CBERS 2023 Emergency Preparedness Exercise Design for Community Partners

VDH Office Partners:
Office of Epidemiology, Office of Emergency Preparedness, Healthcare-Associated Infections & Antimicrobial Resistance, Office of Family Health Services
HOUSEKEEPING

• Sign in
• Emergency Exits
• Restrooms
• Turn cell phones on silent/vibrate
• Evaluations
• Resources:
  • Workbook/Situational Manual
  • CBERS 2023 Webpage
By the end of the course, participants will be able to:

- Identify the 8 Steps in Developing an Emergency Preparedness Exercise
- Participate in a Table-top Exercise
- Describe the public health disease reporting process in Virginia
- Identify the steps for developing an After-Action Report
CBERS AGENDA

• Unit 1: Training Exercise Design
• Unit 2: “Operation Malevolent Maladies” Tabletop Exercise
• Working Lunch
• Unit 3: Virginia Public Health Disease Reporting Requirements
• Unit 4: Exercise Evaluation and After-Action Report
UNIT I
TRAINING EXERCISE DESIGN
UNIT OBJECTIVES

In this unit we will:

• Define what an exercise is
• Discuss the types of exercises
• Discussed elements of a progressive exercise program
• List, explain and demonstrate the eight- step exercise design process
EXERCISE

A focused practice activity using a simulated situation

• Requires students to function in the same capacity as they would in a real event
• Promotes preparedness
• Tests emergency management policies, plans, procedures, and resources
• Can serve as “training” in some instances
• May meet legal or funding requirement
BENEFITS OF EXERCISING

• Provides individual and team training
• Leads to system improvement
• Identifies gaps and capabilities

What are some specific reasons we plan and conduct exercises?
EXERCISE TYPES

• Discussion-based exercises:
  • Seminars
  • Workshops
  • **Tabletop Exercises (TTX)**
  • Games

• Operations-based exercises
  • Drills
  • Functional Exercises (FE)
  • **Full-Scale Exercises (FSE)**
Successful exercise experiences breed new successes:

- Officials/stakeholders more willing to commit resources
- Personnel are more motivated/look forward to the next exercise
- Confidence increases
- Operating skills improve
- Plans and procedures are validated
Exercise activities “encourage” a building-block approach to exercise design.
BUILDING AN EXERCISE PROGRAM

- Built by a team
- Based on operating plan
- May be needed to meet legal or funding requirements
- Involves:
  - Analysis of capabilities and costs
  - Scheduling
  - Public relations
  - Development of long-term plan
- Provides basis for individual exercise design
THE EIGHT STEPS OF EXERCISE DESIGN
EXERCISE DESIGN PROCESS

Step 1: Define the Scope
Step 2: Write a Purpose Statement
Step 3: Define Objectives
Step 4: Compose a Narrative
Step 5: Write Major and Detailed Events
Step 6: List Expected Actions
Step 7: Prepare Messages
Step 8: (Not labeled on diagram)
Begin with your plan:

- Hazards and priorities
- Vulnerable areas
- Functions/Capabilities in need of rehearsal
- Potential participants and program areas
- Past exercises
- Exercise requirements
Objective:

• Conduct a basic exercise needs assessment

Instructions:

• Locate Activity 1 in your workbook and review and complete the steps in completion of a basic exercise needs assessment

• Time = 10 Minutes
STEP 2: DEFINE THE SCOPE

Defining the scope = Setting realistic limits

Factors that help define scope:

- Expense
- Availability of resources
- Seriousness of the problem
- Capacity of the exercise to address the problem
- Designers’ skills and experience
- Exercise length
DEFINING SCOPE

Scope includes the:

• Type of emergency
• Location
• Capabilities or Functions
• Participants
• Exercise type
STEP 3: WRITE A PURPOSE STATEMENT

Purpose statement: A broad statement of the exercise goal

- Governs objectives, which determine subsequent steps
- Clarifies reasons for the exercise
- Useful for communicating with media and community
Objective:

• Apply learning to develop a purpose statement and define the scope for an exercise

Instructions:

• Complete Activity 2 Worksheet located in your workbook and define the scope of the exercise and write a statement of purpose

• Time = 10 Minutes
Objectives: Descriptions of the performance you expect from participants to demonstrate competence

Objectives are essential for:

- Design process
- Exercise conduct
- Evaluation
- Follow-up
WHAT ARE OBJECTIVES?

• Driven by Exercise Program priorities
• Cornerstone of scenario design, development, exercise conduct, and evaluation
• Follows SMART guidelines for development

Suggested Practice

Limit the number of objectives to those that can be reasonably addressed and evaluated during exercise conduct.

Step 4:
Define Objectives
### SMART Guidelines for Exercise Objectives

<table>
<thead>
<tr>
<th>Specific</th>
<th>Objectives should address the <strong>five Ws</strong>: who, what, when, where, and why. The objective specifies what needs to be done with a timeline for completion.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measurable</td>
<td>Objectives should include numeric or descriptive measures that define quantity, quality, cost, etc. Their focus should be on observable actions and outcomes.</td>
</tr>
<tr>
<td>Achievable</td>
<td>Objectives should be within the control, influence, and resources of exercise play and participant actions.</td>
</tr>
<tr>
<td>Relevant</td>
<td>Objectives should be instrumental to the mission of the organization and link to its goals or strategic intent.</td>
</tr>
<tr>
<td>Time-Bound</td>
<td>A specified and reasonable timeframe should be incorporated into all objectives.</td>
</tr>
<tr>
<td>Element</td>
<td>Tip</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Action Statement</strong></td>
<td>Select <em>observable action verb</em> to describe what task(s) responders must perform.</td>
</tr>
<tr>
<td><strong>Condition by which the tasks must be performed</strong></td>
<td><strong>What is given/expected in executing the task?</strong> Skill, knowledge, tool(s), equipment, reference(s), chats(s)/scene survey, or standard operating procedures (SOPs) on which action should be based.</td>
</tr>
<tr>
<td><strong>Performance Statement</strong></td>
<td>List <strong>what the player must be able to do/accomplish.</strong></td>
</tr>
<tr>
<td><strong>Criteria Statement</strong></td>
<td>The performance <strong>standard used to measure achievement of objective.</strong> Described as: • Degree of accuracy—how well? • Timeframe—when? • Speed/Distance—how much?</td>
</tr>
</tbody>
</table>
OBJECTIVES FOR DISCUSSION-BASED EXERCISE

STRATEGIC PLANS, POLICY-ORIENTED ISSUES

Example:
Validate Central City’s existing response plan for (2) incident command (3) activation of essential HazMat personnel (1) during a chemical incident (4) to ensure alignment with the National Incident Management System and HazMat Response criteria.

1) **Condition**
2) **Who**
3) **Action**
4) **Standard**
OBJECTIVES FOR OPERATIONS-BASED EXERCISES

RESPONSE SYSTEMS/TACTICAL-LEVEL:

Example:
During (1) a chemical incident, evaluate the ability of (2) Central City HazMat personnel, to (3) establish a Hot Zone and decontamination site (4) within 30-minutes of arrival on scene in accordance with existing Standard Operating Procedures.

1) Condition
2) Who
3) Action
4) Standard – jurisdiction/agency-specific
“To demonstrate an understanding of the procedures necessary in protecting responder health and safety.”
Use action-oriented, measurable words

Avoid vague verbs, such as:

- Know
- Understand
- Appreciate
- Be aware of

What are some SMART action verbs for objectives?
Objective:

- Develop objectives for your exercise

Instructions:

- Using the provided worksheet, write three objectives for your exercise and identify the responsible organization. Each objective must include:
  - Action, stated in observable terms
  - Conditions
  - Standards

Time = 10 Minutes
STEP 5: COMPOSE A NARRATIVE

• Narrative: A brief description of the scenario events that have occurred up to the exercise beginning.
• Sets the mood
• Provides information that sets the stage for later action
A good narrative:

• Is usually 1-to-5 paragraphs long
• Is very specific
• Is phrased in present tense
• Is written in short sentences
• May develop the situation chronologically (event with warning time)
• May emphasize the emergency environment
NARRATIVE DISCUSSION

• What is the event?
• How fast, strong, deep, or dangerous?
• How did you find out?
• What response has been made?
• What damage has been reported?
• What is the sequence of the events?
• How much time has elapsed?
• Was there advance warning?
• Where does it take place?
• What are the relevant weather conditions?
• What other factors would influence emergency procedures?
• What is predicted for the future?
• Storyline for response activity or discussion
• Three basic elements:
  • Context
  • Conditions
  • Technical details
• Based on:
  • Realistic
  • Plausible threat
  • Challenging
• Mechanism for assessing objectives
Objective:

- Outline the key points for a narrative

Instructions:

- Using the provided worksheet; outline the key points of a narrative for your exercise

Time = 10 Minutes
STEP 6: WRITE MAJOR & DETAILED EVENTS

Events are:

- Occurrences that happen as a result of the emergency described in the narrative
- Problems requiring actions that will meet the objectives

Careful scripting is required to:

- Produce a convincing, unified scenario
- Create an exercise governed by objectives

To develop **major** events:

1. Identify major occurrences that would follow the narrative events
2. Select those that might generate situations to test the objectives

To develop **detailed** events:

- Plan detailed events and expected actions together
- Work backwards from the actions
- List specific problems likely to stem from major events, and actions that would be expected to address them
Possible detailed events:

- Patients cannot get to their Dialysis appointments
- Staff are unable to get to their assigned work locations
- Local hospitals lack specialized facilities and personnel to treat large numbers of severe burn victims.
- The Red Cross has agreed to set up an information center to link victims and their families.
STEP 7: LIST EXPECTED ACTIONS

Types of actions:

• Verification
• Consideration
• Deferral
• Decision

• How do you know what actions are appropriate in response to a given event?
RELATIONSHIP TO OBJECTIVES

- Expected action – actions taken by organization or individual to meet an objective
- Expected actions closely tied to objectives
- Expected actions are a breakdown of objectives
- List only those that involve the participating organizations
- List expected actions for all exercise participants
- Not necessary for each detailed event to generate responses from all participants
Objective:

• Write major and detailed events for your objectives
• List expected actions for those events chosen

Instructions:

• Using the planning sheet provided, write major and detailed events for the objective developed earlier
• List the expected actions and the organizations responsible for the detailed events
• Time = 10 Minutes
STEP 8: PREPARE MESSAGES

Messages:

• Communicate detailed events

• Evoke a response (decision or action) to meet objectives

• Are transmitted by various mediums

• Must come from credible source through credible channels
  
  • One message may represent one event or…
  
  • Several messages may be needed to notify participants of an event

  • Each message is designed to generate one or more expected actions
MESSAGE VARIABLES

- Message source
- Transmission method
- Message content
- Recipient
- These variables influence the action taken

- WHO?
- HOW?
- WHAT?
- TO WHOM?
- To what EFFECT?
COMPOSING A MESSAGE

• Begin with an expected action
• Decide:
  • **What message would provoke that action?**
  • **Who will send it? Who will receive it?**
  • **How will the message be transmitted?**
• Keep it realistic!
• Practice with a partner ... does the message “work?”

Step 8:
Prepare Messages
Objective:
• Compose a message to generate a selected action

Instructions:
• Using the activity sheet provided; select one of the expected actions that you listed in the last activity and compose a message that would generate the selected action. The message should include the following items on the provided form:
  • To
  • From
  • Method
  • Content

Time = 10 Minutes
In Unit 2, we:

- Discussed the eight-step design process
- Applied each step in the initial development of an exercise
TIME FOR LUNCH TIME FOR
UNIT 2 “OPERATION MALIGNED MALADIES” TABLETOP EXERCISE

Step 1:
Assess Needs
EXERCISE SCOPE AND PURPOSE

• **Scope:** In a 90-minute Tabletop Exercise participants will review and discuss emergency preparedness and response and recovery actions in a relaxed and non-threatening manner.

• **Purpose:** The Purpose of the 2023 CBERS TTX is to provide a learning environment for participants to discuss organizational emergency preparedness and response plans and procedures in response to an Infectious Disease Outbreak that affects their facility/organization and the communities they serve.
TABLETOP EXERCISE OBJECTIVES

• Discuss participant knowledge of appropriate internal and external points of contact in response to an emergency that impacts the facility or organizations routine operations in accordance with existing plans, policies and procedures.

• Examine the ability of participants to clearly identify trigger points for escalating notification and response actions in response to an emergency that impacts the facility or organizations routine operations in accordance with existing plans, policies and procedures.

• Assess the ability of participants to consult their Emergency Operations Plans to guide actions and decision making in response to an emergency that impacts the facility or organizations routine operations.

• Examine participants understanding of roles and responsibilities of partner organizations in response to an emergency that impacts their community/area of operations in accordance with existing plans, policies and procedures.
EXERCISE STRUCTURE

Tabletop scenario consists of two modules:

• **Module 1: Seasonal Indicators**
• **Module 2: Incident Response and Recovery**
• **Take Home Module**
  • **Module 3: An Added Wrinkle**
Four groups represented today:

- **Players**: Respond to situation presented based on current emergency plans, expert knowledge or response protocols
- **Facilitators**: Provide situation updates, moderate discussions and function as exercise subject matter experts
- **Partners**: Provide outside point of view on external agency response protocols
- **Evaluator**: Tabulate player response, capture comments, and assess exercise objectives
The following Assumptions and Artificialities apply:

- Scenario is plausible - events occur as they are presented
- No hidden agendas or trick questions
- Local, state, and federal responders are also initiating plans, procedures, and protocols
- Assume that cooperation and support would be forthcoming from outside agencies
• Modules begin with situation briefings
• Everyone gets the information at the same time
• Players will have extended consultation among themselves prior to receiving the next exercise module
• Players discuss issues involving a variety of preparedness, response and recovery actions
• This is a “no-fault” exercise—there are no wrong answers
• Don’t “fight” the scenario
TABLETOP EXERCISE MODULE 1: SEASONAL INDICATORS
At this stage, COVID-19 is an endemic respiratory pathogen that shows moderately cyclic seasonal surges worldwide.

These illness surges, are caused by S-CoV-2. Omicron variants and their descendent lineages, can for the most part be predicted through ongoing genomic surveillance and disease forecasting/modeling.

A new SARS-CoV-2 TK.4 variant, named ‘Tau’ was first detected in the United States in September 2023.

A few months into fall and with winter approaching, surveillance indicators from the Virginia Department of Health show increases in respiratory illnesses and hospitalizations occurring across the commonwealth.

The uptick in illness activity seems to be driven by a recently identified SARS-CoV-2 Tau sublineage.
Weekly ED and Urgent Care Visits for Respiratory Illness - Virginia
June 03, 2023 to November 11, 2023
A representative sampling of positive laboratory specimens tested by whole genome sequencing has confirmed that majority of respiratory illnesses are caused by the variant sublineage TK.4.2.1.

This variant sublineage demonstrates a higher chance of reinfection or breakthrough infections.

Preliminary data shows no increase in severity or adverse outcomes compared to previous variant sublineages.

Emergency department and urgent care visits for all respiratory illnesses have increased by 265% over three weeks.
Group Discussion

• Read/Review scenario
• Discuss and answer scenario questions
• Report Outs
The seasonal COVID-19 bivalent mRNA booster dose (August 2023) provides added protection against symptomatic TK/TK.4.2.1 infection for at least the first 3 months after vaccination in persons previously vaccinated.

Additional CDC analysis found that hospitalization and case-fatality rate estimates were comparable to the Omicron BA.5, BQ.1, and BQ.1.1 sublineages circulating during the winter of 2022.

Healthcare facilities are hearing about shortages of N95 masks and saline due to supply chain management issues. Several hospitals have reported that they are holding admissions in the ER, some for multiple days.

Anecdotal reports describe an increase in absenteeism at schools and workplaces ranging from normal levels in some isolated parts of the state to 30% in other areas. Your facility has reported 22% of your staff having been absent due to respiratory illnesses for the last three days.
Weekly ED and Urgent Care Visits for Respiratory Illness - Virginia

June 03, 2023 to December 16, 2023

ED Visits

Week Start Date
• The current vaccine offers some protection to those previously vaccinated and severe outcomes from the variant sublineage will be like the previous respiratory season.

• Supply chain shortages, absenteeism increases, hospitals holding admissions in the ER, and increases in ambulance turnaround times have been reported.

• Your facility has seen an increase in reported cases of COVID-19 with 22% of your staff having been absent due to respiratory illnesses for the last three days. Additionally, one staff member was reported hospitalized due to meningitis.
Step 8:

- Read/Review scenario
- Discuss and answer scenario questions
- Report Outs
HOT WASH...WHAT IS IT?

- Short debriefing (Usually 30 minutes or less)
- Conducted immediately after exercise
- Players provide feedback
- Strengths/weaknesses identified – areas of improvement
ACTIVITY 8: OPERATION MALIGNED MALADIES
TTX HOTWASH

• So, *What worked today in the exercise?*
• *What areas did you identify that may need improvement?*
UNIT 2 SUMMARY

• In this unit we:
  • Participated in a Tabletop Exercise that applied the eight design steps
  • Participated in an exercise Hotwash
Unit 3
Virginia Public Health
Disease Reporting Requirements
Where to look

- **The VDH website**
  - Contains links to Virginia's disease reporting regulations and resources.

- **Virginia’s Legislative Information System**
  - Code of Virginia
    - **Title 32.1 Chapter 2**: Disease Prevention and Control
  - Administrative Code
    - **Title 12 Agency 5 Chapter 90**: Regulation for Disease Prevention and Control
Things to Consider in the Code

• § 32.1-35
  • The Board of Health will create a list of reportable diseases.

• § 32.1-36
  • Physicians and Directors of Laboratories must report diagnosed or reasonably suspected cases of diseases required by the Board.
  • The Commissioner may disclose the patient’s identity and disease to their employer if it is a threat to the public’s health.
  • Physicians and Directors of Laboratories may voluntarily report additional information for surveillance or epidemiological studies.

• § 32.1-38
  • Those reporting disease shall be immune from civil liability or criminal penalty and their identity will not be made public.
• State Law REQUIRES certain diseases to be reported
  • Virginia Reportable Disease List
  • Some must be reported immediately, and others within a 3-day window

• 12 VAC 5-90-80 of the administrative code details what diseases must be reported and specifies those that must be reported immediately.

  Paragraph A
  *Outbreaks, all (including foodborne, health care-associated, occupational, toxic substance-related, waterborne, and any other outbreak)

  Paragraph F
  Outbreaks. The occurrence of outbreaks or clusters of any illness that may represent a group expression of an illness that may be of public health concern shall be reported to the local health department immediately by the most rapid means available, preferably by telephone.
## VIRGINIA REPORTABLE DISEASE LIST

Reporting of the following diseases is required by state law (Sections 32.1-16 and 32.1-37 of the Code of Virginia) and 12 VAC 5-50-40 of the Board of Health Regulations for Disease Reporting and Control. Report all cases when suspected or confirmed to your local health department (LHD). Reports may be submitted by Confidentiality Monitoring Report Surveillance Forms, computer-generated printout, CDC or VDH surveillance form, or upon agreement with VDH, by means of secure electronic submission.

### REPORT IMMEDIATELY

- Anthrax (Bacillus anthracis)
- Botulism (Clostridium botulinum)
- Brucellosis (Brucella spp.)
- Cholera (Vibrio cholerae O1/O139)
- Coronavirus infection, severe (e.g., SARS-CoV, MERS-CoV)
- Diphtheria (Corynebacterium diphtheriae)
- Disease caused by an agent that may have been used as a weapon
- Haemophill influenzae infection, invasive
- Hepatitis A
- Influenza-associated death if younger than 13 years of age
- Influenza A, novel virus
- Measles (Rubella)
- Meningococcal disease (Neisseria meningitidis)

**Outbreaks, all including foodborne, healthcare-associated, occupational, toxic substance-related, waterborne, and any other outbreak**

- Pertussis (Bordetella pertussis)
- Plague (Yersinia pestis)
- Polio virus infection, including poliomyelitis
- Poliomyelitis (Chlamydia psittaci)
- Q fever (Coxiella burnetii)
- Rabies, human and animal
- Rubella, rubella virus
- Salmonella Typhi, salmonella Paratyphi (all types)
- Tuberculosis, active disease (Mycobacterium tuberculosis complex)
- Tularemia (Francisella tularensis)
- Typhoid (Paratyphoid) infection (Salmonella Typhi, Salmonella Paratyphi (all types))
- Unusual occurrence of disease of public health concern
- Vaccine, disease or adverse event
- Viral meningitis
- Yellow fever

### REPORT WITHIN 3 DAYS

- Amoebiasis (Entamoeba histolytica)
- Atherosclerosis infection (e.g., CHD, cerebrovascular disease, IHD)
- Babesiosis (Babesia spp.)
- Campylobacteriosis (Campylobacter spp.)
- Coccidioidomycosis infection or colonization
- Cryptococcosis (Cryptococcus spp.)
- Chlamydia trachomatis infection
- Coronavirus, disease 2019 (COVID-19 or SAR-CoV-2)
- Cryptosporidiosis (Cryptosporidium spp.)
- Cyclosporiasis (Cyclospora spp.)
- Ehrlichiosis (Ehrlichia spp., Anaplasma phagocytophilum)
- Giardiasis (Giardia spp.)
- Gonococcal (Neisseria gonorrhoeae)
- Granuloma inguinale (Calymmatobacterium granulomatis)
- Hantavirus pulmonary syndrome
- Hemolytic uremic syndrome
- Hepatitis B (acute and chronic)
- Hepatitis C (acute and chronic)
- Hepatitis, other acute virus
- Influenza, confirmed
- Leptospirosis (Leptospira interrogans)
- Listeriosis (Listeria monocytogenes)
- Lyme disease (Lyme spirochete)
- Lympohgranuloma venereum (Chlamydia trachomatis)
- Malaria (Plasmodium spp.)
- Mumps
- Neonatal hepatitis syndrome
- Ophthalmia neonatorum
- Rabies, treatment, post-exposure
- Salmonella (Salmonella spp.)
- Shiga toxin-producing Escherichia coli infection
- Septicemia (Streptococcal spp.)
- Spotted fever rickettsiosis (Rickettsia spp.)
- Streptococcal disease, Group A, invasive or toxic shock
- Streptococcal pneumonia, invasive and ~5 years of age
- Syphilis (Treponema pallidum), if not primary, secondary, or congenital
- Tetanus (Clostridium tetani)
- Toxic substance-related illness
- Tuberculosis (Mycobacterium tuberculosis)
- Tuberculosis infection
- Vancomycin-intermediate or vancomycin-resistant Staphylococcus aureus infection
- Venereal (Yersinia spp.)

### LEGEND

- **Reportable by directors of laboratories. Additional condition-specific requirements for directors of laboratories of communicable disease control.**
- Laboratories must submit initial isolate or initial specimen to the Division of Consolidated Laboratory Services (DCLS), within 7 days of identification. All specimens must be identified with patient and physician information, and the LHD must be notified within the timeframe specified below.
- Include available microbiological susceptibility findings in report.
- Laboratories report MRSA, and tuberculosis complex or any other mycobacteria, and antimicrobial susceptibility for M. tuberculosis complex.
- Includes submission of Candida hromalae species to DCLS.
- Laboratories that use EIA without a positive culture should forward positive results to DCLS.
- Includes reporting of Salmonella enterica and Yersinia enterocolitica."
Physicians

• Report when treats or examines any person who is suffering from or who is suspected of having a reportable disease or condition.

• Reports person's name, address, age, date of birth, race, sex, and pregnancy status for females; name of disease diagnosed or suspected; the date of onset of illness; available laboratory tests and results; and the name, address, and telephone number of the physician and medical facility where the examination was made.

Laboratories

• Report any laboratory examination of any clinical specimen, whether performed in-house or referred to an out-of-state laboratory, which yields evidence, by the laboratory method indicated or any other confirmatory test, of a disease listed in 12 VAC 5-90-80 B.

• Source of the specimen and the laboratory method and result; the name, address, age, date of birth, race, sex, and pregnancy status for females (if known) of the person from whom the specimen was obtained; and the name, address, and telephone number of the physician at whose request and medical facility at which the examination was made.

Persons in charge of a medical care facility

• The occurrence in or admission to the facility of a patient with a reportable disease listed in 12 VAC 5-90-80.

• Patient's name, address, age, date of birth, race, sex, and pregnancy status for females; name of disease being reported; available laboratory tests and results; the date of admission; medical record number; date expired (when applicable); and attending physician.

For questions about determining whether you need to report refer to 12 VAC 5-90-90.
Who needs to report?

**Adult Daycare and Assisted Living Facilities**
- Licensed by Virginia Department of Social Services (VDSS)
- Required to report all suspected or confirmed outbreak to VDSS and the local health department.

**Hospitals and Nursing Homes:**
- Required to report single cases for the conditions on the Virginia reportable Disease List, including all suspected or confirmed outbreak to the local health department.

**Correctional Facilities:**
- Required to report single cases for the conditions on the Virginia reportable Disease List, including all suspected or confirmed outbreak to the local health department.

For questions about determining whether you need to report refer to [12 VAC 5-90-90](#).
These entities are required to report “common symptoms suggesting an outbreak situation”

Schools
- Any public school from kindergarten through grade 12 operated under the authority of any locality within the Commonwealth.
- Any private or religious school that offers instruction at any level or grade from kindergarten through grade 12.
- Any private or religious nursery school or preschool, or any private or religious childcare center required to be licensed by the Commonwealth.

Childcare Centers
- A child day center, child day program, family day home, family day system, or registered family day home as defined by § 63.2-100 of the Code of Virginia, or a similar place providing day care of children by such other name as may be applied.

Summer Camps
- As defined in § 35.1-1.
- A building, tent, or vehicle, or group of buildings, tents, or vehicles, if operated as one place or establishment, or any other place or establishment, public or private, together with the land and waters adjacent thereto, that is operated or used in this Commonwealth for the entertainment, education, recreation, religious instruction or activities, physical education, or health of persons under 18 years of age who are not related to the operator of such place or establishment by blood or marriage within the third degree of consanguinity or affinity, if 12 or more such persons at any one time are accommodated, gratuitously or for compensation, overnight and during any portion of more than two consecutive days.

Who needs to report?
Other Things to Consider in the Code

- **§ 32.1-37.01**
  - Upon declaration of an emergency by the Governor in response to a communicable disease of public health threat, information regarding outbreaks of such communicable disease of public health threat will be publicly posted.

- **§ 32.1-38**
  - Those reporting disease shall be immune from civil liability or criminal penalty and their identity will not be made public.

- **§ 32.1-40**
  - The Commissioner or his designee may examine and review medical records.
  - No such practitioner or person shall be liable in any action at law for permitting such examination and review.

- **§ 32.1-41**
  - The Commissioner or his designee shall preserve the anonymity of each patient and practitioner of the healing arts whose records are examined.
  - The Commissioner, in his sole discretion, may divulge the identity of such patients and practitioners if pertinent to an investigation, research or study at his discretion. Any person to whom such identities are divulged shall preserve their anonymity.
Where to Report?

Local Health District Info

• Report to your local health district

• Contact information for your local health district can be found online or here
How to Report?

Forms for Reporting

- **Epi-1 Reporting Portal**
- **Epi-1 PDF Form**
- **Suspected Outbreak Reporting Portal**
BREAK
UNIT 4 EXERCISE AFTER ACTION REPORTS AND IMPROVEMENTS PLANNING
UNIT OBJECTIVES

• Describe the need for a systematic approach to exercise evaluation

• Explain the purpose of the Exercise Evaluation Guide

• Demonstrate the development of an After Action Report and Improvement Plan
WHY EVALUATE?

• Evaluation can identify:
  • Whether objectives are achieved
  • Areas of strength
• Needed improvements in:
  • Emergency plan, procedures, guidelines
  • Emergency management system
  • Training and staffing deficiencies
  • Equipment deficiencies
• Need for continued exercise development and overall preparedness and improvement
RECORDING OBSERVATIONS

• If and how quantitative or qualitative targets were met
• Actual time required for exercise players to complete the critical task(s)
• How target was or was not met
• Decisions made and information gathered to make decision
• Requests made and how requests were handled
• Resources utilized
• Plans, policies, procedures, or legislative authorities used or implemented
• Any other factors contributed to the outcomes.

Observation Example:

“Staff noted during the exercise that contact information listed in the Emergency Response Plan only business hours numbers for emergency contacts other than 911 and would have been unable to reach critical partners”
Objective:

• Record observations you have made during the Tabletop Exercise

Instructions:

• Using the evaluation guide provided, record your observations based on your participation in the tabletop exercise
AFTER ACTION REPORT

• AAR includes:
  • Summary of what happened
  • Analysis of performance of essential tasks
  • Analysis of demonstrated capacity to accomplish overall mission outcomes
  • Recommendations for improvements based on analysis
  • Improvement Plan Matrix
ACTIVITY 10: WRITE AND AFTER ACTION REPORT CONTRIBUTION

• Objective:
  • Develop an input, or “write-up” for your Tabletop exercise After Action Report (AAR)

• Instructions:
  • Utilizing the format provided in the workbook, develop an After Action Report contribution that outlines:
    • The objective the input is related to
    • Any noted strengths
    • The Area For Improvement
    • References
    • Analysis
**Objective:** Discuss participant knowledge of appropriate internal and external points of contact in response to an emergency that impacts the facility or organizations routine operations in accordance with existing plans, policies and procedures.

**Area For Improvement 1:** After Hours/24 Hour Contact Information

**References:** Acme LTCF Emergency Response Plan Annex 1: Emergency Contact List

**Analysis:** “Staff noted during the exercise that contact information listed in the Emergency Response Plan only business hours numbers for emergency contacts other than 911 and would have been unable to reach critical partners”. Upon additional review, it was found that the plan had been updated six months prior to the exercise with expanded contact information, however, it was placed in a different part of the plan with a different title which caused confusion to staff therefore this led to staff being unable to locate correct information during the exercise.
DEVELOPING RECOMMENDATIONS

• Recommendations should:
  • Both sustain and improve
  • Be forthright
  • Be specific and measurable
  • Use the active voice
  • Link to observations and analysis
  • Be consistent with other recommendations
  • Action items within the Improvement Plan should address the problem, not the recommendation
IDENTIFY IMPROVEMENTS

• Improvement planning should always take into account the current operational picture
• Plans should be targeted to a specific timeframe
• Budgetary concerns may be limiting
• Resources are limited
• Stress improvements that have the highest impact-to-cost ratio
**IMPROVEMENT PLAN MATRIX**

- A template for identifying recommendations and improvement actions and assigning responsibilities
- Includes:
  - Recommendations
  - Improvement actions
  - Responsible party
  - Completion date

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Improvement Action</th>
<th>Responsible Party/Agency</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
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</table>
Objective: Develop an Improvement Plan based on your exercise outcomes

Instructions: Place Improvement Plan inputs into the template:

- Recommendation
- Corrective Action
- Start Date
- Completion Date (Tentative)
# Improvement Plan Example

<table>
<thead>
<tr>
<th>Recommendations</th>
<th>Improvement Action</th>
<th>Responsible Party/Agency</th>
<th>Start Date</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Place all contact information for partners in one place in the Emergency Response Plan</td>
<td>All contact information has been combined into one annex and it has been renamed “ACME LTCF ERP Annex 1: Combined Emergency Contact Information”</td>
<td>Dave Smith - Safety Manager, ACME Long Term Care, <a href="mailto:Dsmith@acme-LTCF.org">Dsmith@acme-LTCF.org</a></td>
<td>4/28/2023</td>
<td>6/21/2023</td>
</tr>
</tbody>
</table>
UNIT 4 SUMMARY

In this unit we:

• Discussed the foundation for evaluation

• Recorder our exercise observations

• Developed an After Action Report and Improvement Plan based on todays exercise
WRAP UP
You have:

- Learned about the types of exercise activities and the exercise process
- Assessed/reviewed your jurisdiction’s/Agency/Office/School exercise needs
- Learned and practiced eight design steps
- Completed an Exercise Evaluation Guide
- Drafted an After Action Report and Improvement Plan
ADDITONAL EXERCISE TRAINING COURSES

• Federal Emergency Management Agency Independent Study Courses:
  • IS-120.c-Introduction to Exercises
  • IS 130-How to be an Exercise Evaluator

• Classroom Courses:
  • L-146-Homeland Security Exercise and Evaluation Program Course (HSEEP)
  • E/L-131-Exercise Evaluation and Improvement Planning
  • E/L-139 Exercise Design and Development
QUESTIONS?
CONTACT INFO

• Aaron Kesecker
  Aaron.kesecker@vdh.virginia.gov

• Adreania Tolliver
  Adreania.tolliver@vdh.virginia.gov

• Suzi Silverstein
  Suzi.silverstein@vdh.virginia.gov

• Jonathan Falk
  Jonathan.falk@vdh.virginia.gov