
After Action Report / Improvement Plan

Logan County Health District 2015 Full Scale Exercise



Exercise Date: June 9-10, 2015

Rev. 06/22/2015

This After Action Report/Improvement Plan (AAR/IP) provides the reader with an overview of the 2015 Logan County Health District Full Scale Exercise and serves as a compendium of the exercise evaluation and subsequent improvement planning. All After Action Meeting (AAM) participants may view the AAR/IP.

PREFACE

This After Action Report/Improvement Plan (AAR/IP) was produced with the help, advice, and assistance of the Public Health Emergency Preparedness (PHEP) partners of the Logan County Health District (LCHD). The purpose of publishing an AAR is to document effectiveness and overall exercise performance. As such, this report is tangible evidence of our local, State, and Federal partnership to improve public health preparedness in our communities. It serves as a compendium of lessons learned, outlines recommended corrective actions, and provides the basis for planning future exercises. This and subsequent AARs will contribute to improving incident-event management, training, exercises, equipment prioritization, plan effectiveness and overall preparedness. Exercises serve as “final accountability” of collective preparedness. Exercise evaluation, such as this report, documents readiness and recommends plans for improvement. Logan County, in partnership with the Ohio Department of Health (ODH), is committed to providing an accurate analysis of training and exercises.

The Ohio PHEP Grant is administrated by LCHD and ODH. This exercise assists local and State jurisdictions in the prevention, preparedness, response, and recovery from public health incidents.

ADMINISTRATIVE HANDLING INSTRUCTIONS

1. The title of this document is the 2015 Logan County Health District Full Scale Exercise After Action Report/Improvement Plan (2015 LCHD FSE AAR/IP).
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4. For information on this exercise, please contact the following points of contact (POC):

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EXECUTIVE SUMMARY

The 2015 Logan County Health District Full Scale Exercise (2015 LCHD FSE) was developed to provide the participants with an opportunity to evaluate current Point of Dispensing (POD) plans and capabilities for a response to a public health incident. The exercise was developed and evaluated using objectives that were identified by the LCHD FSE Exercise Planning Team.

The Exercise Planning Team identified the following objectives to be exercised from the Centers for Disease Control (CDC) Public Health Emergency Preparedness Capabilities (PHEP) National Standards for State and Local Planning:

Exercise Objective	PHEP Capability Number	PHEP Capability Description
Objective 1	C08	Medical Countermeasure Dispensing
Objective 2	C09	Medical Materiel Management and Distribution
Objective 3	C15	Volunteer Management
Objective 4	C03	Emergency Operations Coordination
Objective 5	C04	Emergency Public Information and Warning

This report analyzes exercise results, identify strengths to be maintained and built upon and identify potential areas for further improvement through the development of corrective actions.

Major Strengths

The major strengths identified during this exercise are as follows:

- Employee and public needs for medical countermeasures were identified. Discussions included number of people and location of POD with POD plans being directly referenced during ICS Planning process.
- After local and regional resources were exhausted, SNS request was made by LCHD to LCEMA on ICS-213RR POD Supply/Resupply Requisition Form (faxed at 1317 hours on June 9). Approval and signature by LCEMA was then faxed (simulated) to OEMA at 1324 hours.
- Closed POD (CPOD) at Honda was notified of the incident on June 9 and arrived at POD at 0940 hours on June 10 for receipt and inventory of medical materiel.
- Pre-printed drug information sheets were distributed with medications and on-site medical doctor also addressed potential adverse reactions with the public as needed.
- Adjustments were made by adding more staff to triage/registration to reduce the bottleneck and boost throughput.
- Medical referrals were handled in a timely manner and public received easy to understand information.
- LCHD took delivery of medications at 0815 hours and Inventory Support Technician immediately inventoried the entire delivery.
- Bellefontaine Police Department provided security for delivery and at the POD.

- POD Inventory System was implemented as soon as receipt was verified and inventoried. Entire delivery inventory was input into computer by 0843 hours with hardcopy maintained for backup.
- Having multiple systems for inventory (computer and hardcopy) in case one crashed was extremely beneficial. Paper form was used when the computer went down and allowed the logistics staff to maintain and continue to inventory NAPH forms and immediately update as soon as system went back up.
- Innovative Process: The capability to maintain the POD Inventory System electronically allowed for inventory updates every 15 minutes and provide rapid throughput estimates.
- Medical doctor and pharmacist were on-site and played active roles in exercise.
- Honda was able to exercise CPOD pick up and used opportunity for benefit and education of Honda personnel.
- ICS Planning process included detailed estimations of requirements for volunteers.
- Notification for MRC volunteers sent by LCEMA, credentials for volunteers were checked in Ohio Responds database at 1530 hours on June 9.
- “Hyperreach” notification sent by LCEMA to 25 persons via phone, email, etc. and this was noted as a major strength in volunteer notification.
- Just-In-Time-Training (JITT) was delivered to POD volunteer staff by the Operations Section Chief.
- Holding a raffle at the conclusion of the exercise was a great idea to recruit and maintain volunteer involvement.
- Initial IC delivered a standup briefing and transitioned to incoming IC by sharing developed objectives for response as well as current situation status report.
- Thorough discussions were held during the ICS planning process regarding dispensing and throughput at the POD.
- Activation of additional resources included discussion of reporting time, anticipated duties, demobilization, etc.
- Operations Briefing delivered to all POD workers, including volunteers, was very well done and included introduction of command and general staff, verification of assignments for volunteers, overall objectives, safety message.
- Public Information Officer (PIO) was designated during the Incident Command System (ICS) planning process.
- PIO sent out a press release that anthrax had been confirmed shortly after notification of confirmation from ODH laboratory.
- List of initial notifications was tracked on ICS-214 form by Logistics Section Chief.
- POD location was designated and information regarding location, date and hours of operation were shared with the public.
- Initial notification to the public at-large that an incident of some type had occurred was sent out rapidly. Initial information included links to other sources of information (LCHD social media sites, telephone hotline, local media (radio, TV and print), etc.) that could be updated as more information was obtained.

Primary Areas for Improvement

As a result of the exercise, opportunities for improvement were identified. The primary areas for improvement, including recommendations, are as follows:

- Flow of public through the POD was somewhat difficult to understand, but having staff in place to direct them was beneficial.
- Long, rectangular tables could be easier for dispensing operations than round tables.
- Tables with two dispensers kept pace with tables having three dispensers.
- Updates were not provided to the DOC/ incident commander every hour as planned. Ensure incident commander, director of nursing, and other staff are aware of the need to communicate with logistics throughout the event to have an updated idea of throughput and flow and if changes need to be made to increase throughput.
- Move logistics table away from public so they won't be asked questions and allow them to devote their time to tracking medical materiel.
- MRC and volunteer staff were identifiable in vests but not all POD staff were easily identifiable.
- JITT training had good flexibility but not enough direction for staff new to the tasks. Delegation of tasks within the ICS organizational structure could have been more efficient.
- Not all staff in the DOC were fully utilized during the ICS planning process.
- Initial IC delivered a standup briefing and transitioned to incoming IC by sharing developed objectives for response as well as current situation status report.
- Thorough discussions were held during the ICS planning process regarding dispensing and throughput at the POD.
- Activation of additional resources included discussion of reporting time, anticipated duties, demobilization, etc.
- Operations Briefing delivered to all POD workers, including volunteers, was very well done and included introduction of command and general staff, verification of assignments for volunteers, overall objectives, safety message.
- Information on fact sheets distributed to the public should be clarified.

SECTION 1: OVERVIEW & DETAILS

Exercise Name	2015 Logan County Health District Full Scale Exercise
Exercise Dates	June 9-10, 2015
Scope	On June 9, the exercise was conducted at the LCHD Department Operations Center (DOC), located in the first floor meeting room, for approximately 2 hours. On June 10, the POD operations portion of the exercise was conducted at Bellefontaine High School. This exercise allowed the exercise Players to demonstrate their ability to manage the effects of an incident.
Program	2015 Public Health Emergency Preparedness Capabilities (PHEP) Grant
Mission Area(s)	Response
Core Capabilities	PHEP Capability 08 - Medical Countermeasure Dispensing PHEP Capability 09 - Medical Materiel Management and Distribution PHEP Capability 15 – Volunteer Management PHEP Capability 03 - Emergency Operations Coordination PHEP Capability 04 - Emergency Public Information and Warning
Objectives	<ol style="list-style-type: none"> 1. Medical Countermeasure Dispensing 2. Medical Materiel Management and Distribution 3. Volunteer Management 4. Emergency Operations Coordination 5. Emergency Public Information and Warning
Threat or Hazard	Intentional anthrax release
Scenario	The scenario for this exercise utilizes a Public Health incident that involves a population exposure to a biological hazard. Cascading events require the incident managers and responders to take steps to identify, mitigate the effects of, protect the community from, and respond to the hazard including prophylaxis from a POD located at Bellefontaine School.
Sponsor	Logan County Health District 310 South Main Street Bellefontaine, Ohio 43311 (937) 592-9040

Participating Organizations	Local, county, supporting entities, public and private partners are participating in the exercise. A complete listing of participant’s agencies and organizations is provided in this document.								
Participant Composition	<table> <tr> <td>Players</td> <td>60</td> </tr> <tr> <td>Observers/Media</td> <td>7</td> </tr> <tr> <td>Controllers</td> <td>4</td> </tr> <tr> <td>Evaluators</td> <td>3</td> </tr> </table>	Players	60	Observers/Media	7	Controllers	4	Evaluators	3
Players	60								
Observers/Media	7								
Controllers	4								
Evaluators	3								
Points of Contact	<p>The Logan County Health District Exercise Director and POC:</p> <p>Corinne Riegler, EPC/PIO Logan County Health District 310 South Main Street Bellefontaine, Ohio 43311 (937) 592-9040 Corinne.Riegler@odh.ohio.gov</p> <p>Exercise Design Support Team POC:</p> <p>John T. Floyd Tetra Tech, Inc. 250 West Court St. Suite 200W Cincinnati OH 45202 Columbus, OH 43235 (502) 693-1417 (cell) John.Floyd@tetrattech.com</p>								

Exercise Planning Team

Name	Organization
Dr. Boyd Hoddinott	Logan County Health District
Kay Schroer, RN	Logan County Health District
Donna Glunt	Logan County Health District
Corinne Riegler, EPC	Logan County Health District
Leica McGill	Logan County Health District
Helen Norris	Logan County Emergency Management Agency
Rodger Norcross	Logan County Exercise Support Team - Tetra Tech
John Floyd	Logan County Exercise Support Team - Tetra Tech

Participating Organizations

Participating Organizations	
Federal Agencies	
Centers For Disease Control and Preparedness (CDC)	
State Agencies	
Ohio Department of Health (ODH)	
County and City Agencies	
Logan County Health District	Logan County EMA
Bellefontaine City Police	Logan County Medical Reserve Corps (MRC)
Logan County Citizens Emergency Response Corps (CERC)	Robinaugh EMS
Bellefontaine City Schools	Logan County Board of Developmental Disabilities
Private and Non-Profit	
International Friendship Center	Consolidated Care
Logan Acres Long Term Health Center	United Methodist Church Response Team

SECTION 2: EXERCISE DESIGN SUMMARY

Exercise Purpose and Design

On June 9 and 10, 2015, the Logan County Health District conducted a public health exercise where the DOC was activated, a POD was set up and the associated capabilities were demonstrated. The exercise was conducted to meet CDC PHEP Grant requirements and to strengthen the response capabilities of the community. This exercise was developed and conducted in cooperation with representatives from various response partner agencies and organizations.

The exercise was developed to validate Logan County plans, policies and procedures and provide participants with an opportunity to evaluate current operations concepts, plans, and capabilities in response to a public health incident. The exercise was developed and evaluated utilizing objectives that were identified by the Exercise Planning Team from the CDC PHEP Guidance.

Exercise Objectives

The objectives listed below form the foundation for the organization of all objectives and observations in this exercise. Additionally, each objective is linked to several corresponding activities and tasks to provide additional detail. The Exercise Planning Team decided to evaluate the following objectives during this exercise:

Objective 1: PHEP Capability 08 - Medical Countermeasures Dispensing

Demonstrate the ability to provide medical countermeasures in support of prophylaxis to the identified population, including the public and public health partners during a simulated incident.

Objective 2: PHEP Capability 09 - Medical Materiel Management and Distribution

Demonstrate the ability to acquire, maintain, distribute, and track medical materiel for the public and public health partners during a simulated incident.

Objective 3: PHEP Capability 15 - Volunteer Management

Demonstrate the ability to coordinate the registration, credential verification, just-in-time training, and engagement of volunteers to support the jurisdictional public health agency's response to a simulated incident.

Objective 4: PHEP Capability 03 – Emergency Operations Coordination

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 5: PHEP Capability 04 – Emergency Public Information and Warning

Demonstrate the ability to provide information to the public, public health response partners and the media during a simulated incident.

Scenario Summary

The scenario for this exercise utilizes a Public Health incident that involves a population exposure to a biological hazard. Cascading events require the incident managers and responders to take steps to identify, mitigate the effects of, protect the community from, and respond to the hazard including prophylaxis from a POD located at Bellefontaine School.

Major and Detailed Events:

- On June 06, 2015 at approximately 1830 hours a local Logan County High School is having their 2015 commencement ceremony.
- During the event, two devices are detonated in which a “white powdery” substance is dispersed into the crowd of approximately 1300 people.
- During the initial detonation of the two devices only minor injuries are reported, but first responders are reporting “white dust” on people and in the air.
- Local law enforcement, fire and EMS responders are on scene assessing the situation.
- On June 07, 2015, approximately two-dozen people including first responders are reporting “flu-like symptoms” and slight chest discomfort. Hospital Emergency Departments are getting walk in patient that attended the commencement ceremony also having “flu-like symptoms”.
- June 09, 2015, white powder samples results have confirmed that the substance released at the scene is Anthrax.
- Logan County Emergency Management has activated their Emergency Operation Center and the Logan County Health District has opened their Department Operations Center.

SECTION 3: ANALYSIS OF OBJECTIVES

This section of the After Action Report (AAR) reviews the performance of the exercised objectives. In this section, observations are organized by objective. A complete review of each objective is listed below.

Objective 1: PHEP Capability 08 - Medical Countermeasures Dispensing

Demonstrate the ability to provide medical countermeasures in support of prophylaxis to the identified population, including the public and public health partners during a simulated incident.

Objective Summary	
Total Points of Review	8
Number Met	8
Number Partially Met	0
Number Not Met	0
Number Not Observed	0
Number Not Applicable	0

Strengths

- Employee and public needs for medical countermeasures were identified. Discussions included number of people and location of POD with POD plans being directly referenced during ICS Planning process.
- After local and regional resources were exhausted (exercise artificiality), SNS request was made by LCHD to LCEMA on ICS-213RR POD Supply/Resupply Requisition Form (faxed at 1317 hours on June 9). Approval and signature by LCEMA was then faxed (simulated) to OEMA at 1324 hours.
- Closed POD (CPOD) at Honda was notified of the incident on June 9 and arrived at POD at 0940 hours on June 10 for receipt and inventory of medical materiel.
- Pre-printed drug information sheets were distributed with medications and on-site medical doctor also addressed potential adverse reactions with the public as needed.
- Adjustments were made by adding more staff to triage/registration to reduce the bottleneck and boost throughput.
- Medical referrals were handled in a timely manner and public received easy to understand information.

Areas for Improvement

- Flow of public through the POD was somewhat difficult to understand, but having staff in place to direct them was beneficial.

- Long, rectangular tables could be easier for dispensing operations than round tables.
- Tables with two dispensers kept pace with tables having three dispensers.

Points of Review - Partially Met

None

Points of Review - Not Met

None

Points of Review - Not Observed

None

Points of Review - Not Applicable

None.

Recommendations

The following are recommendations included in the attached Improvement Plan (IP), which is referenced by the number (i.e. 1.5a):

- 1.6 - Increase size and number of signs directing public through the POD.
- 1.8 – Consider utilizing two staff per dispensing table because the tables with two dispensers kept pace with tables with three dispensers. This could mean that more dispensing tables could be set up in a real-world event.

Objective 2: PHEP Capability 09 - Medical Materiel Management and Distribution

Demonstrate the ability to acquire, maintain, distribute, and track medical materiel for the public and public health partners during a simulated incident.

Objective Summary	
Total Points of Review	6
Number Met	6
Number Partially Met	0
Number Not Met	0
Number Not Observed	0
Number Not Applicable	0

Strengths

- LCHD took delivery of medications at 0815 hours and Inventory Support Technician immediately inventoried the entire delivery.
- Bellefontaine Police Department provided security for delivery and at the POD.
- POD Inventory System was implemented as soon as receipt was verified and inventoried. Entire delivery inventory was input into computer by 0843 hours with hardcopy maintained for backup.
- Having multiple systems for inventory (computer and hardcopy) in case one crashed was extremely beneficial. Paper form was used when the computer went down and allowed the logistics staff to maintain and continue to inventory NAPH forms and immediately update as soon as system went back up.
- Innovative Process: The capability to maintain the POD Inventory System electronically allowed for inventory updates every 15 minutes and demonstrate rapid throughput estimates.
- Medical doctor and pharmacist were on site and played active roles in exercise.
- Honda was able to exercise CPOD pick up and used opportunity for benefit and education of Honda personnel.

Areas for Improvement

- Updates were not provided to the DOC/ incident commander every hour as planned. Ensure incident commander, director of nursing, and other staff are aware of the need to communicate with logistics throughout the event to have an updated idea of throughput and flow and if changes need to be made to increase throughput.
- Move logistics table away from public so they won't be asked questions and allow them to devote their time to tracking medical materiel.

Points of Review - Partially Met

None.

Points of Review - Not Met

None

Points of Review - Not Observed

None.

Points of Review - Not Applicable

None

Recommendations

The following are recommendations included in the attached IP, which is referenced by the number (i.e. 1.5a):

- 2.1 – Strengthen capabilities to maintain situational awareness at the DOC.
- 2.3 - Consider moving Logistics table away from the general public.

Objective 3: PHEP Capability 15 - Volunteer Management

Demonstrate the ability to coordinate the registration, credential verification, just-in-time training, and engagement of volunteers to support the jurisdictional public health agency’s response to a simulated incident.

Objective Summary	
Total Points of Review	6
Number Met	6
Number Partially Met	0
Number Not Met	0
Number Not Observed	0
Number Not Applicable	0

Strengths

- ICS Planning process included detailed estimations of requirements for volunteers.
- Notification for MRC volunteers sent by LCEMA, credentials for volunteers were checked in Ohio Responds database at 1530 hours on June 9.
- “Hyperreach” notification sent by LCEMA to 25 persons via phone, email, etc. and this was noted as a major strength in volunteer notification.
- Just-In-Time-Training (JITT) was delivered to POD volunteer staff by the Operations Section Chief.
- Holding a raffle at the conclusion of the exercise was a great idea to recruit and maintain volunteer involvement.

Areas for Improvement

- MRC and volunteer staff were identifiable in vests but not all POD staff were easily identifiable.

- JITT training had good flexibility but not enough direction for staff new to the tasks.

Points of Review - Partially Met

None.

Points of Review - Not Met

None.

Points of Review - Not Observed

None.

Points of Review - Not Applicable

None.

Recommendations

The following are recommendations included in the attached IP, which is referenced by the number (i.e. 1.5a):

- 3.1 - Strengthen capability to identify POD staff, consider vests or other easily distinguishable methods of identification.
- 3.4 – Strengthen JITT capabilities with checklists, demonstrations, table layout examples and other visual means of reinforcing the training.

Objective 4: PHEP Capability 03 – Emergency Operations Coordination

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 Summary	
Total Points of Review	5
Number Met	4
Number Partially Met	1
Number Not Met	0
Number Not Observed	0
Number Not Applicable	0

Strengths

- Initial IC delivered a standup briefing and transitioned to incoming IC by sharing developed objectives for response as well as current situation status report.
- Thorough discussions were held during the ICS planning process regarding dispensing and throughput at the POD.
- Activation of additional resources included discussion of reporting time, anticipated duties, demobilization, etc.
- Operations Briefing delivered to all POD workers, including volunteers, was very well done and included introduction of command and general staff, verification of assignments for volunteers, overall objectives, safety message.

Areas for Improvement

- Delegation of tasks within the ICS organizational structure could have been more efficient.
- Not all staff in the DOC were fully utilized during the ICS planning process.

Points of Review - Partially Met

Point of Review # 4.4 – delegation of tasks could have been more efficient.

Points of Review - Not Met

None

Points of Review - Not Observed

None

Points of Review - Not Applicable

None.

Recommendations

The following are recommendations included in the attached IP, which is referenced by the number (i.e. 1.5a):

- 4.4 - Strengthen understanding of ICS and capability to delegate tasks within the ICS organizational structure.

Objective 5: PHEP Capability 04 – Emergency Public Information and Warning

Demonstrate the ability to provide information to the public, public health response partners and the media during a simulated incident.

Objective Summary	
Total Points of Review	5
Number Met	5
Number Partially Met	0
Number Not Met	0
Number Not Observed	0
Number Not Applicable	0

Strengths

- Public Information Officer (PIO) was designated during the Incident Command System (ICS) planning process.
- PIO sent out a press release that anthrax had been confirmed shortly after notification of confirmation from ODH laboratory.
- List of initial notifications was tracked on ICS-214 form by Logistics Section Chief.
- POD location was designated and information regarding location, date and hours of operation were shared with the public.
- Initial notification to the public at-large that an incident of some type had occurred was sent out rapidly. Initial information included links to other sources of information (LCHD social media sites, telephone hotline, local media (radio, TV and print), etc.) that could be updated as more information was obtained.

Areas for Improvement

- Information on fact sheets distributed to the public should be clarified.

Points of Review - Partially Met

None.

Points of Review - Not Met

None.

Points of Review - Not Observed

None.

Points of Review - Not Applicable

None.

Recommendations

The following are recommendations included in the attached IP, which is referenced by the number (i.e. 1.5a):

- 5.5 – Resolve the public health and medical issue with terminology of “treatment” versus “prophylaxis” on Anthrax Fact Sheet distributed to the public.

APPENDIX A: IMPROVEMENT PLAN (IP)

The Improvement Plan (IP) specifically details what actions will be taken to address each recommendation presented in the After Action Report (AAR), who or what agency will be responsible for taking the action, and the timeline for completion.

Objective	Recommendation	Improvement Action Description	Capability Element	Primary Responsible Agency	Agency POC	Completion Date
Medical Countermeasures Dispensing	1.6 - Increase size and number of signs directing public through the POD.	1.6.1 – Exercise artificiality – POD plans cover this, will not address further.	Planning Equipment	LCHD	Corinne Riegler	Plans updated. Completed August 2015
	1.8a – Consider rectangular dispensing tables.	1.8.1 – Evaluate purchase or additional sources of rectangular tables for dispensing.	Equipment	LCHD	Leica McGill	BHS diagram updated. Completed Nov 2015
	1.8b – Consider having a separate table(s) for medication education and another for medical referral (that includes dispensing capabilities) to improve POD throughput.	1.8.2 – Include capabilities for separate table(s) for medication education and another for medical referral (that includes dispensing capabilities) in POD Plans/Layout.	Planning	LCHD	Corinne Riegler	BHS diagram updated. Completed Nov 2015
	1.8c – Consider providing bags at the dispensing tables for people picking up multiple medications.	1.8.3 – Include plastic bags on the POD equipment list for the dispensing tables.	Planning	LCHD	Leica McGill	Plans updated. Completed Nov 2015
Medical Materiel Management and Distribution	2.1 – Strengthen capabilities to maintain situational awareness at the POD.	2.1.1 – Evaluate locations for command post and logistics operations at the POD, including opportunities to isolate from other operations.	Planning	LCHD	Corinne Riegler	Diagrams updated. Completed Nov 2015

Objective	Recommendation	Improvement Action Description	Capability Element	Primary Responsible Agency	Agency POC	Completion Date
	2.3 - Consider moving Logistics table away from the general public.	2.3.1 – Addressed above.	Planning	LCHD	Corinne Riegler	Diagrams updated. Completed Nov 2015
	2.5 – Utilize a modified version of the NAPH form (different from one used exercise day)	2.5.1 –Evaluate NAPH forms that include information such as (1) medical consult performed? (2) Was medication dispensed? (3) Total overall medication dispensed for this NAPH form	Planning	LCHD	Corinne Riegler	Paper NAPH form updated. Aug 2015 Awaiting Regional electronic format.
Volunteer Management	3.1 - Strengthen capability to identify POD staff, consider vests or other easily distinguishable methods of identification.	3.1.1 – Evaluate options for identification vests for use by POD staff	Equipment	LCHD	Corinne Riegler	Looking at budgets Aug 2016
	3.4 – Strengthen JITT capabilities with checklists, demonstrations, table layout examples and other visual means of reinforcing the training.	3.4.1 – Evaluate JITT training improvements.	Planning Training	LCHD	Corinne Riegler / Kay Schroer / Leica McGill	June 2016
Emergency Operations Coordination	4.4a - Strengthen understanding of ICS.	4.4.1 – Evaluate one hour ICS training options for incorporation into routine LCHD training.	Training	LCHD	Corinne Riegler	June 2016

Objective	Recommendation	Improvement Action Description	Capability Element	Primary Responsible Agency	Agency POC	Completion Date
	4.4b – Additional radios could be utilized at the Functional Needs dispensing area.	4.4.2 – Additional radios have been purchased and one will be dedicated to the POD Functional Needs dispensing area.	Equipment	LCHD	Corinne Riegler	Purchased another set of two way radios/already had another set forgot to make available. Aug 2015 Completed
Emergency Public Information and Warning	5.5a – Resolve the public health and medical issue with terminology of “treatment” versus “prophylaxis” on Anthrax Fact Sheet distributed to the public	5.5.1 – Note in planning documents that, depending on agent, the terminology for treatment or prophylaxis will change.	Planning	LCHD	Medical Director	Fact sheets to be reviewed and updated by Plan review June 2016.
	5.5b – Consider additional means for medication education for the public.	5.5.2 – Evaluate options to establish capability to produce a brief just-in-time video on Frequently Asked Questions regarding the agent, illness, medications, NAPH forms, etc. for a given incident.	Planning Training	LCHD	Steve Cummings	July 2016

APPENDIX B: ACRONYMS

Acronym	Definition
AAM	After Action Meeting
AAR	After Action Report
ARC	American Red Cross
CDC	Centers for Disease Control
COTS	Central Ohio Trauma System
DOC	Department Operations Center
EMA	Emergency Management Agency
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
FE	Full Scale Exercise
FSE	Full Scale Exercise
HSEEP	Homeland Security Exercise Evaluation Program
IAP	Incident Action Plan
IC	Incident Commander
ICS	Incident Command System
IP	Improvement Plans
LEPC	Local Emergency Planning Commission
MEP	Master Exercise Practitioner
MRC	Medical Reserve Corp
NIMS	National Incident Management System
PHEP	Public Health Emergency Preparedness
PIO	Public Information Officer
POC	Point of Contact
POD	Point of Dispensing
ODH	Ohio Department of Health
SIMCELL	Simulation Cell