

2019

AFTER ACTION REPORT SWMHE-Wildfire Scenario



STATEWIDE MEDICAL AND HEALTH EXERCISE TABLETOP EXERCISE-Tuolumne County





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EXERCISE OVERVIEW

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|------------------------|--|
| Exercise Name | California Statewide Medical and Health Exercise (SWMHE) – Tabletop Exercise |
| Exercise Date | Thursday, November 14, 2019 |
| Scope | This was a Tabletop Exercise for Tuolumne County which took place on November 14, 2019 at the Striker Court (County EOC) from 11:00-16:00. The 2019 SWMHE Program was a progressive exercise program comprised of a series of training exercises tied to a set of common program priorities. |
| Mission Area(s) | Protection Mitigation Response |
| Capabilities | <ul style="list-style-type: none"> • Community Preparedness • Emergency Operations Coordination • Medical Countermeasure Dispensing • Emergency Public Information and Warning • Information Sharing • Mass Care • Volunteer Management • Continuity of Health Care Service Delivery |

2019 STATEWIDE MEDICAL AND HEALTH EXERCISE
 AFTER ACTION REPORT & IMPROVEMENT PLAN
 TABLETOP EXERCISE



Objectives

- Discuss how Healthcare facilities and EMS will coordinate with each other and the MHOAC to continue timely and efficient care to patients
- Identify process for Healthcare and Safety Coalition partners and affected non-partners to share information, collaborate, and coordinate to ensure that all populations receive incident information, instruction, and resources to safely shelter in place or evacuate (home health clients, Area 12, day care, IHSS, schools)
- Discuss process for activation of the County Transportation Emergency Operations Plan
- Discuss the coordination of prompt, reliable, and actionable information to the whole community using clear, consistent, accessible, culturally and linguistically appropriate methods (via Everbridge, websites, traditional media, social media, posters, etc.)
- Identify the process for evacuating and repopulation of long-term care, assisted living, and other congregate facilities: communications, notifications, coordination with MHOAC, Region, State, Licensing & Certification
- Discuss the process for providing all decision makers with relevant and timely information regarding the nature and extent of the hazard and status of the response
- Discuss process of coordinating with community partners to activate a mass care shelter, including notifications, site selection, communications, and inspections
- Discuss process for coordination with partner agencies to address the medical and behavioral health needs of those impacted at a congregate location
- Identify process for activating and coordinating volunteers, including identification, credential verification, and just-in-time training
- Discuss process for establishing and maintaining a unified and coordinated operational structure (ICS) that integrates all critical stakeholders and supports the execution of capabilities
- Identify the process for evacuating schools, including communications, notifications, coordination with County OES, fire, and law enforcement agencies

Threat or Hazard

Wildfire

Scenario

Wildfire impacting a large portion of the county, including business and residential areas

Sponsor

The 2019 SWMHE is sponsored by Tuolumne County Public Health, the California Department of Public Health (CDPH) and Emergency Medical Services Authority (EMSA) in collaboration with response partners representing local health departments, public safety and healthcare facilities across California.

2019 STATEWIDE MEDICAL AND HEALTH EXERCISE
AFTER ACTION REPORT & IMPROVEMENT PLAN
TABLETOP EXERCISE



**Participating
Organizations**

- Tuolumne County Public Health
- Adventist Health Sonora
- Tuolumne County EMS Agency
- Calaveras County Public Health
- Tuolumne County Animal Control
- Catholic Charities
- Disability Resource Agency for Independent Living (DRAIL)
- Tuolumne County Behavioral Health
- Area 12 Agency on Aging
- Infant Child Enrichment Services (ICES)
- Black Oak Casino Resort
- Tuolumne County Human Services Agency
- California Highway Patrol (CHP)
- Tuolumne County Transit
- WATCH
- American Red Cross
- Tuolumne County Office of Emergency Services (OES)
- Avalon Care Center
- Tuolumne Mi-Wuk Tribal Council
- Columbia College
- Tuolumne County Superintendent of Schools
- Tuolumne County Fire-Cal Fire
- Twain Harte Fire District
- Mathiesen Memorial Health Center
- Tuolumne County Sheriff's Office



ANALYSIS OF CAPABILITIES

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

Table 1. Summary of Capability Performance

| Objective | Capability | Performed without Challenges (P) | Performed with Some Challenges (S) | Performed with Major Challenges (M) | Unable to be Performed (U) |
|--|--|----------------------------------|------------------------------------|-------------------------------------|----------------------------|
| Discuss how Healthcare facilities and EMS will coordinate with each other and the MHOAC to continue timely and efficient care to patients | Continuity of Health Care Service Delivery | | S | | |
| Identify process for Healthcare and Safety Coalition partners and affected non-partners to share information, collaborate, and coordinate to ensure that all populations receive incident information, instruction, and resources to safely shelter in place or evacuate (home health clients, Area 12, day care, IHSS, schools) | Information Sharing | | S | | |
| Discuss process for activation of the County Transportation Emergency Operations Plan | Emergency Operations Coordination | | S | | |

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| Objective | Capability | Performed without Challenges (P) | Performed with Some Challenges (S) | Performed with Major Challenges (M) | Unable to be Performed (U) |
|---|---|----------------------------------|------------------------------------|-------------------------------------|----------------------------|
| Discuss the coordination of prompt, reliable, and actionable information to the whole community using clear, consistent, accessible, culturally and linguistically appropriate methods (via Everbridge, websites, traditional media, social media, posters, etc.) | Public Information and Warning | | S | | |
| Identify the process for evacuation and repopulation of long-term care, assisted living, and other congregate facilities: communications, notifications, coordination with MHOAC, Region, State, Licensing & Cert | Continuity of Health Care Service Delivery Emergency Operations Coordination | | S | | |
| Discuss the process for providing all decision makers with relevant and timely information regarding the nature and extent of the hazard and status of the response | Information Sharing | | S | | |
| Discuss process of coordinating with community partners to activate a mass care shelter, including notifications, site selection, communications, and inspections | Mass Care | | S | | |
| Discuss process for coordination with partner agencies to address the medical and behavioral health needs of those impacted at a congregate location | Mass Care Emergency Operations Coordination | | S | | |
| Identify process for activating and coordinating volunteers, including identification, credential verification, and just-in-time training | Volunteer Management | | S | | |

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| Objective | Capability | Performed without Challenges (P) | Performed with Some Challenges (S) | Performed with Major Challenges (M) | Unable to be Performed (U) |
|---|-----------------------------------|----------------------------------|------------------------------------|-------------------------------------|----------------------------|
| Discuss process for establishing and maintaining a unified and coordinated operational structure (ICS) that integrates all critical stakeholders and supports the execution of capabilities | Emergency Operations Coordination | | S | | |
| Identify the process for evacuating schools, including communications, notifications, coordination with County OES, fire, and law enforcement agencies | Emergency Operations Coordination | | S | | |

Ratings Definitions:

- **P-** Performed without Challenges: The tasks associated with the capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities.
- **S-** Performed with Some Challenges: The tasks associated with the capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. However, opportunities to enhance effectiveness and/or efficiency were identified.
- **M-** Performed with Major Challenges: The tasks associated with the capability were completed in a manner that achieved the objective(s), but the demonstrated performance had a negative impact on the performance of other activities and/or was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws.
- **U-** Unable to be Performed: The tasks associated with the capability were not performed in a manner that achieved the objective(s).

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

I. OBJECTIVE 1

Discuss how Healthcare facilities and EMS will coordinate with each other and the MHOAC to continue timely and efficient care to patients.

A. Capability

Continuity of Healthcare Service Delivery

Strengths

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

Strength 1: Discussion among all participants was informative.

Areas for Improvement

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

Area for Improvement: Overall exercise improvements suggested to include specific questions for the different breakout groups to provide more focused discussion, and in-depth analysis including addressing gaps in plans, as well as pre-planning/preparedness for events rather than waiting for the response phase.

I. OBJECTIVE 2

Identify process for Healthcare and Safety Coalition partners and affected non-partners to share information, collaborate, and coordinate to ensure that all populations receive incident information, instruction, and resources to safely shelter in place or evacuate (home health clients, Area 12, day care, IHSS, schools)

A. Capability

Information Sharing

Strengths

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

Strength 1: Discussion among all participants was informative.

Areas for Improvement

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

Area for Improvement: Overall exercise improvements suggested to include specific questions for the different breakout groups to provide more focused discussion, and in-depth analysis including addressing gaps in plans, as well as pre-planning/preparedness for events rather than waiting for the response phase.

I. OBJECTIVE 3

Discuss process for activation of the County Transportation Emergency Operations Plan

A. Capability

Emergency Operations Coordination

Strengths

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

Strength 1: Discussion among all participants was informative.

Areas for Improvement

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

Area for Improvement: Overall exercise improvements suggested to include specific questions for the different breakout groups to provide more focused discussion, and in-depth analysis including addressing gaps in plans, as well as pre-planning/preparedness for events rather than waiting for the response phase.

I. OBJECTIVE 4

Discuss the coordination of prompt, reliable, and actionable information to the whole community using clear, consistent, accessible, culturally and linguistically appropriate methods (via Everbridge, websites, traditional media, social media, posters, etc.)

A. Capability

Public Information and Warning

Strengths

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

Strength 1: Discussion among all participants was informative.

Areas for Improvement

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

Area for Improvement: Overall exercise improvements suggested to include specific questions for the different breakout groups to provide more focused discussion, and in-depth analysis including addressing gaps in plans, as well as pre-planning/preparedness for events rather than waiting for the response phase.

I. OBJECTIVE 5

Identify the process for evacuation and repopulation of long-term care, assisted living, and other congregate facilities: communications, notifications, coordination with MHOAC, Region, State, Licensing & Certification

A. Capability

Continuity of Health Care Service Delivery
Emergency Operations Coordination

Strengths

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

Strength 1: Discussion among all participants was informative, especially increasing understanding of the complexity and time frame necessary to repopulate licensed health care facilities.

Areas for Improvement

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

Area for Improvement: Overall exercise improvements suggested to include specific questions for the different breakout groups to provide more focused discussion, and in-depth analysis including addressing gaps in plans, as well as pre-planning/preparedness for events rather than waiting for the response phase.

I. OBJECTIVE 6

Discuss the process for providing all decision makers with relevant and timely information regarding the nature and extent of the hazard and status of the response

A. Capability

Information Sharing

Strengths

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

Strength 1: Discussion among all participants was informative

Areas for Improvement

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

Area for Improvement: Overall exercise improvements suggested to include specific questions for the different breakout groups to provide more focused discussion, and in-depth analysis including addressing gaps in plans, as well as pre-planning/preparedness for events rather than waiting for the response phase.

I. OBJECTIVE 7

Discuss process of coordinating with community partners to activate a mass care shelter, including notifications, site selection, communications, and inspections

A. Capability

Mass Care

Strengths

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

Strength 1: Discussion among all participants was informative and agencies with mass care responsibilities were present

Areas for Improvement

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

Area for Improvement: Further discussion on the various potential sites lists should be pursued, and possibly further discussion and exercising of pre-activation inspections. Overall exercise improvements suggested to include specific questions for the different breakout groups to provide more focused discussion, and in-depth analysis including addressing gaps in plans, as well as pre-planning/preparedness for events rather than waiting for the response phase.

I. OBJECTIVE 8

Discuss process for coordination with partner agencies to address the medical and behavioral health needs of those impacted at a congregate location

A. Capability

Mass Care
Emergency Operations Coordination

Strengths

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

Strength 1: Discussion among all participants was informative, including the acknowledgement of limited resources and the likely need for volunteer and mutual aid assistance.

Areas for Improvement

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

Area for Improvement: Overall exercise improvements suggested to include specific questions for the different breakout groups to provide more focused discussion, and in-depth analysis including addressing gaps in plans, as well as pre-planning/preparedness for events rather than waiting for the response phase.

I. OBJECTIVE 9

Identify process for activating and coordinating volunteers, including identification, credential verification, and just-in-time training

A. Capability

Volunteer Management

Strengths

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

Strength 1: Discussion among all participants was informative

Areas for Improvement

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

Area for Improvement: Discussion lacked details and digging into processes. Overall exercise improvements suggested to include specific questions for the different breakout groups to provide more focused discussion, and in-depth analysis including addressing gaps in plans, as well as pre-planning/preparedness for events rather than waiting for the response phase.

I. OBJECTIVE 10

Discuss process for establishing and maintaining a unified and coordinated operational structure (ICS) that integrates all critical stakeholders and supports the execution of capabilities

A. Capability

Emergency Operations Coordination

Strengths

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

Strength 1: All participating agencies were familiar with ICS and acknowledged the importance of its use in response. Discussion among all participants was informative.

Areas for Improvement

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

Area for Improvement: Discussion lacked getting into the details of how and when ICS might be activated, especially in a unified command scenario, with the identification of various agency roles in the ICS structure and EOC (Emergency Operations Center). Overall exercise improvements suggested to include specific questions for the different breakout groups to provide more focused discussion, and in-depth analysis including addressing gaps in plans, as well as pre-planning/preparedness for events rather than waiting for the response phase.

I. OBJECTIVE 11

Identify the process for evacuating schools, including communications, notifications, coordination with County OES, fire, and law enforcement agencies

A. Capability

Emergency Operations Coordination

Strengths

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

Strength 1: Discussion among all participants was informative and diverse participation benefitted the discussion.

Areas for Improvement

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

Area for Improvement: Discussion lacked details and digging into processes. Overall exercise improvements suggested to include specific questions for the different breakout groups to provide more focused discussion, and in-depth analysis including addressing gaps in plans, as well as pre-planning/preparedness for events rather than waiting for the response phase.



APPENDIX A: IMPROVEMENT PLAN

| Objective | Corrective Action | Primary Responsible Organization | Organization POC | Start Date | Completion Date |
|---|--|---|--|---------------|-----------------|
| Identify the process for evacuating schools, including communications, notifications, coordination with County OES, fire, and law enforcement agencies | Continued discussion at HCSC meetings, Evacuation & Shelter workgroup meetings, and possible future exercises | Public Health Fire Sheriff's Dept County OES | PHEP Coordinator Any jurisdiction Neil Evans Liz Peterson | May 2020 | June 2022 |
| Discuss process for establishing and maintaining a unified and coordinated operational structure (ICS) that integrates all critical stakeholders and supports the execution of capabilities | Exercise ICS activation and unified command in a future exercise or real event | All HCSC partners | | January 2020 | Ongoing |
| Identify process for activating and coordinating volunteers, including identification, credential verification, and just-in-time training | Discuss volunteer management at an HCSC meeting, address any gaps in plans and update plans as needed | Public Health | PHEP Coordinator HPP Coordinator | May 2020 | June 2021 |
| Discuss process of coordinating with community partners to activate a mass care shelter, including notifications, site selection, communications, and inspections | Coordinate a meeting with agencies that maintain a mass care sites list to consolidate if possible | Public Health Red Cross TH CERT | PHEP Coordinator Debbie Calcote Frances McManus | February 2020 | December 2020 |
| Overall Exercise Format | Plan breakout questions to be more specific to the identified group for more focus Consider fewer objectives for more in-depth discussion | Public Health | Exercise Coordinator | January 2020 | Ongoing |

APPENDIX C: ACRONYMS

| | |
|----------|--|
| AAM | After Action Meeting |
| AAR | After Action Report |
| AAR/IP | After Action Report / Improvement Plan |
| AFN | Access and Functional Needs |
| C/E | Controller/Evaluator |
| CAHAN | California Health Alert Network |
| CAHF | California Association of Health Facilities |
| Cal OES | California Governor's Office of Emergency Services |
| Cal OSHA | California Division of Occupational Safety and Health |
| CBO | Community Based Organizations |
| CCLHO | California Conference of Local Health Officers |
| CDPH | California Department of Public Health |
| CERT | Community Emergency Response Team |
| CHA | California Hospital Association |
| C/ME | Coroner/Medical Examiner |
| CPCA | California Primary Care Association |
| CHHS | California Health and Human Services Agency |
| DHS | Department of Homeland Security |
| DOC | Department Operations Center |
| ED | Emergency Department |
| EEG | Exercise Evaluation Guide |
| EHD | Environmental Health Department |
| EMS | Emergency Medical Services |
| EMSA | Emergency Medical Services Authority |
| EMSAAC | Emergency Medical Services Administrators Association of California |
| EOC | Emergency Operation Center |
| EOM | California Public Health and Medical Emergency Operations Manual |
| EOP | Emergency Operations Plan |
| EPO | California Department of Public Health Emergency Preparedness Office |
| ETA | Estimated Time of Arrival |
| FAC/FIC | Family Assistance Center / Family Information Center |
| FBI | Federal Bureau of Investigation |
| FE | Functional Exercise |
| FEMA | Federal Emergency Management Agency |
| FOUO | For Official Use Only |
| FSE | Full Scale Exercise |
| HAZMAT | Hazardous Materials |
| HCC | Hospital Command Center |
| HICS | Hospital Incident Command System |

2017 STATEWIDE MEDICAL AND HEALTH EXERCISE
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| | |
|--------|---|
| HIPAA | Health Insurance Portability and Accountability Act |
| HPP | Hospital Preparedness Program |
| HSEEP | Homeland Security Exercise and Evaluation Program |
| IAP | Incident Action Plan |
| ICS | Incident Command System |
| IP | Improvement Plan |
| JIC | Joint Information Center |
| JIS | Joint Information System |
| LEMSA | Local Emergency Medical Services Authority |
| LHD | Local Health Department |
| MCI | Mass Casualty Incident |
| MHCC | Medical and Health Coordination Center |
| MHOAC | Medical/Health Operational Area Coordinator Program |
| MOU | Memorandum of Understanding |
| MSEL | Master Scenario Events List |
| NHICS | Nursing Home Incident Command System |
| NIMS | National Incident Management System |
| OA | Operational Area |
| OEM | Office of Emergency Management |
| OES | California Governor's Office of Emergency Services |
| PHEP | Public Health Emergency Preparedness |
| POC | Point of Contact |
| PPE | Personal Protective Equipment |
| RDMHC | Regional Disaster Medical Health Coordinator |
| RDMHS | Regional Disaster Medical Health Specialist |
| REOC | Regional Emergency Operation Center |
| SEMS | Standardized Emergency Management System |
| SitMan | Situation Manual |
| SME | Subject Matter Expert |
| SOC | State Operations Center |
| SWAT | Special Weapons and Tactics (Team) |
| SWMHE | Statewide Medical and Health Exercise |
| TTX | Tabletop Exercise |
| UC | Unified Command |
| VIP | Very Important Person |