



Naugatuck Point of Dispensing Functional Exercise

After-Action Report/Improvement Plan

June 22, 2017



EXERCISE OVERVIEW

Exercise Name	Naugatuck POD Functional Exercise
Exercise Dates	June 19 – 20, 2017
Scope	<p>This was a functional exercise planned for the two-day period of June 19-20, 2017, with the bulk of the exercise play on Day 2.</p> <p>Exercise play was limited to the following locations:</p> <ul style="list-style-type: none">• June 19, 2017: Command Staff Briefing and Call-Down Drill conducted at Naugatuck Valley Health District (NVHD), 98 Bank Street, Seymour, CT 06483 Facility Set Up Team activation and POD set-up at Naugatuck High School (NHS), 543 Rubber Avenue, Naugatuck, CT 06770• June 20, 2017: Functional Exercise play at NHS Hot wash immediately following exercise at NVHD
Mission Area(s)	Response
Core Capabilities	Public Health and Medical Services
Objectives	<p>Capability #8 Medical Countermeasure Dispensing</p> <ol style="list-style-type: none">1. Demonstrate the ability to staff and set up the POD site and activate dispensing modalities2. Demonstrate the ability to dispense medical countermeasures to identified population3. Determine if plan/process enhancements can improve efficiency/throughput <p>Capability #9 Medical Material Management and Distribution</p> <ol style="list-style-type: none">4. Demonstrate the ability to secure and manage MCM inventory <p>Capability #15 Volunteer Management</p> <ol style="list-style-type: none">5. Demonstrate the ability to credential and deliver just-in-time (JITT) training to POD site staff
Threat or Hazard	Biological – Emerging Infectious Disease

Scenario

Several residents of Naugatuck and Beacon Falls have begun presenting to hospital emergency rooms (Griffin, Waterbury, St. Mary's) and physician offices complaining of fever, headache, body aches, cough, and diarrhea. Influenza is eliminated as a possible cause in every case.

Laboratory testing is inconclusive; hospitals notify CT Department of Public Health (DPH) epidemiologists and samples are sent to the Centers for Disease Control and Prevention (CDC).

While identification is still underway, it has been determined that the infection is caused by a bacterium that is susceptible to doxycycline, ciprofloxacin, or amoxicillin. Mass prophylaxis is needed to treat those exposed within 48 hours. NVHD has deployed resources and decided to open an initial Point of Dispensing (POD) at Naugatuck High School at 543 Rubber Avenue, Naugatuck, CT 06770.

Sponsor

This exercise is sponsored by: Naugatuck Valley Health District
MDA #13

Participating Organizations

Please see Appendix B for exercise and hot wash sign in sheets.

- Big Y Pharmacy, Naugatuck
- Branford Fire Department
- Chesprocott Health District Volunteers
- CT-Disaster Behavioral Health Response Network
- Danbury Health & Human Services
- Danbury Health Department
- East Shore District Health Department
- Echo Hose Ambulance
- Fairfield Health Department
- Naugatuck Community Emergency Response Team
- Naugatuck Valley Health District
- Naugatuck Valley Medical Reserve Corps
- Newtown Health District
- New Haven Health Department
- Pomperaug Health District
- Pomperaug Health District Medical Reserve Corps
- Shoreline Medical Reserve Corps
- Torrington Area Health District
- Visiting Nurse Services of Connecticut
- Waterbury Health Department
- Yale New Haven Hospital
- Yale/New Haven Medical Reserve Corps

Point of Contact

Jessica Stelmaszek, MPH
Public Health Emergency Preparedness Coordinator
Naugatuck Valley Medical Reserve Corps Coordinator
Naugatuck Valley Health District
98 Bank Street | Seymour, CT 06483
203-881-3255

Karen Spargo, MA, MPH, RS
Director of Health
Naugatuck Valley Health District
98 Bank Street | Seymour, CT 06483
203-881-3255

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.

Table 1. Summary of Core Capability Performance

Objective	Core Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
Demonstrate the ability to staff and set up the POD site and activate dispensing modalities	(8) Medical Countermeasure Dispensing	X			
Demonstrate the ability to dispense medical countermeasures to identified population			X		
Determine if plan/process enhancements can improve efficiency/throughput		X			
Demonstrate the ability to secure, and manage MCM inventory	(9) Medical Material Management and Distribution	X			
Demonstrate the ability to credential and deliver just-in-time (JITT) training to POD site staff	(15) Volunteer management		X		
Ratings Definitions: <ul style="list-style-type: none"> 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). 					

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

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

Capability 8: Medical Countermeasure Dispensing

- Demonstrate the ability to staff and set up the POD site and activate dispensing modalities
- Demonstrate the ability to dispense medical countermeasures to identified population
- Determine if plan/process enhancements can improve efficiency/throughput

Strengths

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

Strength 1: Establishing and activating the “Facility Set-Up Team” was an improvement over last year’s NVHD Shelton POD Functional Exercise.

Strength 2: Throughput time was tracked using index cards with corresponding stations on them for time to be entered. The number of cards collected matched the number of POD Clinic Registration/Head of Household forms collected and the total number on the hand counter that was used by the Lane Decision worker (56).

Strength 3: The use of the tabletop bag trees allowed for easier handling of multiple countermeasures and correlating instruction sheets/paperwork and therefore faster throughput.

Areas for Improvement

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

Area for Improvement 1: The use of additional signage is recommended.

Reference: N/A

Analysis: Areas that lacked adequate signage included the parking lot (NHS splits into two parking lots and having a sign or traffic person stationed would have been ideal), entrance to the school, main hallways used for entrance and exit. Balloons were used to guide individuals down the hallways.

Area for Improvement 2: Throughput time calculation can be more accurate.

Reference: Appendix D: Throughput Tracking Cards Spreadsheet

Analysis: POD workers were unclear whether to mark the time the mock patient arrived at the station or left the station. The index cards used did not clearly track whether or not the mock patient was given a behavioral health inject.

Area for Improvement 3: Medical consult lane was notional for this exercise and should be included in future exercises.

Reference: N/A

Analysis: While there were at least two pharmacists, there were no physicians on hand on exercise day. Since some of the algorithms required medical consultation, throughput time was skewed and these scenarios could not fully be exercised.

Capability 9: Medical Material Management Distribution

1. Demonstrate the ability to secure, and manage MCM inventory

Strengths

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

Strength 1: The MCM inventory was secured on site where it was accessible by assigned staff only.

Strength 2: Demonstrated appropriate inventory supply requests (Dispensing Lane Leaders -> Dispensing Group Leader -> Logistics Chief).

Strength 3: The use of the colored Tic Tacs (white, green, orange) that were left over from the 2016 statewide MCM exercise and provided by the CT Department of Public Health allowed the dispensers to practice removing the lot stickers and writing the mock patients names on the simulated countermeasure.

Areas for Improvement

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

Area for Improvement 1: Lack of runners required Dispensing Group Leader to walk over to Logistics Chief to retrieve more supplies when needed.

Reference: N/A

Analysis: There were not enough registrants to fill this position. Since each lane had a Dispensing Lane Leader, the Dispensing Group Leader was able to leave the dispensing area to retrieve the supplies.

Area for Improvement 2: Site security was notional.

Reference: N/A

Analysis: It was not feasible to hire local Police or security for this functional exercise so site security was notional.

Capability 15: Volunteer Management

1. Demonstrate the ability to credential and deliver just-in-time (JITT) training to POD site staff

Strengths

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

Strength 1: All participants registered upon arrival and checked out upon departure of the facility.

Strength 2: All NVHD staff wore staff uniform and photo identification. All partners provided photo identification.

Strength 3: Command staff received job-specific binders with all relevant exercise paperwork and job reference materials. Every other individual received a job action sheet for their role, with the exception of observers.

Areas for Improvement

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

Area for Improvement 1: Just-in-time (JITT) training can be improved.

Reference: N/A

Analysis: Operations Chief provided general JITT to the group at-large, including an overview of the POD flow for the operation period. Immediately following, POD staff broke off into groups by area (i.e., dispensing group, forms group, behavioral health group, command staff, etc.) to meet their supervisors and go over expectations and roles once more. While staff assignments and respective supervisors were listed on the registration sheet, that information was not provided to the registrant as it should have been. This can be improved by training registration staff further. Individuals, especially in screener and dispenser roles, who were not previously familiar with the POD Clinic Registration (Head of Household) form, identified the need for more training.

Area for Improvement 2: There were not enough extra vests for spontaneous but credentialed, affiliated individuals who did not pre-register.

Reference: N/A

Analysis: There were opportunities for these individuals to staff POD roles where gaps were still identified, however the extra vests were not on site. Therefore, they were provided temporary observer badges and used as mock patients and observers rather than POD worker roles.

APPENDIX A: IMPROVEMENT PLAN

This IP has been developed specifically for Naugatuck Valley Health District as a result of the Onsite Incident Management Tabletop Exercise conducted on March 23, 2017.

Core Capability	Issue/Area for Improvement	Corrective Action	Capability Element ¹	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Capability #8: Medical Countermeasure Dispensing	1. The use of additional signage is recommended.	Purchase additional signage to put at entrance of site.	Equipment	NVHD	Director of Health/ PHEP Coordinator		2018
		If balloons are used in future exercises to direct flow of traffic, have a visible key and reiterate in JITT. Example: blue balloons = direct in, white balloons = direct out.	Planning	NVHD	Director of Health/ PHEP Coordinator		2018
	2. Throughput calculation can be more accurate.	If utilizing the same throughput index cards in the future, add an additional spot to mark whether an inject was given.	Planning/ Training	NVHD	PHEP Coordinator		2018
	3. Medical consult lane was notional	Target NVMRC recruitment toward physicians, APRNs, etc.	Planning/ Organization	NVHD	PHEP Coordinator	July 1, 2017	2018

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
Capability #9: Medical Material Management Distribution	1. Lack of runners required Dispensing Group Leader to walk over to Logistics Chief to retrieve more supplies when needed.	Recruit more non-medical NVMRC volunteers. Request more non-medical mutual aid.	Planning	NVHD	PHEP Coordinator	July 1, 2017	2018
	2. Site security was notional.	Coordinate with local PD and security professionals for future exercises	Planning	NVHD	Director of Health/ PHEP Coordinator		2018

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

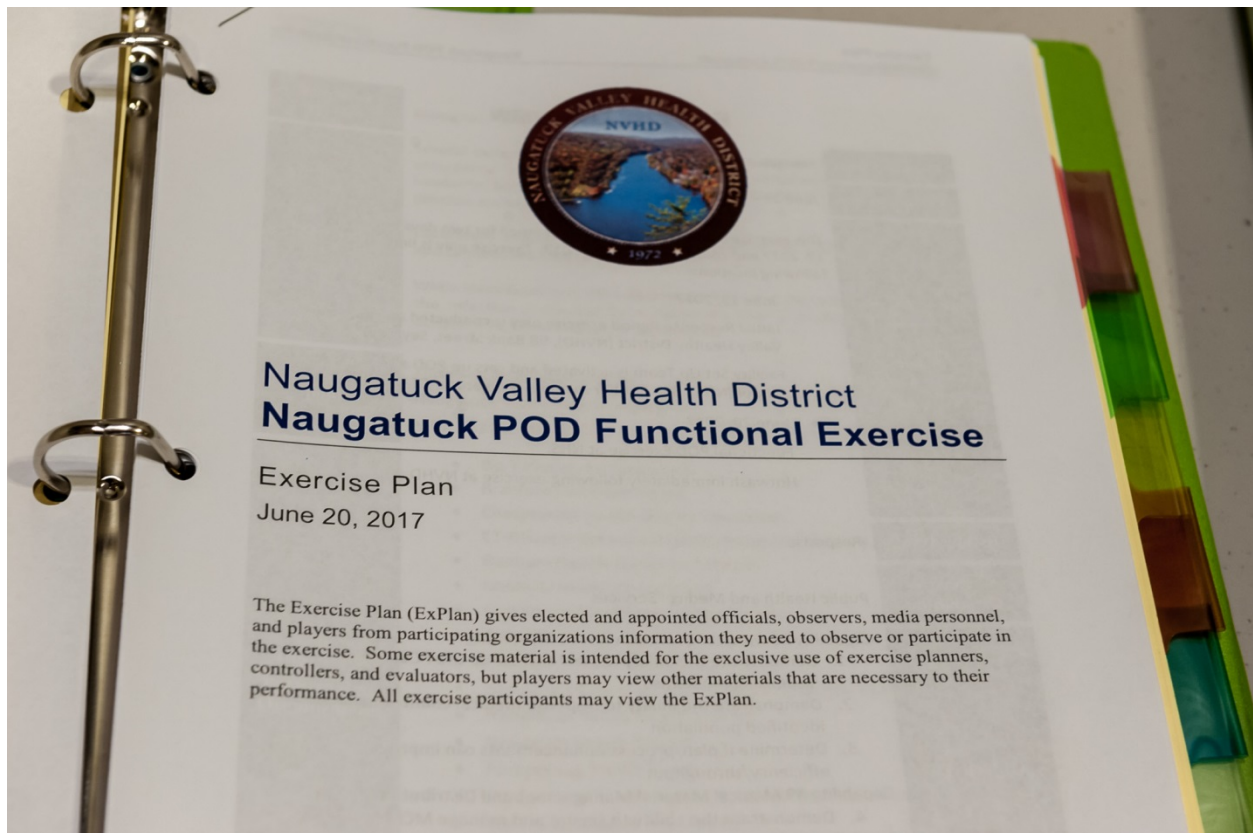
Core Capability	Issue/Area for Improvement	Corrective Action	Capability Element ³	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Capability #15: Volunteer Management	1. Just-in-time (JITT) training can be improved.	Send Exercise Plan ahead of time to registrants.	Planning/ Training	NVHD	PHEP Coordinator		2018
		Improve registration. Provide more details upon check in, including a pocket sized "cheat sheet" that includes supervisor name.					
	2. There were not enough extra vests for spontaneous but credentialed, affiliated individuals who did not pre-register.	Ensure there is extra credentialing equipment for future exercises.	Planning	NVHD	Logistics Section Chief/ PHEP Coordinator		2018

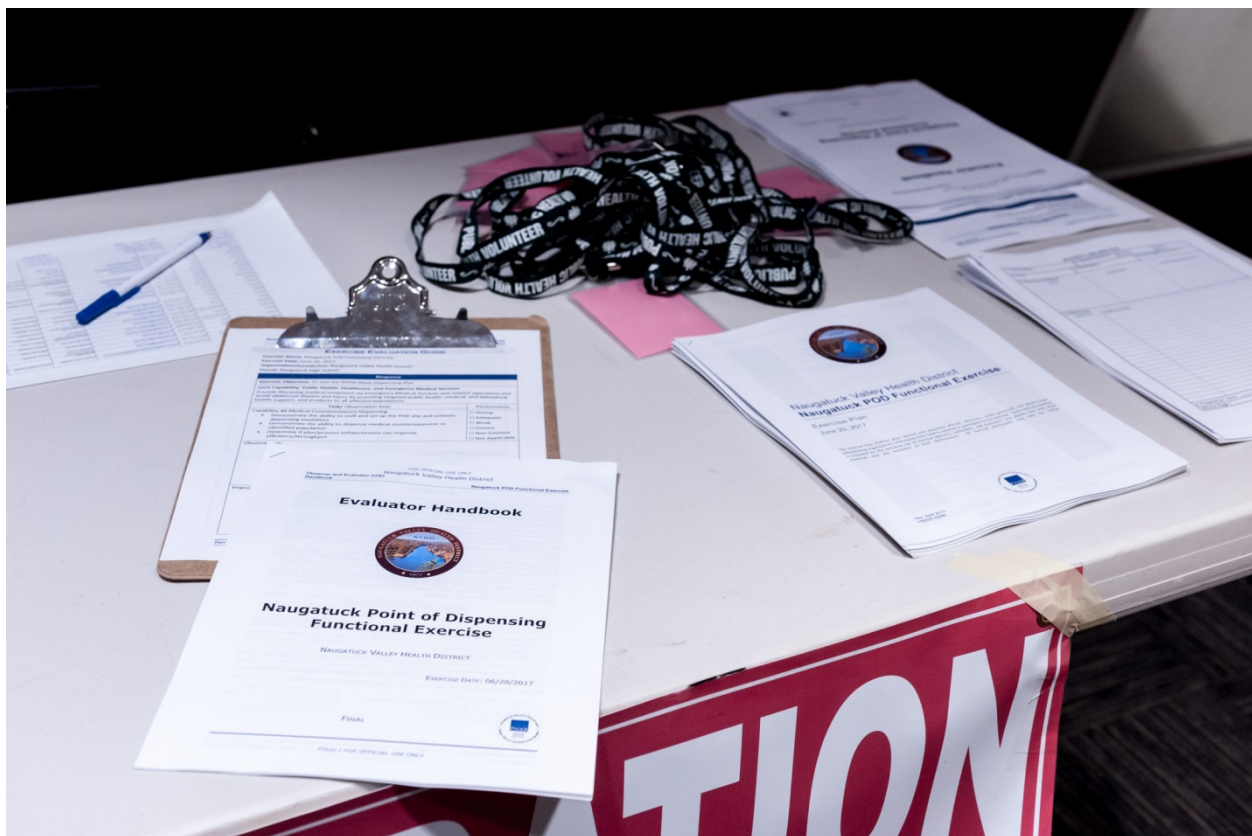
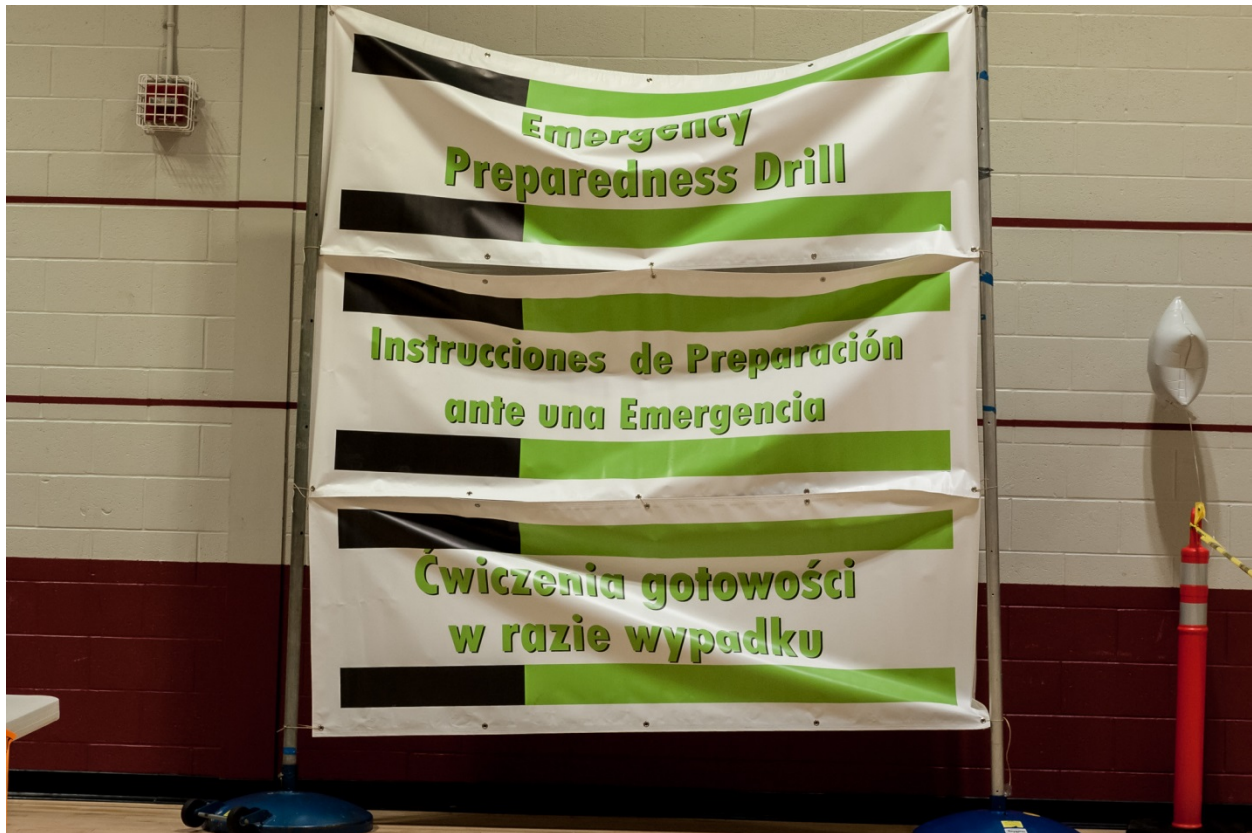
³ Capability Elements are: Planning, Organization, Equipment, Training, or Exercise.

APPENDIX B: SIGN IN SHEET

(Exercise & Hot Wash Attached)

APPENDIX C: EXERCISE PICTURES





















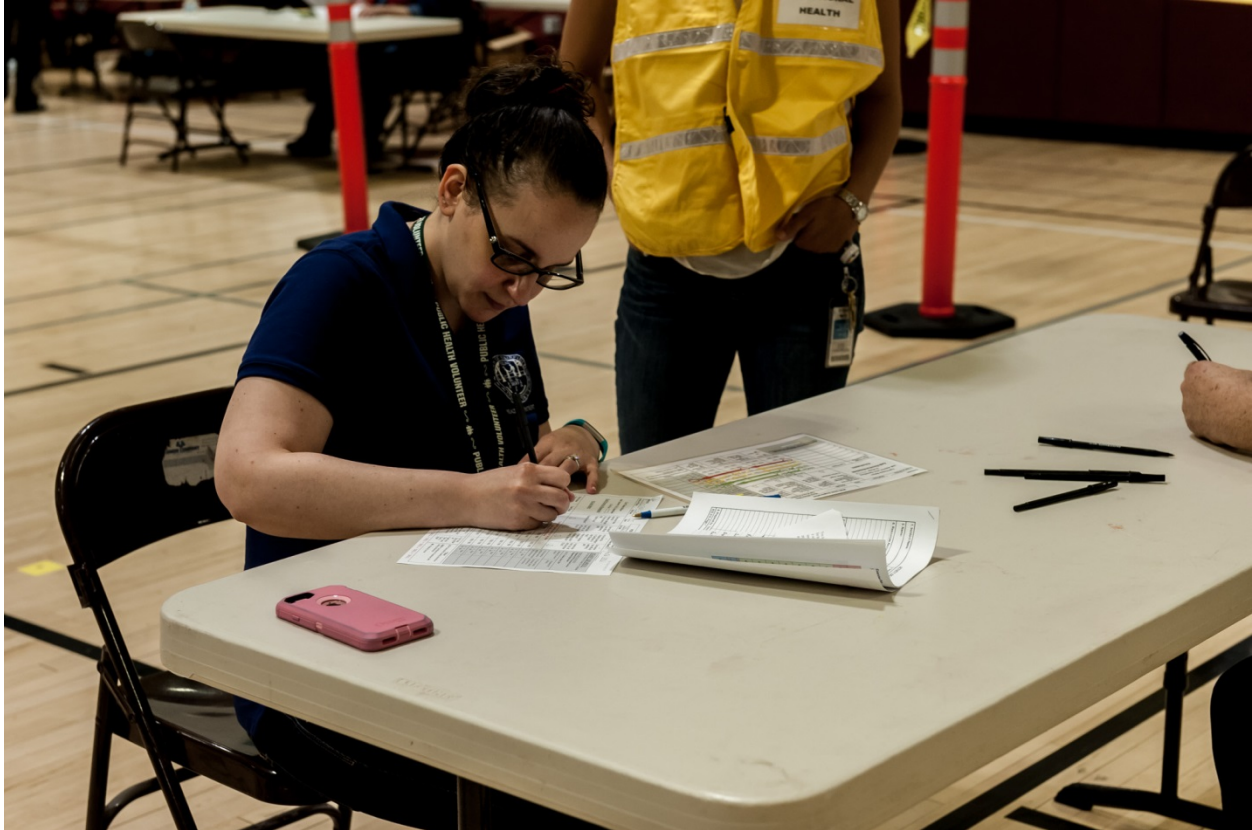






























APPENDIX D: THROUGHPUT TRACKING CARDS SPREADSHEET

(Attached)

Naugatuck Valley Health District
Naugatuck POD Functional Exercise | June 20, 2017

Total Average Time:	9min
Total Average No Inject:	5min

THROUGHPUT TRACKING CARDS

#	Time (hh:mm) AM				Total (min)	BH Inject?
	Forms	Screening	Dispensing	Exit		
1	9:36	9:40	9:43	9:45	9	
2	9:36	9:40	9:41	9:42	6	
3	9:37	9:38	9:40	9:40	3	
4	9:39	9:47	9:48	9:49	10	Y
5	9:39	9:40	9:47	9:50	11	Y
6	9:40	9:42	9:43	9:46	6	
7	9:40	9:41	9:42	9:45	5	
8	9:40	9:46	9:47	9:51	11	Y
9	9:44	9:53	9:54	9:55	11	Y
10	9:50	9:54	9:55	10:00	10	Y
11	9:50	9:56	9:56	10:02	12	Y
12	9:57	10:00	10:06	10:10	13	Y
13	9:58	10:02	10:04	10:11	13	Y
14	10:01	10:06	10:09	10:17	16	Y
15	10:01	10:05	10:07	10:11	10	Y
16	10:02	10:07	10:10	10:13	9	Y
17	10:09	10:18	10:19	10:23	14	Y
18	10:09	10:09	10:10	10:13	4	
19	10:14	10:17	10:18	10:19	5	
20	10:15	10:19	10:20	10:20	5	
21	10:10	10:13	10:16	10:18	8	
22	10:10	10:19	10:21	10:25	15	Y
23	10:20	10:22	10:23	10:24	4	
24	10:20	10:25	10:26	10:30	10	Y
25	10:20	10:35	10:37	10:40	20	Y
26	10:24	10:28	10:29	10:29	5	
27	10:24	10:31	10:33	10:35	11	Y
28	10:25	10:28	10:24	10:30	5	
29	10:25	10:29	10:30	10:35	10	Y
30	10:25	10:26	10:27	10:30	5	
31	10:26	10:36	10:38	10:42	16	Y
32	10:26	10:30	10:32	10:38	12	Y
33	10:27	10:33	10:34	10:36	9	
34	10:27	10:33	10:38	10:41	14	Y
35	10:27	10:40	10:41	10:43	16	Y
36	10:27	10:32	10:36	10:40	13	Y
37	10:30	10:37	10:41	10:45	15	Y
38	10:39	10:45	10:48	10:50	11	Y
39	10:45	10:48	10:49	10:49	4	
40	10:52	11:00	11:04	11:05	13	Y
41	10:52	10:57	10:59	11:02	10	Y
42	10:52	10:59	11:02	11:05	13	Y
43	10:53	10:57	11:00	11:01	8	
44	10:54	10:56	10:57	10:58	4	
45	10:55	11:06	11:12	11:13	18	Y
46	10:55	11:04	11:10	11:11	16	Y
47	10:55	11:01	11:07	11:07	12	Y
48	11:05	11:08	11:09	11:09	4	
49	11:08	11:11	11:11	11:12	4	
50	11:11	11:14	11:17	11:17	6	
51	11:13	11:17	11:18	11:19	6	
52	11:13	11:16	11:20	11:21	8	
53	11:14	11:17	11:19	11:20	6	
54	11:14	11:15	11:16	11:17	3	
55	11:15	11:17	11:22	11:22	7	
56	11:20	11:21	11:23	11:24	4	

APPENDIX E: N.O.D.E.

(Attached)

Notification of Drill or Exercise

Lead Organization: ☐ Health Department/District ☐ Hospital ☐ Community Health Center

Name of Lead Organization:

Contract Number:

Contact Person:

Telephone:

E-Mail:

Start Date (m/d/yy):

End Date (m/d/yy):

Start Time (Hour: Minutes am/pm):

End Time:

Total Duration: Days:

Minutes:

Location Name of Building:

Street address:

Town:

Exercise Identification Number:

(Insert TRAINConnecticut Course Number)

E-Mail completed forms to: DPH.DrillExercise@ct.gov or **Fax: (959) 200-4756**

1. Today's Date (mm/dd/yy):

2. Who is sponsoring the drill/exercise?

☐ Lead Organization (noted above)

☐ Other:

3. What funds are being utilized to support the drill/exercise? *(Please check all that apply)*

☐ CDC Public Health Preparedness

☐ DHHS Hospital Preparedness

☐ DESSP/DEMHS

4. What type and number of other organizations are expected to participate in the drill/exercise?
(Please check all that apply)

☐ Local Health Dept. /Districts:

☐ Community Health Centers:

☐ Hospitals:

☐ Connecticut State Agencies:

☐ Fire Departments:

☐ Police Departments:

☐ EMS Providers:

☐ Local Emer. Management:

☐ Federal Agencies:

☐ Businesses:

☐ Other State's Agencies:

☐ Human Service Org.:

☐ Tribal Nations:

☐ Town Government:

☐ Other:

5. What is the total number of people anticipated to participate in the drill/exercise?
6. What type of plan will be exercised?
- ☐ Jurisdictional ☐ DEMHS Regional ☐ Mass Dispensing ☐ State ☐ Federal
- ☐ Other
7. What type of drill/exercise will be conducted?
- ☐ Seminar/Orientation ☐ Workshop ☐ Tabletop Exercise ☐ Game
- ☐ Drill ☐ Functional ☐ Full-Scale Exercise
8. What is the working title of the drill/exercise?
9. What annex (es) and/or operation(s)/procedure(s) of your Public Health Emergency Response Plan will be tested?
(Please list)
10. What capabilities are being exercised? (Local Public Health only)
- ☐ Community Preparedness ☐ Community Recovery ☐ Emergency Operations Coordination
- ☐ Emergency Public Information and Warning ☐ Fatality Management
- ☐ Information Sharing ☐ Mass Care ☐ Medical Countermeasure Dispensing
- ☐ Medical Materiel Management and Distribution ☐ Medical Surge
- ☐ Non-Pharmaceutical Interventions ☐ Public Health Laboratory Testing
- ☐ Public Health Surveillance and Epidemiological Investigation ☐ Responder Safety and Health
- ☐ Volunteer Management ☐ Ebola Specific ☐ Other
11. What are the top three (3) objectives of the drill/exercise? (Please insert 1 sentence SMART objective)
- (1)
- (2)
- (3)
12. Will the exercise be Homeland Security Exercise and Evaluation (HSEEP) consistent? ☐ Yes ☐ No
13. Is CT DPH assistance or participation being requested? ☐ Yes ☐ No
- Please indicate the type of assistance required:

Please save and submit this document to CT DPH.

APPENDIX F: FACILITY AGREEMENT

(Attached)

NAUGATUCK PUBLIC SCHOOLS

May 17, 2017

Naugatuck Valley Health District
Attn: Karen Spargo, Director of Health

Re: Facilities Use – NHS Auxiliary Gym

Dear Ms. Spargo:

This letter is to advise you that your facilities request for the use of Naugatuck High School has been approved. We are approving the use of the **auxiliary gym for June 20, 2017 from 8:30 a.m. to 12:30 p.m. for your POD exercise. Set up will take place on June 19th at 2 pm. I've attached the invoice for the facility use fee associated with your activity.**

The Supervisor in Charge, who signs the Facilities Request Form, or their designee, will be responsible for the condition of the building and the actions of the individuals they bring into the building. **At no time is anyone allowed to enter a classroom or office space.** We ask that the supervisor inspect those areas in use before leaving the building. In the event of any damage or destruction, facilities usage will be cancelled

Thank you for your attention to this letter.

Sincerely,
Sent via email 5.17.2017

Cheryl Kazalunas
Secretary, Business Office

c: Mrs. Saam, Principal
Mr. Bozenski, Security Director
Ms. Crosswait, Secretary
Mr. Michael Lynch, Facilities Engineer