Avian Influenza A (H7N9) Virus  
Tabletop Exercise

After-Action Report/Improvement Plan

June 30, 2014

**EXECUTIVE SUMMARY**

The Avian Influenza A (H7N9) Virus 2014 Tabletop Exercise was developed to test the capabilities of the participating Community Health Centers (CHCs) to deal with a pandemic like scenario. Since many of the players participating in this exercise have had no prior experience in discussion-based exercises and due to the time period allotted for the exercise, it was important that the design of this exercise incite the use of emergency management concepts. By identifying areas of strengths and areas needing improvement, CHCs will be able to gain a better perspective of their plans and protocols as they relate to dealing with infectious disease. This Table Top Exercise (TTX) will also encourage participating CHCs to become more active in the Homeland Security Exercise and Evaluation Program (HSEEP)[[1]](#footnote-1) exercise process.

The Avian Influenza A (H7N9) 2014 Tabletop Exercise reinforces the notion that CHCs must continue to embrace and expand their knowledge of Emergency Management principles, as well as further align themselves with local, State, and community partners (E.g. Vendors, Community Based Organizations, Healthcare Institutions, and Mid-Atlantic Association of Community Health Centers) prior, during, and after an emergency and / or catastrophic disaster.

# Exercise Overview

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| --- | --- |
| **Exercise Name** | Avian Influenza A (H7N9) Virus Tabletop Exercise |
| **Exercise Dates** | June 1, 2014 |
| **Scope** | This is a Tabletop Exercise (TTX), which took place at Maritime Conference Center - 692 Maritime Boulevard, Linthicum Heights, MD 21090 for approximately three (3) hours). This TTX was interactive, discussion-based activity focused on a pandemic outbreak. The TTX focused on the CHCs’ ability to make high-level decisions and use emergency management concepts in response to a pandemic.  The progressive scenario and corresponding prompts presented throughout the TXX were designed to aid and facilitate the exploration of the CHC’s understanding of emergency management fundamentals including the National Incident Management System (NIMS) and the relationship with their Incident Command System (ICS), the emergency planning process, the role of mutual aid agreements, and emergency public information.  The primary limitations of this exercise included the varied emergency preparedness/response backgrounds of the participants, their roles at the individual and organizational levels, as well as, the recognition that few CHC have individuals dedicated personnel to perform emergency preparedness duties independently of their other job functions and responsibilities. |
| **Core Capabilities** | The below associated core capabilities are based on the Office of the Assistant Secretary for Preparedness and Response’s (ASPR) Healthcare Capabilities List[[2]](#footnote-2): National Guidance for Healthcare System Preparedness.   * Healthcare System Preparedness * Emergency Operations Coordination * Responder Safety and Health * Information Sharing |
| **Objectives** | 1. Review the ability for primary care centers to activate their emergency management and infectious control protocols. 2. Identify the ability of the primary care centers to establish an Incident Command System (ICS) and Emergency Operations Center (EOC). 3. Evaluate collaborative initiatives (E.g. Supplies, agreements, and advocacy) among community partners (E.g. primary care centers, Mid-Atlantic Association of Community Health Centers, public health agencies, community based organizations, vendors, hospitals, and healthcare coalitions). 4. Identify the primary care center’s communications processes and interoperability |
| **Threat or Hazard** | Pandemic |
| **Scenario** | The World Health Organization (WHO) officials reported that recent human-to-human transmission cluster cases of Avian Influenza A (H7N9) Virus are present in several countries. |
| **Sponsor** | The Primary Care Development Corporation (PCDC) under contract with the Mid-Atlantic Association of Community Health Centers (MACHC) has developed this Tabletop exercise. It provides participating primary care centers the opportunity to test their emergency management protocols by responding to a fictional pandemic event. |
| **Point of Contact (POC)** | Name Jean Paul Roggiero, MPA, CEM  Title Senior Program Manager, Emergency Management Program  Agency Primary Care Development Corporation  Street Address 22 Cortlandt Street, 12th Floor  City, State ZIP New York, NY 10007  Office (212) 437-3932  E-mail [JRoggiero@pcdc.org](mailto:JRoggiero@pcdc.org) |

# Analysis of Core Capabilities

Aligning exercise objectives and core capabilities provides a consistent taxonomy for evaluation that transcends individual exercises to support preparedness reporting and trend analysis. Table 1 includes the exercise objectives, aligned core capabilities, and performance ratings for each core capability as observed during the exercise and determined by the evaluation team.

| Objective | Core Capability | Performed without Challenges (P) | Performed with Some Challenges (S) | Performed with Major Challenges (M) | Unable to be Performed (U) |
| --- | --- | --- | --- | --- | --- |
| 1. Review the ability for primary care centers to activate their emergency management and infectious control protocols. | Healthcare System Preparedness  Responder Safety and Health | **x** |  |  |  |
| 1. Identify the ability of the primary care centers to establish an Incident Command System (ICS) and Emergency Operations Center (EOC). | Healthcare System Preparedness  Emergency Operations Coordination |  | **x** |  |  |
| 1. Evaluate collaborative initiatives (E.g. Supplies, agreements, and advocacy) among community partners (E.g. primary care centers, Mid-Atlantic Association of Community Health Centers, public health agencies, community based organizations, vendors, hospitals, and healthcare coalitions). | Emergency Operations Coordination |  |  | **x** |  |
| 1. Identify the primary care center’s communications processes and interoperability | Information Sharing | **x** |  |  |  |
| **Ratings Definitions:**   * **Performed without Challenges (P):** The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws.   **Ratings Definitions:**   * **Performed with Some Challenges (S):** The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. However, opportunities to enhance effectiveness and/or efficiency were identified. * **Performed with Major Challenges (M):** The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s), but some or all of the following were observed: demonstrated performance had a negative impact on the performance of other activities; contributed to additional health and/or safety risks for the public or for emergency workers; and/or was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws. * **Unable to be Performed (U):** The targets and critical tasks associated with the core capability were not performed in a manner that achieved the objective(s). | | | | | |

Table 1: Summary of Core Capability Performance

The following sections provide an overview of the performance related to each exercise objective and associated core capability, highlighting strengths and areas for improvement.

**Objective 1 - Review the ability for primary care centers to activate their emergency management and infectious control protocols.**

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

* Healthcare System Preparedness
* Responder Safety and Health

**Strengths**

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

Strength 1: The majority of the CHCs were able to identify key emergency management policies that needed to be activated throughout the TTX.

Strength 2: The majority of the CHCs were able to identify when and how to apply infectious control protocols (E.g. personal protective equipment, screening, and isolation) for their staff, patients and visitors.

Strength 3: CHCs immediately began infection control procedures at the start of exercise and verbalized how they would work with all stake-holders to limit any potential exposure.

Strength 4: CHCs stated that they would set up their Employee Wellness Program throughout the TTX for their staff to report health issues.

**Areas for Improvement**

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

Area for Improvement 1: Awareness of emergency management and infectious control protocols.

Analysis: Although the majority of the CHCs mentioned what emergency management and infectious control protocols were to be leveraged, a small portion of the participants were not familiar with their written protocols.

**Area for Improvement 2:** Occupational Safety and Health Administration (OSHA) Compliant Respiratory Program

**Analysis:** Some CHCs expressed that they do not have an OSHA Compliant Respiratory Program.

**Area for Improvement 2:** Availability of N95 mask during a pandemic like scenario.

**Analysis:** Many CHCs expressed that they did not have a robust N95 masks cache to protect their staff in the event of a prolonged pandemic like scenario.

**Objective 2 - Identify the ability of the CHCs to establish an Incident Command System (ICS) and Emergency Operations Center (EOC)**

The strengths and areas for improvement for each core capability aligned to this objective are described in this section

* Healthcare System Preparedness
* Emergency Operations Coordination

**Strengths**

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

**Strength 1:** CHCs demonstrated understanding of ICS and its application.

**Strength 2:** CHCs demonstrated an understanding on when and how to leverage Job Action Sheets.

**Areas for Improvement**

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

Area for Improvement 1: When to conduct a partial versus a full activation of the ICS.

Analysis:Some of the CHCs fully activated their ICS when there was no formal declaration by health authorities of a pandemic like scenario.

**Objective 3: Evaluate collaborative initiatives (E.g. Supplies, agreements, and advocacy) among community partners (E.g. primary care centers, Mid-Atlantic Association of Community Health Centers, public health agencies, community based organizations, vendors, hospitals, and healthcare coalitions).**

The strengths and areas for improvement for each core capability aligned to this objective are described in this section

* Emergency Operations Coordination

**Strengths**

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

Strength 1: CHCs expressed alignment of response with MACHC, local and State public health Agencies, sister facilities, community based organizations and local hospitals.

**Areas for Improvement**

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

Area for Improvement 3: Vendor agreements during emergencies.

Analysis: Many of the CHCs expressed not having emergency clauses in their agreements with vendors.

Area for Improvement 4: Management of MD Response volunteers during emergencies.

Analysis: Many of the CHCs expressed not having protocols in how to manage MD Response volunteers during an emergency.

**Objective 4 - Identify the CHC’s communications processes and interoperability**

**Strengths**

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

Strength 1: CHCs identified communication processes throughout the TTX with governmental agencies, media, staff, patient and their local community.

Strength 2: Key staff members (e.g. designated Public Information Officer, Spokesperson) that that will lead messaging regarding the H7N9 virus (e.g. mode of transmission and symptoms).

# Appendix A: Improvement Plan

This IP has been developed specifically for MACHC participants as a result of the Avian Influenza A (H7N9) Virus Tabletop Exercise conducted on June 1, 2014.

| **Issue/Area for Improvement** | **Corrective Action** | **Primary Responsible Organization** | **Suggested Timeline** |
| --- | --- | --- | --- |
| 1. Awareness of emergency management and infectious control protocols. | Train staff on emergency management and infectious control protocols. | CHCs | September 2014 |
| 1. When to conduct a partial versus a full activation of the ICS. | Develop and train staff on thresholds providing guidance when to conduct partial activation versus a full activation of the ICS. | CHCs | September 2014 |
| 1. Availability of N95 mask during a pandemic like scenario. | Develop a reserve of N95 mask. | CHCs | March 2015 |
| 1. OSHA Compliant Respiratory Program. | Develop an OSHA compliant Respiratory Program and Train staff on the various aspects of it. | CHCs | December 2014 |
| 1. Replenishment of supplies was identified as a great concern. | Incorporate emergency clauses agreements with vendors. | CHCs | March 2015 |
| 1. Management of MD Response volunteers during emergencies. | Develop a volunteer management program for emergency scenarios. | CHCs | December 2014 |

# Appendix B: Acronyms

| **Acronym** | **Term** |
| --- | --- |
| AAR | After Action Report |
| ASPR | Assistant Secretary for Preparedness and Response |
| CIMS | City Incident Management System |
| EAP | Employee Assistance Program |
| EEGs | Exercise Evaluation Guides |
| EOC | Emergency Operations Center |
| HAN | Health Alert Network |
| HHS | Health & Human Services |
| ICS | Incident Command System |
| MACHC | Mid-Atlantic Association of Community Health Centers |
| PARP | Powered Air-Purifying Respirators |
| PCDC | Primary Care Development Corporation |
| POD | Point of Dispensing |
| SMEs | Subject Matter Experts |
| SitMan | Situation Manual |
| SNS | Strategic National Stockpile |
| TTX | Tabletop Exercise |
| WHO | World Health Organization |

1. The Homeland Security Exercise and Evaluation Program (HSEEP) provides a set of guiding principles for exercise programs, as well as a common approach to exercise program management, design and development, conduct, evaluation, and improvement planning. [↑](#footnote-ref-1)
2. Assistant Secretary for Preparedness and Response’s Healthcare Capabilities List: National Guidance for Healthcare System Preparedness <https://www.phe.gov/preparedness/planning/hpp/reports/documents/capabilities.pdf>. [↑](#footnote-ref-2)