Populations (SIP)- Plans are in place to provide mass medications to special populations such as: nursing homes, correctional facilities, tribal partners, group homes and other shelter-in populations. These locations will either be instructed to pick up supplies from the distribution site and dispense the medications to their residents or strike teams will deliver and/or dispense the medications to their residences.

Analysis: The overall management and coordination of medical assets was handled exceedingly well. Medical supply warehouse teams assembled and divided into receiving, order management, pick teams, packaging, quality control and shipping. The off-loading of the SNS assets occurred by use of a forklift. Appropriate safety precautions were observed and no injuries or safety violations were noted.

Push partners were controlled in the front of the warehouse where they were required to sign in, show identification and wait until assets for their sites had been apportioned. Push partner packages were assembled and provided prior to the event that detailed specifically the processes and procedures for dispensing the medication.

The site commander demonstrated excellent leadership and direction with the overall warehouse operation. On November 27th, all warehouse staff were present to receive the SNS assets. When the assets were off loaded, a complete and thorough inventory was conducted and it was noted there was a major discrepancy in the bill of lading and the product received. The warehouse site commander notified the area command of the discrepancy and advised of the actual asset quantity received. The area command conducted a manual recalculation of the current assets and provided the warehouse team the guidance needed to apportion the assets received. The area command notified the warehouse of the new asset assignments and the mission continued seamlessly. The entire team handled this realistic error in a professional manner.

On November 28th, the pick teams worked well and were able to efficiently prepare the orders for push partners and task forces. The quality control leader was thorough, efficient and detailed in the performance of her duties. Requested medical supply orders were accurate and assets were tracked successfully.

The only area in which could be improved was the lack of communication between the warehouse and the Area Command or Situation Room. The Area Command portion of this exercise was simulated and not fully activated. As a result, the Situation Room was unaware of when the warehouse opened, what resources were on hand and what push partners had been engaged. Other than this component, this portion of the full-scale exercise should be considered a model of warehouse operation for future exercises.

Recommendations:

Conduct communications training with warehouse personnel to demonstrate the ability to establish communications with Area Command.

Capability 2: Mass Prophylaxis

Capability Summary: Mass Prophylaxis is the capability to protect the health of the population through administration of critical interventions (e.g. antibiotics, vaccinations, antiviral) to prevent the development of disease among those who are exposed or potentially exposed to public health threats. This capability includes the provision of appropriate follow-up and monitoring of adverse events, as well as risk communication messages to address the concerns of the public.

Activity 2.1: Direct Mass Prophylaxis Tactical Operations (Exercise objective #9)

Observation 2.1: This is an area demonstrated sufficiently. In response to notification of an incident requiring mass prophylaxis, overall management and coordination of mass prophylaxis occurred adequately in Newcastle and Purcell.

References: MIPS Plan for Cleveland/McClain County

Section 6.4- POD Information – Dispensing sites will be made public at the time of the emergency. It is important that the public not respond to a designated site if the site has been compromised. Also, not all PODs may be activated for each emergency so it will be important for the public to recognize which PODs are activated.

Analysis: Two task forces, located in Newcastle and Purcell, were used to conduct mass prophylaxis for an anthrax event, while at the same time providing real world vaccinations for annual influenza prevention. By utilizing the task force model, the location of the dispensing site is not critical. Task forces are mobile in nature and can realistically operate from a number of

locations within the community. The two task forces differed in some aspects of their accomplishment of this activity:

Newcastle - The site selected for this exercise was small; however, the patient flow worked well. During a surge of prophylaxis-only patients, 65 simulated patients were prophylaxed within 15 minutes, recording a throughput of 260 patients per hour. The population served from this location is estimated at 8,000 people. This site demonstrated the ability to successfully provide prophylaxis to the identified population within the allotted 48-hour time period. The approximate process time for each patient was six (6) minutes. Lastly, 102 influenza shots were provided to actual patients at this site during the exercise.

Purcell – Due to the layout of this health department, the site selected for this exercise did not afford maximum patient flow. This is primarily because the building is a series of separate rooms and not an open space. However, three other locations could be considered in this community given an actual public health event. During a surge of prophylaxis-only patients, 72 simulated patients were prophylaxed within 15 minutes, recording a throughput of 288 patients per hour. The population served from this location is estimated at 12,000 people. This site demonstrated the ability to successfully provide prophylaxis to their identified population within the allotted 48-hour time period. The approximate process time for each prophylaxis patient was twelve (12) minutes. Lastly, 87 influenza shots were provided to actual patients at this site during the exercise.

Recommendation:

None

Activity 2.2: Activate Mass Prophylaxis (Exercise objectives 8 & 9)

Observation 2.2: This is an area needing improvement. In response to notification of an incident requiring mass prophylaxis, personnel were activated for mass prophylaxis operations by use of the Health Alert Network (HAN) recall on October 17, 2007 at 1800 hours. All Command and General Staff of the entire region were recalled. 87 calls were made with a 67% confirmation of contact. A second call down for activation of staff occurred on November 27th at 1920 hours. Ninety-five participants were called (unannounced) by use of the automated Health Alert Network (HAN) within a 16-minute time period resulting in a 65% success rate.

References: MIPS Plan for Cleveland/McClain County

Section 12.2 – Exercising – Goal 1; Objective 2: Demonstrate the ability to alert, activate and utilize communications system (Health Alert Network, call tree, media alerts, redundant communications, etc).

Analysis: The HAN was utilized for the recall to give accurate, consistent and timely information to all key staff. Responders acknowledged receipt of message by following prompts of the HAN tele-messaging system. With a 67% success rate for Command & General Staff and

a 65% success rate of other staff, this area was identified as needing improvement. The goal is to have 100% success rate. The reason for the low success rate was determined as some individuals not knowing they would be prompted and not using the menu options accordingly. Others checked caller ID and did not answer because the caller phone number was not recognized. Others were simply unavailable. The HAN did successfully notify five out of six push partners on November 27th.

The Purcell site was staffed sufficiently for the event with controlled at all entry and exit locations. The Newcastle site used CERT personnel for safety operations. The security element seemed more relaxed at this location. This may have been because the library was opened for business and the ability to differentiate actual patients from library patrons was difficult to discern.

Recommendations:

Conduct additional HAN recalls to insure staff understand the proper procedure for validating a call.

Activity 2.3: Conduct Mass Dispensing (Exercise objectives 12 & 13)

Observation 2.3: This is an area needing improvement. Patients were provided with appropriate prophylaxis and inventory control was maintained.

References:

Section 10 - Dispensing – Each POD will have a triage area. If a person is symptomatic, they will be screened from the rest of the population. They will be given medication but will also be instructed to seek medical attention.

Section 10.1 – Strike Teams - ...consist of at least two vaccinators and one uniformed staff member to insure security of ...antibiotics are well protected. ...there must be a POC at the receiving location to assume responsibility of drugs...

Analysis: The model selected for this exercise included two task forces at each site to dispense prophylaxis to patients exposed to anthrax. Control and inventory of the medication was demonstrated well at both sites. Patients receiving actual vaccinations for influenza were simultaneously used to test the simulated prophylaxis process. In planning for the exercise a deliberate decision was made by the Planning Team that anthrax information be held at a minimum in order to reduce the likelihood of confusion or misunderstanding during the exercise. Therefore, neither task force disseminated anthrax fact information sheets. The planning team focused on the process of prophylaxis, not the education of the specific agent.

Staff and volunteers that attended pre-exercise training were familiar with the signs and symptoms of anthrax. Volunteers and staff that did not attend training prior to the exercise relied on Just In Time Training (JITT) to receive agent education. JITT was not conducted thoroughly with all personnel prior to duty assignment. Consequently, some staff members were unfamiliar with the anthrax agent, the NAPH form and duty assignments.

Purcell – Simulated patients were greeted at the entrance to the site and asked if they had symptoms congruent with anthrax. Those who stated they did, were sent back to their vehicle and advised a nurse would come to their vehicle and provide prophylaxis. This was problematic in several ways. First, since anthrax is not communicable, no isolation of the patient need occur. Secondly, if the patients were not going to be treated at the site, then they should have been told to drive to the nearest medical facility for distribution of medication and lastly, the nurses had no visual indicator of which patients were waiting in the vehicles for treatment or direction.

Recommendations:

1. Personnel in leadership positions should have additional training on how to organize and deliver JITT effectively.
2. Additional training should be conducted with medical personnel as to the signs and symptoms of anthrax and appropriate triage methods for a non-communicable agent.

Activity 2.4: Demobilize (Exercise objective 8)

Observation 2.4: This is an area demonstrated very well. Upon completion of dispensing, POD operations should be deactivated, returning site to normal operations and releasing or re-deploying staff.

References: MIPS Plan for Cleveland/McClain County

Section 10.7 –Operating Hours – Depending on the severity of the event, a decision will be made by Area Command on the number of hours to operate. A decision may be made to close some PODs... Outgoing shifts will provide any information, such as tips and observations that have helped the flow of the clinic before leaving.

Analysis: During the eight-hour operating period for delivering influenza vaccine to the community, four hours were set aside to test the prophylaxis process. Upon completion of the prophylaxis process, a debriefing of all clinic personnel was conducted. A series of lessons learned as well as improvements were discussed in detail at both locations. Further, the task force leader determined the number of staff needed to complete the mission and systematically released personnel not mission essential.

Recommendation:

None

Capability 3: Onsite Incident Management

Capability Summary: Onsite incident management is the capability to effectively direct and control incident management activities by using the Incident Command System (ICS) consistent with the National Incident Management System. (NIMS).

Activity 3.1: Establish Full Onsite Incident Command (Exercise objectives 1, 3, and 11)

Observation 3.1: This is an area needing improvement. An Area Command was established and two task forces were selected to conduct the mass prophylaxis mission.

References: MIPS Plan for Cleveland/McClain County

Section 2 – Command and Control – The McClain County Health Department complies with the National Incident Management System (NIMS) and utilizes the Incident Command System (ICS).

Section 5.1 – Tactical Communication - The MIPS communication flow will start at the POD and go up to the Area Command.

Analysis: The Task Force team leaders demonstrated excellent leadership, communications and problem solving techniques during the actual administration of the influenza vaccination. However, during the prophylaxis portion, there seemed to be unfamiliarity as to the operations processes and flow.

Communication was established with the Situation Room, though more than half of the required reports were incomplete. Three forms of communication were not demonstrated at each location as identified by the exercise objectives. The warehouse did not communicate the opening or progress of their activities to area command or to the Situation Room.

Recommendations:

1. Additional ICS training should be conducted for all leadership personnel.
2. Additional training to key leadership personnel on communications plan and flow to the Situation Room should be conducted.

Activity 3.2: Resource Management (Exercise objective 10)

Observation 3.2: This is an area demonstrated well. A system was established to order, track, manage and deploy all resources required for effective incident command management.

References: MIPS Plan for Cleveland/McClain County

Section 10.6.2 – Supplies – Each POD will be responsible for storing needed supplies at the specific site. Any additional supplies that cannot be acquired at the local level will be requested through Area Command.

Section 2.1 -4 – Unified Command System – Planning Section – This section maintains...the status of the resources assigned to the incident.

Analysis: At all levels there was a demonstration of insuring adequate staffing and supplies were available for expected throughput. Processes were established to order, track, assign and release incident resources. Assigned resources were monitored and requests for additional

resources were made expeditiously.

Recommendations:

None

Activity 3.3: Develop Incident Action Plan (IAP) (Exercise objective 2)

Observation 3.3: This is an area demonstrated well. The Planning Chief developed all necessary components of the IAP and obtained approval of the IAP from the County Administrator prior to the operational period. Incident objectives and priorities were established.

References: MIPS Plan for Cleveland/McClain County

Section 2.1 -4 a – The Planning Section prepares and documents the Incident Action Plan and incident maps as well as disseminating information and intelligence critical to the incident.

Analysis: The Planning Section Chief supervised and compiled the Incident Action Plan (IAP). The plan was detailed and specific to the goals and objectives of the exercise. The IAP objectives were posted at both locations.

Recommendations:

None

Activity 3.4: Execute Plan (Exercise objective 2)

Observation 3.4: This is an area demonstrated sufficiently.

References: MIPS Plan for Cleveland/McClain County

Section 2.4 a – The Planning Section prepares and documents the Incident Action Plan and incident maps as well as disseminating information and intelligence critical to the incident.

Analysis: The IAP was created and efforts were directed to meet incident objectives. The IAP was posted at each location so that exercise participants were aware of the incident objectives.

Recommendations:

None

Activity 3.5: Evaluate and Revise Plans (Exercise objective 3)

Observation 3.5: This is an area demonstrated sufficiently. The Task Force unit leaders evaluated the IAP hourly and the plan was altered as necessary.

References: MIPS Plan for Cleveland/McClain County

Section 2.4 a – The Planning Section prepares and documents the Incident Action Plan and incident maps as well as disseminating information and intelligence critical to the incident.

Analysis: The Task Force Unit leaders and leadership team met hourly for an update of current activities or issues. The IAP was evaluated, revised and prioritized to meet the incident objectives.

Recommendations:

None

SECTION 4: CONCLUSION

This exercise was this areas' first exercise of newly developed procedures to receive, distribute and dispense Strategic National Stockpile (SNS) supplies in response to a public health emergency. Exercise participants demonstrated an initial capability to:

- Demonstrate excellent teamwork.
- Build and solidify cooperative partnerships.
- Demonstrate a positive attitude and ability to recognize and react to shortfalls in the plan.
- Demonstrate the capability to manage a local public health incident including the supply and operation of a temporary warehouse.
- Demonstrate excellent leadership, efficiency and effectiveness at the warehouse site.
- Demonstrate the ability to successfully provide prophylaxis to the identified population within a 48-hour time period.

Evaluators and exercise participants identified lessons learned for improvements in the county's ability to respond to a public health emergency. Major recommendations include:

- Establish and maintain communications with Area Command or Situation Room immediately upon activation.
- Increase security awareness at dispensing locations.
- Prepare and deliver effective and appropriate JITT at dispensing sites.
- Conduct training with medical personnel as to the signs and symptoms of anthrax and appropriate triage methods for non-communicable agents.
- Increase ICS knowledge with Command and General Staff to better delineate roles and responsibilities during a prophylaxis event.
- Conduct additional communications training for leadership personnel.

Corrective action should take place according to the corrective action description in the improvement plan and be reported by the McClain County Health Administrator to the OSDH Training, Exercise and Evaluation Program Manager no later than 180 days after receipt of this report.

OSDH can use the results of this exercise to further refine plans, procedures and training for a public health emergency. Follow-up exercises should test specific improvements instituted as a result of this exercise.

APPENDIX A: IMPROVEMENT PLAN

This IP has been developed specifically for the Cleveland/McClain County MIPS jurisdiction as a result of the Cleveland/McClain County MIPS Exercise 2007 conducted on November 28, 2007. These recommendations draw on both the After Action Report and the After Action Conference.

Capability	Observation Title	Recommendation	Corrective Action Description	Capability Element	Primary Responsible Agency	Agency POC	Start Date	Completion Date
1. Medical Supplies Management and Distribution	1. Warehouse Operations and Distribution	1.1 Conduct communications training with warehouse personnel to demonstrate ability to establish communications with Area Command or Situation Room.	1.1.1 Conduct one hour communications training to warehouse personnel	Training	Cleveland/McClain County Health Department	Shari Kinney	Mar 1 2008	Aug 30 2008

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

Cleveland/McClain County MIPS Exercise 2007

Capability	Observation Title	Recommendation	Corrective Action Description	Capability Element	Primary Responsible Agency	Agency POC	Start Date	Completion Date
2. Mass Prophylaxis	1. Activate Mass Prophylaxis	2.1 Increased security awareness at dispensing sites.	2.1.1 Provide additional training to security personnel as to roles and responsibilities and the importance of security at the dispensing location.	Training	Cleveland/McClain County Health Department	Shari Kinney	Mar 1 2008	Aug 30 2008
	2. Conduct Mass Dispensing	2.1 Task force Unit leaders be prepared and deliver effective JITT to all staff. Specifically, familiarity with signs and symptoms of anthrax agent and familiarity with NAPH form.	2.2.1 Conduct 1 hour training with assigned clinic personnel.	Training	Cleveland/McClain County Health Department	Shari Kinney	Mar 1 2008	Aug 30 2008
		2.2 Additional training conducted with medical personnel as to the signs and symptoms of anthrax and appropriate triage methods for non-communicable agents.	2.2.2 Conduct 1 hour training with assigned clinic personnel.	Training	Cleveland/McClain County Health Department	Shari Kinney	Mar 1 2008	Aug 30 2008

Homeland Security Exercise and Evaluation Program (HSEEP)
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Capability	Observation Title	Recommendation	Corrective Action Description	Capability Element	Primary Responsible Agency	Agency POC	Start Date	Completion Date
3. On Site Incident Management	1. Establish full onsite Incident Command	3.1 Leadership personnel need a clearer understanding of ICS and Area Command.	3.1.1 Conduct 1 hour ICS overview with assigned leadership personnel.	Training	Cleveland/McClain County Health Department	Shari Kinney	Mar 1 2008	Aug 30 2008
		3.2 Designated personnel need a clearer understanding of necessary information and communications flow.	3.2.1 Conduct 1 hour communications training with assigned leadership personnel	Training	Cleveland/McClain County Health Department	Shari Kinney	Mar 1 2008	Aug 30 2008

APPENDIX B: ACRONYMS

Table B.1: *Acronyms*

Acronym	Meaning
ARC	American Red Cross
CACH	Citizens Against the Commercialization of Holidays
CHD	County Health Department
CDC	Centers for Disease Control & Prevention
CERT	Community Emergency Response Team
EM	Emergency Management
EMS	Emergency Medical Systems
F/A	Finance and Administration Chief
FDA	Federal Drug Administration
FOUO	For Official Use Only
HAM	Amateur Radio Operator
HAN	Health Alert Network
IAP	Incident Action Plan
ICS	Incident Command System
ICU	Intensive Care Unit
JITT	Just in Time Training
MERC	Medical Emergency Response Center
MIPS	Mass Immunization & Prophylaxis Strategy
NAPH	Name, Address, Patient History
NIMS	National Incident Management System
OK HAN	Oklahoma Health Alert Network
OSDH	Oklahoma State Department of Health
PIO	Public Information Officer
POD	Point of Dispensing
SIPS	Sheltered in Population Sites
SNS	Strategic National Stockpile
TCL	Target Capabilities List
TPRS	Terrorism Preparedness and Response Service

APPENDIX C: INCIDENT COMMAND SYSTEM CHART

