Northeast Florida Healthcare Coalition Ebola Preparedness Summit 2016

Northeast Florida Healthcare COALITION For Disaster Preparedness

Achieve a health and medical system that is efficient and resilient in an emergency.

After-Action Report/Improvement Plan

Exercise Date:

April 12, 2016

Prepared by:

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PREFACE

The *Northeast Florida Healthcare Coalition 2016 Ebola Summit Tabletop Exercise* was sponsored by Northeast Florida Healthcare Coalition (NEFLHCC) and was an opportunity for personnel to discuss Ebola Virus Disease (EVD) and other emerging diseases. The exercise reflected on capabilities of regional partners to respond to a public health crisis. Further, the exercise enhanced coalition partner coordination and cooperation by providing the opportunity to involve partners in a comprehensive discussion on Ebola Virus Disease (EVD) and other emerging diseases.

This exercise was funded through the Public Health Emergency Preparedness (PHEP) Program. The Northeast Florida Healthcare Coalition (NEFLHCC), their community partners, the Northeast Florida Regional Council (NEFRC), and Emergency Response Educators and Consultants, Inc. (EREC) conducted a discussion-based tabletop (TTX) exercise on April 12, 2016 in Jacksonville, Florida. This exercise scenario involved multiple patients in the region that were seen in various hospitals and doctors' offices over the course of several days upon returning from their mission trip to Sierra Leone. This exercise allowed the Northeast Florida Healthcare Coalition and their partners the opportunity to further their knowledge in response to a public health crisis.

This After Action Report/Improvement Plan (AAR/IP) was produced with the help, advice, and assistance of the exercise participants. The purpose of publishing an AAR is to document the overall exercise performance. As such, this report is tangible evidence of the Northeast Florida Healthcare Coalitions' commitment to enhance public health emergency preparedness. The AAR/IP serves as a compendium of exercise observations and outlines a recommended plan of action that provides the basis for planning future exercises.

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EXECUTIVE SUMMARY

Preparedness involves a cycle of outreach, planning, capability development, training, exercising, evaluation, and improvement. Successful exercises lead to an ongoing program of process improvements. This report is intended to assist the Northeast Florida Healthcare Coalition (NEFLHCC) and partners striving for excellence by analyzing exercise results and:

- ✓ Identifying strengths to be maintained and built upon.
- ✓ Identifying potential areas for further improvement.
- ✓ Recommending exercise follow-up actions.
- ✓ Implementing a progressive exercise program.

The suggested actions in this report should be viewed as recommendations only. In some cases, the Northeast Florida Healthcare Coalition (NEFLHCC) may determine that the benefits of implementation are insufficient to outweigh the costs. In other cases the NEFLHCC may identify alternative solutions that are more effective or efficient. Each organization should review the recommendations and determine the most appropriate action and the time needed for implementation.

The Tabletop Exercise (TTX) was conducted in one 3-hour session on Wednesday, April 12, 2016 in Jacksonville, Florida. Evaluators assessed the functions assigned to them based on the Core Capabilities and Exercise Objectives identified by the Exercise Planning Team.

This exercise simulated an emergency situation in an informal stress-free environment. The Lexington Hotel served as the location for the multi-disciplinary discussion-based tabletop exercise. Participants were encouraged to respond to the events as they were presented to them in three (3) distinct modules. The success of the exercise was determined by group participation in the identification of problem areas and a structured evaluation. This exercise was intended to review capabilities of the Northeast Florida Healthcare Coalition and identify their needs or potential problems that might impact response to suspected Ebola Virus Disease (EVD) within the region.

Major Strengths

The major strengths identified during this exercise are as follows:

- Coalition partners are very well versed in Ebola care and their willingness to assist others in the coalition during an event was commendable.
- Coalition partners were very willing and ready to share information and best practices with one another prior to and in the event of an incident.
- The NEFLHCC is accepting of their leadership role in information sharing and were equipped to perform these duties.
- Participants were very concerned with the health and safety of patients and responders during an EVD incident.

Primary Areas for Improvement

Throughout the exercise, several opportunities for improvement in the participating agencies' abilities to respond to the incident were identified. The primary areas for improvement, including recommendations, are as follows:

- Train clinicians in proper alternative patient care techniques while dressed in PPE.
- All coalition partners should train and understand the Unified Command process and components.
- Coalition should foster a Crisis Communication Plan with stakeholders and community partners to define roles, responsibilities, and communication plans.
- Create a notification system to mobilize the force multipliers quickly in an incident.

While the evaluators identified areas for improvement, it should be noted that participants dealt with many objectives of the exercise in an exemplary manner. The participants clearly knew their roles and how to do their jobs. Overall, this exercise was a successful learning tool that, if built upon, can prepare the NEFLHCC for almost any public health crisis they may face.

Follow-up exercises should revisit:

Planners should use the results of this exercise to enhance existing plans and procedures by sharing agency expectations so they are known by key community partners.

While all agencies that participated in the exercise performed very well, future exercises should focus on the following items:

- Unified Command with healthcare coalition partners and community stakeholders.
- Crisis Communication Plan to define roles, responsibilities, and interoperable communications platforms.

Conclusion:

In conclusion, the Northeast Florida Healthcare Coalition and regional partners involved with this exercise recognized a need for training and evaluation of existing plans and procedures. The simulated incident involved regional interaction, which allowed those coalition partners the opportunity to familiarize themselves with one another during a public health crisis. Thus, the exercise was both timely and necessary to prepare personnel for such an incident.

The Northeast Florida Healthcare Coalition can use the outcomes of this exercise to continue to enhance knowledge and training among all participants. This will help to improve and expand familiarity with roles and responsibilities in the event of a real emergency. The Improvement Plan Matrix at the end of this document will allow the

Northeast Florida Healthcare Coalition to visualize where improvement actions can be implemented to continue the cycle of training and exercises.

Overall, the exercise was received positively; there were some issues that were addressed and handled by sound problem solving during the exercise and others still pose a challenge to be resolved.

This exercise provided a significant learning experience and we believe that all parties involved have learned some very valuable lessons that will be applied in the future and will lead to additional training for continued improvement. We would like to commend the participants for their enthusiasm and their desire to better serve the citizens of Northeast Florida. **Job well done!**

EXERCISE OVERVIEW

Exercise Name	Northeast Florida Healthcare Coalition Ebola Tabletop Exercise
Exercise Dates	Wednesday, April 12, 2016
Scope	This exercise was a discussion-based tabletop exercise (TTX), planned for three hours. Exercise play was limited to within the venue as it pertains to the participants attending from coalition partners.
Mission Area(s)	Response
Threat or Hazard	Ebola Virus Disease
Scenario	Thirty-eight regional members from the Northeast Florida area are returning from mission work in West Africa (Sierra Leone) and some have become ill after arriving back to Mount Olive Holy Church in Orange Park, Florida. Over the next several days, they start to present as patients to their physicians' offices, urgent care centers, and local emergency rooms.
Sponsor	Northeast Florida Healthcare Coalition (NEFLHCC)
Participating Organizations	See table below.
Point of Contact	Northeast Florida Healthcare Coalition: Beth Payne, Emergency Preparedness Director Staff to the Northeast Florida Healthcare Coalition Northeast Florida Regional Council 6850 Belfort Oaks Place, Jacksonville, Florida 32216 Office (904) 179-0885 Ext. 133 epayne@nefrc.org

Participants	Observers	Evaluators	Support Staff	Media
52	0	4	1	0

See Appendix B for a full list of exercise participants.

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.

Core Capability	Objective	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
1. Community Preparedness	Participants will discuss determining risks to the health of the jurisdiction in accordance with policies and procedures during response to potential Ebola Virus Disease (EVD) patients.	**P**			
2. Emergency Operations Coordination	Participants will discuss conducting a preliminary assessment to determine the need for activation of public health emergency operations to develop an incident response strategy and manage and sustain the public health response.	**P**			
	Participants will discuss establishing and maintaining a unified and coordinated operational structure and process that appropriately integrates all critical stakeholders in accordance with policies and procedures during response to potential EVD patients.		**S**		
3. Information Sharing	Participants will discuss providing all decision makers with decision-relevant information regarding the nature and extent of the hazard, any cascading effects, and the status of the response during a potential Ebola virus disease patients.		**S**		
	Participants will identify stakeholders to be incorporated into information flow and develop rules for sharing information to develop a common operating picture.		**S**		

Core Capability	Objective	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
4. Public Health Surveillance and Epidemiological Investigation	Participants will discuss assessing the nature and scope of the incident along with identifying safety/health risks and personal protective needs while avoiding additional disease by providing targeted public health and medical support within the affected area in accordance with policies and procedures during response to potential Ebola Virus Disease (EVD) patients.		**S**		

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.
- 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.

Core Capability 1: Community Preparedness

Objective 1.1: Participants will discuss determining risks to the health of the jurisdiction in accordance with policies and procedures during response to potential Ebola Virus Disease (EVD) patients.

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

> **Strength 1.1:** Coalition partners are very well versed in Ebola care and their willingness to assist others in the coalition during an event was commendable.

Analysis: Discussion began immediately with the start of the exercise. All parties were invested in the conversation regarding the health risks to the region. An overall consensus was reached that there are different levels of risk as determined by the CDC and those guidelines would be consulted to determine who can move about freely under monitoring, who needs to self-isolate, and who needs to be confined. It was unanimously agreed upon that educating employers is going to be a big key to securing those at risk. Since the turnaround time to determine Ebola is quick, once it is confirmed everyone must be notified. Though fever is usually the first symptom and the patient is not infectious until wet, discussion continued regarding the need for hospitals to make some hard decisions about patient care and staff. It was suggested that they could contact their County Health Department for assistance as they are willing and able to help.

Once two patients were declared with Ebola, an official declaration of a Public Health Crisis would follow from the Florida Department of Health (FDOH). It was the hope during the exercise discussion that local facilities would seek the assistance of the FDOH throughout the process as they are very familiar with and have training in dealing with PPE, Ebola, and suspected patients.

Areas for Improvement: The following areas require improvement to achieve the full capability level.

> **Area for Improvement 1.1:** Clinicians would have great difficulty in providing clinical care while attired in PPE.

Analysis: It was recognized in the discussions that while clinicians may be versed in caring for suspected Ebola patients, they might not be able to perform those duties due to their level of PPE they are required to wear. Clinicians cannot wear a stethoscope while in full PPE gear and some would be lost as to how to properly provide care to their patients while remaining safely covered.

> **Recommendations:**
>
> > **Recommendation 1.1.1**: Train clinicians in proper PPE donning and doffing.
> >
> > **Recommendation 1.1.2**: Train clinicians in proper alternative patient care techniques while dressed in PPE.
>
> **Area for Improvement 1.2:** There is a need to plan for the amount of waste that would be generated in an EVD response.

Analysis: The next level of the discussion centered on where the copious medical waste would be stored and disposed of properly. Facilities would need to have storage available quickly as the medical waste can build up fast and could pose a health risk to the jurisdiction. Conversation flowed into cooperative relationships with the Florida Department of Environmental Protection (FDEP) and the Florida Department of Transportation (FDOT), and others that would be assisting in waste disposal.

Recommendations:

Recommendation 1.2.1: Develop a waste stream storage and disposal plan to manage the copious amount of disposable medical waste that will not be managed under the normal biohazardous waste program.

Core Capability 2: Emergency Operations Coordination

Objective 2.1: Participants will discuss conducting a preliminary assessment to determine the need for activation of public health emergency operations to develop an incident response strategy managing and sustaining the public health response.

Objective 2.2: Participants will discuss establishing and maintaining a unified and coordinated operational structure and process that appropriately integrates all critical stakeholders in accordance with policies and procedures during response to potential EVD patients.

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

Strength 2.1: Coalition partners are very proactive in the monitoring of potential EVD carriers.

Strength 2.2: Participants were very familiar and comfortable with the process of an incident scenario being elevated and working with emergency management.

Analysis: Once testing is requested of a patient, the DOH is closely involved. Cooperatively they would begin reaching out to other counties as well. It was determined through discussion that the DOH-Clay would start notifications to other counties and notify the local Board of County Commissioners (BOCC). Community partners like the walk-in clinics, schools, churches, and other facilities would be included in this notification process as well. Discussion continued to confirm that Communications, Dispatch, Law Enforcement, and EMS would need to be engaged early, even before there is a confirmed patient. Emergency Management involvement would also be engaged early to assist with dissemination of information and education. After a declaration by the FDOH, press conferences and talking points would be needed to inform the public. Staff was concerned that media would need to be controlled at the host hospital for patient privacy. After the incident is elevated, the discussion centered on the Department Operations Center (DOC) being activated at the County Health Department (CHD), as well as the Emergency Operations Center (EOC), Joint Information Center (JIC), and phone banks. To alleviate stress on the hospital and CHD phones, a public health information hotline would be activated using the Medical Reserve Corp (MRC) to assist. Nassau County was able to offer 4-5 staff members that could triage on the phone bank and it was discussed that Community Emergency Response Teams (CERT) could be used as well but that they would have to be

provided reliable vetted information. Conversation continued with verification that this process is best managed when the EOC is activated and ESF-8 works to manage information validity and flow. Conclusively, the Emergency Coordinating Officer would likely be the Surgeon General.

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

> **Area for Improvement 2.1:** There appears to be a need to continue to train and exercise Unified Command in response to EVD and other infectious diseases.

Analysis: Conversation during the exercise was very inclusive of coalition partners and other medical disciplines. The consensus during the Hot Wash, however, was that the key to a successful Ebola control within the community would be through communication and sharing information back through all channels. Although, there was no formal discussion on creating a Unified Command, CHD and FDOH confirmed they would be working cooperatively and would be in charge of the situation. There was an understanding of having the components of a UC but no discussion was given to the actual creation of a Unified Command.

Recommendations:

> **Recommendation 2.1.1**: All coalition partners should continue training on and understanding the Unified Command process and components, particularly in infectious disease scenarios.

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

> **Area for Improvement 2.2:** There seems to be some inconsistency in the region on patient tracking and reporting bed availability.

Analysis: There was some discussion on patient tracking and how it is not consistently reported with bed availability within the region. It was discussed that there was a hope for some training to be offered in the future. Several commercial programs were discussed for patient tracking. HAvBED (Hospitals Available Beds in Emergencies and Disasters) and EMResource® are both platforms for reporting this information however not everyone participates in these state-wide bed availability and patient census counts, the coalition should foster a good process for this.

Recommendations:

> **Recommendation 2.2.1**: Coalition should foster situational assessment to augment operational coordination through established systems like HAvBED and EMResource®.

Core Capability 3: Information Sharing

Objective 3.1: Participants will discuss providing all decision makers with decision-relevant information regarding the nature and extent of the hazard, any cascading

effects, and the status of the response during a potential Ebola Virus Disease (EVD) patient.

Objective 3.2: Participants will identify stakeholders to be incorporated into information flow and develop rules for sharing information to develop a common operating picture.

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

Strength 3.1: Coalition partners were very willing and ready to share information and best practices with one another prior to and in the event of an incident.

Strength 3.2: The NEFLHCC is accepting of their leadership role in information sharing and were equipped to perform these duties.

Analysis: With such a quick changing incident as this, the consensus was that all parties would need to adapt quickly and be flexible. There will be many agencies with input and the public will be looking to the appropriate authorities for directions. The NEFLHCC agreed during this discussion that they will be at the forefront of information receiving and sharing through EMResource® to ESF-8. Once they receive information, they will distribute it to other organizations.

It was agreed that regional conference calls, with a set time and agenda should be utilized for a public health emergency just like Emergency Management does for a severe weather or hurricane. This would allow for situational awareness to be shared across multiple disciplines. This will help with creating the one unified message that will be distributed. Since CHDs are more centralized through the state office, information is more likely to come in already filtered to the necessary information and packaged for distribution. Emergency Management is able to assist with sharing information provided by the CHD and it can be blast faxed to any provider in the medical community and through PIOs.

A Joint Information Center (JIC)/Joint Information System (JIS) can share information jurisdictionally for information exchange; closed POD partners can share information, FDOH will have prepared messages, and the CDC will share a lot of information. Since the younger portion of the population will be using social media mostly, it was agreed that information sharing to the public will need to be included on social media. This information will change rapidly and the guidance will change daily with an emerging virus. It was encouraged that everyone engages their community partners so they are not communicating a different message. It was noted that this region is particularly active and networking opportunities like the Ebola Summit were helpful towards future cooperation.

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

Area for Improvement 3.1: There is a need for Crisis Communications Plan lead by the coalition.

Analysis:. The coalition will need to develop a Crisis Communications Plan to be in contact with agencies that may have a conflicting or competing interest as all parties

agreed that it would be in the best interest of the jurisdiction to put these aside in the spirit of cooperation and safety to the public and staff.

Though a system is already in place for an all-hazards approach from emergency management that can be expanded for a public health emergency, the coalition needs to address in their approach exactly how the partners will be communicated with. It was agreed that someone would have to take ownership and lead this effort. It was also discussed that the coalition should plan with their stakeholders and define their roles and responsibilities.

To communicate and share information, it was suggested to use blast faxes like EPI does but the issue arises that they are not always read. The health outreach in the jurisdiction is good but a personal approach may need to be used to reinforce best practices. Additionally, it was noted though that while schools can help share information, the process is difficult to get through with social media, robo-calls, and web-based system. There is an additional concern of resistance from the school board or school leadership that may limit what information is made available to students in hopes of them taking the information home and sharing it with their parents and families.

Recommendations:

Recommendation 3.1.1: Coalition should take the lead in creating a Crisis Communication Plan with stakeholders and community partners to define roles, responsibilities, and communication plans.

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

Area for Improvement 3.2: There seemed to be some concern on what Essential Elements of Information (EEI) would be needed in an EVD response.

Analysis:. In regards to Essential Elements of Information (EEI), hospitals, infectious control, and EPI staff should all share information. EMS partners will be able to share what is happening in the field. Discussion centered on what EEIs needed to be collected by the region. With so much information out there, it can quickly turn into an overload situation. Throughout the discussion on EEI, it was clear that there was no definitive answer to “What EEI do we need and how will we capture them?” There were suggestions and speculation but no definitive answers. Participants were not wholly aware of stakeholders that could assist with EEI either. Emergency Management has historically been good with collecting EEIs for situation awareness and can be a strong partner to the coalition in developing a better process.

Recommendations:

Recommendation 3.2.1: Clearly define and share what EEI are necessary and a plan for capturing them during a public health emergency within the region.

Recommendation 3.2.2: Identify stakeholders to assist with EEI collection and development.

Core Capability 4: Public Health Surveillance and Epidemiological Investigation

Objective 4.1: Participants will discuss assessing the nature and scope of the incident along with identifying safety/health risks and personal protective needs while avoiding additional disease by providing targeted public health and medical support within the affected area in accordance with policies and procedures during response to potential Ebola Virus Disease (EVD) patient.

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

Strength 4.1: Participants were very concerned with the health and safety of patients and responders during an EVD incident.

Strength 4.2: Participants displayed understanding on the severity of the scenario and compassion towards the community concerns.

Analysis: It was determined that the best case scenario would be Epi-X being involved and screening potential patients. Whereas, the worst case scenario would be an unmonitored cluster outbreak due to relaxed screenings protocols. While the CDC has dropped their alerts, it was made clear that many hospitals are still doing travel history and screenings. Collectively, participants agreed that hospitals doing a broad-based travel history screening along with symptomology due to emerging issues are at the forefront of defense against EVD. St. Vincent's offered to share their best practices to help other coalition partners. Additionally since this would be a global issue, national and possibly international media would descend on the facilities, administration was noted to be alerted early on.

Due to the nature of the Ebola Virus Disease (EVD), the potential cross-contamination numbers could be staggering. A contact investigation would be large in scale and having up to 5 patients would be classified as an outbreak. The incident can change quickly and this creates a huge burden and liability to the hospitals as well as the CHD. The CHD stated their preference for there to be limited dedicated staff to take care of the patient, thus reducing the number of potential contaminations.

During the scenario presented, the participants concern for the patient was evident but so was their concern for those involved in the patient's care. They were very aware that patient's care is very time consuming as well as personnel-intensive to give these patients suitable care. It was determined that force multipliers would need to be called in, however they also recognized that borrowing staff is far more difficult than borrowing resources from others outside of your entity. Human resources will be stretched thin and require force multipliers. Panic may be in the community and will require mental health professionals to help those in need which would require force multipliers.

The spirit of cooperation for the good of the citizens was evident. Participants agree that they may compete daily but they are all essentially one community; they need to work together to stop the spread of EVD in their community. They determined they would all work cooperatively to help shore up the hospital that is impacted and help them get through and contain the situation. Any normally competitive relationships can be set aside for the time being. Participants all conceded that they will need to set outside of their normal way of thinking and share Subject Matter Experts (SMEs). This

sharing could very well make the hospital stronger and could be positive for hospitals not involved since the affected hospital would have a chance to enhance their image in the public eye if they are successful with containing the EVD spread. Other hospitals would look like heroes by helping the affected hospital. Cooperation was decided as being in everyone's best interests.

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

> **Area for Improvement 4.1:** There did not seem to be an understanding or plan for how a patient with EVD would be transported and treated in the community.

Analysis: Due to the nature of the Ebola Virus Disease (EVD), the potential cross-contamination numbers could be staggering. A contact investigation would be large in scale and having up to 5 patients would be classified as an outbreak. The incident can change quickly and this creates a huge burden and liability to the hospitals as well as the CHD. The CHD stated their preference for there to be limited dedicated staff to take care of the patient, thus reducing the number of potential contaminations.

Transportation will be required for potential wet EVD patients. EMS units will be needed with patient compartment containment and properly dressed staff. Many questions arose such as being able to identify where the patients were, if they were transported, hospital egress point, and any identified routes to take the patient, as well as, responder health and safety. Patient movement needs to be tracked once inside of the hospital. The staff exposure was a concern and it was suggested to review policies planned for the facility to understand the plan of action. It was suggested that smaller hospitals would need to relocate the patient to another larger facility as soon as possible to avoid impacting public health for the community. They determined this will not happen as they would want to work with CHD to avoid cross-contamination and avoid affecting other facilities. Any transfer would likely be an Ebola hospital like Emory in Atlanta rather than another facility in the region. Hospitals will need to look at signs and symptoms and start their tracking immediately. There was a concern over CHD Epi Teams being stretched very thin. The staff at walk-in clinics will need to be monitored as well.

Recommendations:

> **Recommendation 4.1.1**: Familiarization with hospital procedures and policies regarding EVD patient tracking and transportation.
>
> **Recommendation 4.1.2**: Identify additional staff to serve as force multipliers during a response to an EVD patient.
>
> **Recommendation 4.1.3**: Create a notification system to mobilize force multipliers quickly in an incident.

APPENDIX A: ACRONYM LIST

AAR	After Action Report
AAR/IP	After Action Report/ Improvement Plan
BOCC	Board of County Commissioners
CDC	Center for Disease Control and Prevention
CERT	Community Emergency Response Team
CHD	County Health Department
DOC	Department Operations Center
DOH	Department of Health
EEI	Essential Elements of Information
EM	Emergency Management
EMS	Emergency Medical Services
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
EREC	Emergency Response Educators and Consultants, Inc.
ESF	Emergency Support Function
EVD	Ebola Virus Disease
FDEP	Florida Department of Environmental Protection
FDOH	Florida Department of Health
FDOT	Florida Department of Transportation
IC	Incident Commander or Incident Command
IP	Improvement Plan
JAS	Job Action Sheets
JIC	Joint Information Center
JIS	Joint Information System
JIT	Just-In-Time
MRC	Medical Reserve Corp
NEFLHCC	Northeast Florida Healthcare Coalition
NEFRC	Northeast Florida Regional Council
NIMS	National Incident Management System
PIO	Public Information Officer
PHEP	Public Health Emergency Preparedness
POD	Point of Dispensing
SME	Subject Matter Experts
SNS	Strategic National Stockpile
TTX	Tabletop Exercise
UC	Unified Command

APPENDIX B: EXERCISE PARTICIPANTS

Participating Organizations
Department of Health
DOH-Baker
DOH-Clay
DOH-Duval
DOH-Flagler
DOH-Nassau
DOH-St. Johns
Florida Department of Health Consortium
Healthcare
Baptist Health
Baptist Medical Center Nassau
Brooks Rehabilitation
Duval Medical Reserves Corp
Flagler Hospital
Northeast Florida Healthcare Coalition
Orange Park Medical Center
St. Vincent's Healthcare
St. Vincent's Medical Center Riverside
St. Vincent's Medical Center Clay
UF Health Jacksonville
State
Florida Department of Health
Florida Division of Emergency Management
Medical Reserves Corp
Community Partners
Duval County Emergency Preparedness Division
Flagler County Emergency Management
Jacksonville Fire Rescue Department Fire Prevention
Nassau County Emergency Management
Northeast Florida Regional Council
St. Johns County Emergency Management
St. Johns County Fire Rescue
WeCCARE Foundation

APPENDIX C: IMPROVEMENT PLAN

This IP has been developed specifically for the Northeast Florida Healthcare Coalition as a result of a Tabletop Exercise conducted on April 12, 2016. These recommendations draw on the After Action Report.

Core Capability	Issue/Area for Improvement	Corrective Action	Capability Element[1]	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Core Capability 2: Emergency Operations Coordination	**Area for Improvement 2.1:** There appears to be a need to continue to train and exercise Unified Command in response to EVD and other infectious diseases.	**Recommendation 2.1.1**: All coalition partners should continue training on and understanding the Unified Command process and components, particularly in infectious disease scenarios.	Training	NEFLHCC	NEFLHCC staff	6/01/16	ongoing
	Area for Improvement 2.2: There seems to be some inconsistency in the region on patient tracking and reporting bed availability.	**Recommendation 2.2.1**: Coalition should foster situational assessment to augment operational coordination through established systems like HAvBED and EMResource®.	Planning	NEFLHCC	NEFLHCC staff	6/01/16	1 year

[1] Capability Elements are: Planning, Organization, Equipment, Training, or Exercise.

Core Capability	Issue/Area for Improvement	Corrective Action	Capability Element[2]	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Core Capability 3: Information Sharing	**Area for Improvement 3.1:** There is a need for Crisis Communications Plan lead by the coalition.	**Recommendation 3.1.1**: Coalition should take the lead in creating a Crisis Communication Plan, as an annex to the current NEFLHCC Communications Plan.	Planning	NEFLHCC	NEFLHCC staff	6/01/16	1 year
	Area for Improvement 3.2: There seemed to be some concern on what Essential Elements of Information (EEI) would be needed in an EVD response.	**Recommendation 3.2.1**: In the Crisis Communication Plan Annex, clearly define and share what EEI are necessary and a plan for capturing them during a public health emergency within the region.	Planning	NEFLHCC	NEFLHCC staff	6/01/16	1 year
		Recommendation 3.2.2: Identify stakeholders to assist with EEI collection and development.	Planning	NEFLHCC	NEFLHCC staff	6/01/16	1 year

[2] Capability Elements are: Planning, Organization, Equipment, Training, or Exercise.

Core Capability	Issue/Area for Improvement	Corrective Action	Capability Element[3]	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Core Capability 4: Public Health Surveillance and Epidemiological Investigation	**Area for Improvement 4.1:** There did not seem to be an understanding or plan for how a patient with EVD would be transported and treated in the community.	**Recommendation 4.1.1**: Provide training on hospital procedures and policies regarding EVD patient tracking and transportation, including the Statewide Transportation Plan.	Training	NEFLHCC	NEFLHCC staff	6/01/16	ongoing

[3] Capability Elements are: Planning, Organization, Equipment, Training, or Exercise.

APPENDIX D: EXERCISE PHOTOS