



Public Health
Prevent. Promote. Protect.

HPAC Meeting Agenda

*Meeting set for the third Wednesday of every
other month from 9am-10am.*

Bismarck-Burleigh Public Health

500 E. Front Ave

Healthcare Preparedness Advisory Coalition

MEETING FACILITATOR: *Crystalynn Kuntz, Bismarck-Burleigh Public Health Regional Emergency Preparedness Coordinator. Email - ckuntz@bismarcknd.gov; Office Phone - 701-355-1546; Office Mobile - 701-220-5851.*

AGENDA

I. Variants:

<https://www.cdc.gov/coronavirus/2019-ncov/variants/variant-info.html#Consequence>

<https://www.cdc.gov/mmwr/volumes/70/wr/mm7028e2.htm>

II. AAR/IP form/template

III. COVID Vaccine:

<https://www.health.nd.gov/covid-19-vaccine-information>

IV. NDLTCA/Vanessa Raile update

V. Roundtable

NDLTCA conference Aug 24-27th 2021

Bismarck

September 15th next HPAC meeting.

Meeting Details for Lifesize:

You are invited to call ph SWC Region on Lifesize.

Join the meeting: <https://call.lifesizecloud.com/509614>

Click to call from Mobile (audio only)

United States: +1 (312) 584-2401,, 509614#

Call in by Phone (audio only)

United States: +1 (312) 584-2401

Meeting extension: 509614#

Additional phone numbers: <https://call.lifesize.com/numbers>

Calling from a Lifesize conference room system?

Just dial 509614 with the keypad.

Other ways to call: <https://call.lifesize.com/otherways/509614>

Meet our NDSU CIRE COVID-19 Vaccine Educators:



Kylie Hall, MPH

Kylie Hall is a Project Coordinator in the North Dakota State University Center for Immunization Research and Education (CIRE). She completed her Master's Degree in Public Health from North Dakota State University in August 2015, where she specialized in the Management of Infectious Disease. Her work has encompassed many vaccine topics; most recently she has been working on COVID-19 vaccine planning and operations with the North Dakota Department of Health. Kylie lives in Fargo with her husband and two sons, and she is happy to report that they are all fully vaccinated.



Lauren Dybsand, MPH

Lauren Dybsand is an Immunization Education Project Manager in the North Dakota State University Center for Immunization Research and Education. Lauren received her Master of Public Health Degree with a specialization in Management of Infectious Disease from North Dakota State University in May 2017. Her work includes educating future and current healthcare professionals in our state on various vaccine-related topics. Currently, Lauren has been developing education on and involved in planning for COVID-19 vaccine with the North Dakota Department of Health.

COVID-19 Vaccine Education

for Long-Term Care Staff



The Center for Immunization Research and Education (CIRE) in the Department of Public Health at North Dakota State University (NDSU) is working with the North Dakota Department of Health to develop education which addresses COVID-19 vaccine related concerns and questions in our states long-term care facilities. Education will include highly tailored, one-on-one sessions, which focus on each organization unique needs.

What are we offering?

⇒ Flexibility on what works best for YOUR organization:

- **Time** - 30 minutes to 1 hour training sessions.
- **Delivery** - Virtually or asynchronously
- **Presentation** - Formal presentations and/or informal Q&A sessions

⇒ Our education can be tailored to your organizations unique needs:

- **Contact us** - To help us plan your consultation, email ndsu.cire@ndsu.edu and we will send you a survey to assess your needs.
- **Consultation** - We would like to meet with you prior to our education to determine what topics would be most meaningful for your staff, how the education should be delivered, and when our education should be provided.
- **Diverse Topics** - We are prepared to cover a broad range of concerns and questions regarding COVID-19 vaccine.

Why is this important?

- ⇒ In North Dakota alone - 1 in 525 have died, 1 in 200 have been hospitalized, and 1 in 8 have tested positive from COVID-19.
- ⇒ The COVID-19 pandemic has disproportionately affected residents and staff in nursing homes and other long-term care facilities.
- ⇒ Getting vaccinated will save lives - We have three highly effective and safe COVID-19 vaccines available for use in the U.S.
- ⇒ COVID-19 vaccination rates among nursing homes and long-term care facilities remains sub-optimal.
- ⇒ COVID-19 vaccination is the step in the right direction to reducing: use of PPE, quarantine and isolation protocols, and other mitigating measures.
- ⇒ Vaccinating is the best way to protect your residents, staff, and those in your community most vulnerable to COVID-19.



Name of Exercise

After-Action Report/Improvement Plan

The After-Action Report/Improvement Plan (AAR/IP) aligns exercise objectives with preparedness doctrine to include the National Preparedness Goal and related frameworks and guidance. Exercise information required for preparedness reporting and trend analysis is included; users are encouraged to add additional sections as needed to support their own organizational needs.



After-Action Report/Improvement Plan Template

EXERCISE OVERVIEW

Exercise Name	PODS
Exercise Dates	
Scope	Describe exercise
Mission Area(s)	Response
Objectives	Three Capabilities were tested and include: <ol style="list-style-type: none">1. Onsite Incident Management and NIMS compliant Incident Management System2. Mass Prophylaxis3. Responder Safety Three objectives were to be tested: <ol style="list-style-type: none">1. Test Incident Command System by establishing an Incident Command System; utilizing staging, and writing an IAP for the operational period.2. Mass Prophylaxis of Vaccine--Test the time to set up a POD and the time needed to dispense mass prophylaxis and/or vaccines Direct Mass Prophylaxis Tactical Operations; Activate Mass Prophylaxis; Conduct Medical Screening; and Conduct Mass Dispensing3. Responder Safety: Make sure no illnesses or injuries occur by implementing Infection control measures for prevention of Influenza and also COVID-19 by having a Safety Officer, Proper PPE, and safety guidelines in place.
Threat or Hazard	Infection from both FLU and COVID viruses Describe scenario...this was ours:

After-Action Report/Improvement Plan Template

Scenario

On March 13, 2020, the World Health organization declared a World Wide Pandemic due to CoVID-19. Starting in April, multiple events were planned and carried out to do Drive Thru testing events---testing individuals for COVID-19. These testing events were carried out in many weather environments, as well as many different Drive-Thru testing venues. These events would help in planning for mass vaccination of the population with COVID-19 Vaccine.

Southwestern District Health Unit (SWDHU) set up this Drive Thru POD tin collaboration with Emergency Management to continue to test the ability to hold a mass vaccination clinic but also in an outdoor/and infectious type event. The hope was to test a large number of people that would present to the POD, to test to a fuller extent the throughput and timing of the POD Flow. It was also important to offer to vaccinate as much of the population with seasonal flu vaccine, as influenza causes many complications each flu season. It was also important to follow stringent infection control measures due to the infectious nature of both Influenza, but also COVID-19. The other thing that will be tested is running a POD with limited staffing, due to the reality of having limited staff during the Covid-19 vaccine.

The plan was to test a variety of Mass Vaccination clinics, using influenza vaccine in order to establish safe and effective protocols for when COVID Vaccine became available in December. These flu clinics were then adjusted to use in the COVID vaccination clinics that were started in December and ran each month in each county in SW North Dakota. As a federal and state declarations were declared, The National Guard was able to assist in COVID vaccinations, adding resources to the events.

Sponsor

Participating Organizations

Total Participants : List in Attachment B

After-Action Report/Improvement Plan Template



**Point of
Contact**

People who coordinate exercise

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.

Objective	Core Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
Objective 1: Test Incident Command System by establishing a Unified Command System; utilizing staging, and writing an IAP for the operational period.	Onsite Incident Command	Put what category you think you accomplished...			
Objective 2: Mass Prophylaxis of Vaccine--Test the time to set up a POD and the time needed to dispense mass prophylaxis and/or vaccines Direct Mass Prophylaxis Tactical Operations; Activate Mass Prophylaxis; Conduct Medical Screening; and Conduct Mass Dispensing	Mass Prophylaxis				
Objective 3: Responder Safety: Make sure no illnesses or injuries occur by implementing Infection control measures for prevention of COVID-19 by having a Safety Officer, Proper PPE, and safety guidelines in place.	Responder Safety				
<p>Ratings Definitions:</p> <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. 					

Objective	Core Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
<ul style="list-style-type: none"> • 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.

Objective 1

Objective one was to Test Incident Command System by establishing a Unified Command System; utilizing staging, and writing an IAP for the operational period.

Core Capability 1

Capability Summary: Onsite Incident Management is the capability to effectively direct and control incident management activities by using the Incident Command System (ICS) consistent with the National Incident Management System (NIMS). This capability was performed by requiring all staff and resources to check into staging get supervisor assignment and use chain of command protocol in accordance with NIMS. Due, to the infectious nature of Covid-19, all areas were set up with infection control measures.

Activity 1.1: Establish Full On-site Incident Command

Observation: The incident command structure was established to manage and meet objectives.

Performed without Challenges. Command and general staff positions needed were filled and utilized. All staff checked into staging, and all staff was provided needed PPE. All staff was well trained in the Incident Command system. There was excellent use of Unity of Command, as individuals knew who to report to. All staff reported to staging in a timely manner. Their supervisors trained volunteers. (Attachment C)

Analysis: All staff had a great awareness of the Incident Command System.

Recommendations: NONE

Observation: Establish an Incident Command Post (ICP) and staging area (Attachment C)

Performed with/without Challenges? And why following is what I wrote

Analysis: Staging was set up in the same facility as the POD but at a location separate from the ICP. There was an area setup for PPE Donning and Doffing, to make sure infection control measures were met.

Recommendations: write any recommendations

Activity 1.2 Develop an Incident Action Plan (IAP)

Observation: Establish Incident Objectives, priorities, and operational period

Performed without Challenges. An IAP was followed using the FEMA worksheets.

Analysis:

Recommendations: Continue to use forms.

Objective 2

Mass Prophylaxis of Vaccine--Test the time to set up a POD and the time needed to dispense mass prophylaxis and/or vaccines Direct Mass Prophylaxis Tactical Operations; Activate Mass Prophylaxis; Conduct Medical Screening; and Conduct Mass Dispensing

Capability 2: Mass Prophylaxis

Capability Summary: Mass Prophylaxis is the capability to protect the health of the population through the administration of critical interventions in response to a public health emergency in order to prevent the development of disease among those who are exposed or are potentially exposed to public health threats. This capability typically includes the provision of appropriate follow-up and monitoring of adverse events, as well as risk communication messages to address the concerns of the public.

Activity 2.1: Conduct Medical Screening

Observation 2.1: To alleviate direct contact of a long-term screening, clients were advised to pre-register prior to the event by calling the health unit. Those that had not

pre-registered were directed to a parking area, and asked to call into the “SWDHU office” where several staff were set up virtually to assist in registering. Once they were registered they were directed to the “triage area” where they were asked screening questions for flu. These were done by staff wearing PPE. The forms were delivered to the vaccinator by the data person. A verbal signature was asked, and hands-free registration was done, decreasing the risk of infection. (See Attachment D for Forms); During COVID vaccinations, everyone was able to register prior. Because Vaccine was initially limited...no walk-ins were allowed. As vaccine became readily available (April on---walk-ins were able to just register on site).

Performed with/without????

Analysis:

Recommendations:

Activity2.3: Conduct Mass Dispensing

Observation 2.3: Provide patients with appropriate vaccine and maintain vaccine inventory.

Performed with/without????.

Analysis: Staff did an excellent job vaccinating individuals of all ages. Vaccine was handled and maintained in a controlled environment (in a trailer and then inside the building) Even though there was a small amount of people going through the POD, medical staff would have easily been able to do about 160 people in an hour. Fortunately, the weather was not a factor, as this event was done outside. It would be an issue, in inclement weather. Because the COVID vaccine became available during the winter, it was important to find alternative way to vaccinate people with COVID vaccine.

Vaccination Total:

Recommendations:

Objective 3

Responder Safety: Make sure no illnesses or injuries occur by implementing Infection control measures for prevention of COVID-19 by having a Safety Officer, Proper PPE, and safety guidelines in place.

Core Capability 3

Capability Summary: Responder Safety and Health is the capability that ensures adequate trained and equipped personnel and resources are available at the time of an incident to protect the safety and health of on-scene first responders, hospital/medical facility personnel (first receivers), skilled support personnel, and, if necessary, their families through the creation and maintenance of an effective safety and health program.

Activity 3.1: Activate Responder Safety and Health

Observation: Incident Command recognized the need for a Safety Officer, due to hazards of the event. The Safety Officer made sure that all staff were aware of the hazards of the event.

Performed without Challenges. The Safety Officer made sure that all staff had knowledge of the hazards and were given directions on how to handle the various

Analysis: All staff followed the guidance of the Incident Commander and the Safety Officer.

Recommendations: Utilize a Safety Officer in all events.

Activity 3.2 Identify Safety/PPE Needs and Distribute PPE

Observation: Incident Command recognized the need for a Safety Officer, due to hazards of the event. The Safety Officer made sure that all staff were aware of the hazards of the event.

Performed with/without challenges

Analysis: All staff followed the guidance of the Incident Commander and the Safety Officer.

Recommendations: Utilize a Safety Officer in all events.

Activity 3.3: Assure preventative health, proper hygiene, and decontamination measures are in place

Observation: Upon assignment of responders to the incident, continuous monitoring of responder safety and health, proper functioning and use of PPE and equipment, awareness of on-site hazards were monitored.

Performed with/without challenges

Analysis: It is important to have a good process in place for infection control, PPE, and safety when dealing with a disease outbreak such as COVID. Safety officers are a critical component to any event, but especially when dealing with pathogens.

ATTACHMENT A: IMPROVEMENT PLANNING/ LESSONS LEARNED

ATTACHMENT B: EXERCISE PARTICIPANTS

Participating Organizations & Number of Participant (EMPG in parenthesis)
State
North Dakota National Guard
Medical Partners
Golden Valley EMS on call
Southwestern District Health Unit
Non-Medical Partners
Golden Valley Emergency Management
Golden Valley PIO
Golden Valley Sheriff's Department
Golden Valley Fairgrounds

ATTACHMENT C: IAP

ATTACHMENT D: FORMS, FLYERS

