

2015 Wood County Health District Tornado Functional Exercise

After-Action Report/Improvement Plan

Tuesday, April 7, 2015

This After-Action Report/Improvement Plan (AAR/IP) aligns exercise objectives chosen from U.S. Department of Health and Human Services Centers for Disease Control and Prevention Public Health Preparedness Capabilities with preparedness doctrine from the National Preparedness Goal.

EXERCISE OVERVIEW

Exercise Name	2015 Wood County Health District (WCHD) Tornado Functional Exercise
Exercise Dates	Tuesday, June 7, 2015
Scope	This exercise is functional, planned for 4-8 hours dependent on the controller in WCHD
Mission Area(s)	Response and Recovery
Core Capabilities	Community Resilience, Economic Recovery, Operational Coordination, Public and Private Services and Resources, Operational Communications, Mass Care Services
Objectives	Community Preparedness, Community Recovery, Emergency Operations Coordination, Volunteer Management, Information Sharing, and Mass Care
Threat or Hazard	Natural Disaster - Tornado
Scenario	The 2015 WCHD Functional Exercise was based on weather events that destroyed the infrastructure of the public health departments in Wood County forcing them to execute their Continuity of Operations Plans (COOP). On April 7, 2015 WCHD exercised with partners listed in Appendix B. This allowed WCHD to utilize other local stakeholders/ local health departments in NW Ohio for resources. This AAR and IP reflects the performance of WCHD during exercise play.
Sponsor	NW Ohio Public Health Departments in conjunction with the NW Ohio Healthcare Emergency Management Coalition
Participating Organizations	See Appendix B
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ANALYSIS OF OBJECTIVES

Aligning exercise objectives and core capabilities provide 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 exercise objective as observed during the exercise and determined by the evaluation team.

Objective	Core Capability	Performed without Challenges (P)	Performed with Some Challenges (S)
Community Preparedness	Community Resilience	P	
Community Recovery	Economic recovery	P	
Emergency Operations Coordination	Operational Coordination	P	
Volunteer Management	Public and Private Services and Resources		S
Information Sharing	Operational Communications	P	
Mass Care	Mass Care Services		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, highlighting strengths and areas for improvement.

Objective 1: Community Preparedness

Definition:

Community preparedness is the ability of communities to prepare for, withstand and recover in both the short and long terms, from public health incidents. By engaging and coordinating with emergency management, healthcare organizations, mental / behavioral health providers, community and faith-based partners, state, and local, public health's role in community preparedness is to do the following:

- Support the development of public health, medical, and mental/behavioral health systems that support recovery
- Promote awareness of and access to medical and mental/behavioral health resources that help protect the community's health and address the functional needs (i.e., communication, medical care, independence, supervision, transportation) of at-risk individuals
- Receive and/or integrate the health needs of populations who have been displaced due to incidents that have occurred in their own or distant communities (e.g., improvised nuclear device or hurricane)

Critical Element:

Function 1: Determine risks to the health of the jurisdiction

Priority 3: Written plans, (as a stand-alone plan, annex, or via other documentation), developed with input from jurisdictional partners should indicate how the health department will assist with the following elements: Assurance of community public health, medical, mental/behavioral health services in an incident, with particular attention to assure access to health services to populations and areas of low economic resources and displaced populations.

During exercise play, did the Health Department ensure community public health, medical, and/or mental/behavioral health services were in place?

Critical Element:

Function 2: Build community partnerships to support health preparedness

Priority 4: Written plans should include a process to provide mechanisms (e.g., town hall meetings, websites) to discuss public health hazard policies and plans of action with community partners.

During exercise play, was a healthcare coalition/partners activated?

Strengths

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

Strength 1: The players were able to ensure community public health, medical, and/or mental/behavior health services were in place.

Strength 2: The players were able to activate local healthcare coalition/partners when needed.

Objective 2: Community Recovery

Definition:

Community recovery is the ability to collaborate with community partners, (e.g., healthcare organizations, business, education, and emergency management) to plan and advocate for the rebuilding of public health, medical, and mental/behavioral health systems to at least a level of functioning comparable to pre-incident levels, and improved levels where possible

Critical Element:

Function 1: Identify and monitor public health, medical, and mental/behavioral health system recovery needs.

Evaluative Task 4: In conjunction with healthcare organizations (e.g., healthcare facilities and public and private community providers) and based upon recovery operations, determine the community's health service priorities and goals that are the responsibility of public health.

Did the Local Health Department identify and collaborate with those key partner agencies and healthcare organizations necessary to develop those priorities that are public health's responsibility?

Critical Element:

Priority 3: Written plans should include the following elements [either as a stand-alone Public Health Continuity of Operations Plan (COOP) or as a component of another plan]:

- Definitions and identification of essential services needed to sustain agency mission and operations
- Plans to sustain essential services regardless of the nature of the incident
- Scalable workforce reduction
- Limited access to facilities (social distancing, staffing or security concerns)
- Broad-based implementation of social distancing policies if indicated
- Positions, skills, and personnel needed to continue essential services and functions (Human Capital Management)
- Identification of agency vital records (legal documents, payroll, staff assignments) that support essential
- Functions and/or that must be preserved in an incident
- Alternate worksites
- Devolution of uninterruptible services for scaled down operations
- Reconstitution of uninterruptible services

During exercise play, did the LHD activate their Continuity of Operations Plan (COOP)? If the LHD did not have a written COOP, were they able to identify and maintain essential services during the incident?

Strengths

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

Strength 1: The players were able to identify key partner agencies (e.g. Wood County Emergency Management Agency). As well as, healthcare organizations (e.g. Wood County Hospital) necessary to develop public health's priorities.

Strength 2: WCHD was able to activate the Continuity of Operations Plan (COOP).

Strength 3: Staff were able to maintain essential services (Environmental Health, Communicable Disease, and Vital Statistic) during the Tornado incident.

Strength 4: The players were able to communicate with Ohio Department of Health, other local health departments, Emergency Medical Service, and hospitals via cell phone, email, and MARCs.

Objective 3: Emergency Operations Coordination

Definition:

Emergency operations coordination is the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices with the National Incident Management System (NIMS).

Critical Element:

Function 2: Activate public health emergency operations. In response to an incident of public health significance, engage resources (e.g. human, technical, physical assets) to address the incident in accordance with the NIMS and consistent with jurisdictional standards and practices.
Task 3: Identify staff to serve in the required incident command and emergency management roles for multiple operational periods to ensure continuous staffing

Did the Local Health Department identify staff that would serve in the Command, Command Staff and General Staff positions for multiple operational periods (over several days) during the incident?

Critical Element:

P2: Written plans should include job action sheets or equivalent documentation for incident command positions and others with roles in a public health emergency.

During exercise play, did the LHD have job action sheets or equivalent documentation for incident command positions and other with roles in a public health emergency?

Critical Element:

Function 3 Develop incident response strategies

Task 1: Produce or contribute to an IC or UC approved IAP prior to the second operational period.

P1: Written plans should include a template for producing Incident Action Plans. The following should be considered for inclusion in the IAP as indicated by the scale of the incident:

- Incident goals
- Operational period objectives
- Response strategies

- Response tactics
- Organization list with ICS chart showing primary roles and relationships
- Assignment lists with specific tasks

During exercise play, did the LHD follow their written plans and produce an Incident Action Plan (IAP) after the delivery of the appropriate MSEL?

Critical Element:

Function 4: Manage and sustain the public health response

Task 1: Coordinate public health and medical emergency management operations for public health response (e.g. phone calls, meetings, and conference calls)

Task 3: Maintain a situational awareness using information gathered from medical, public health, and other stakeholders

During exercise play, did the LHD coordinate public health operations response in order to maintain situational awareness?

Critical Element:

Priority 1: Written plans should include processes and protocols to ensure the continued performance of pre-identified essential functions during a public health incident and during an incident that renders the primary location where the functions are performed inoperable. This can be a stand-alone or annex but at a minimum the plan must include these elements:

- Definitions and identification of essential services needed to sustain agency mission and operations
- Plans to sustain essential services regardless of the nature of the incident
- Scalable workforce reduction
- Limited access to facilities (e.g. social distancing, and staffing or security concerns)
- Positions, skills, and personnel needed to continue essential services and functions

During exercise play, did the LHD have written plans to include and achieve the above criteria?

Strengths

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

Strength 1: WCHD was able to identify staff that would serve in the Command Staff and General Staff positions for multiple operational periods during the incident.

Strength 2: WCHD used job action sheets and checklists for incident command and other roles during this public health emergency.

Strength 3: The players produced an Incident Action Plan (IAP) after the delivery of the appropriate MSEL.

Strength 4: The players were able to coordinate public health operations response to maintain situation awareness.

Strength 5: WCHD had written plans to include and achieve the following:

- Definitions and identification of essential services needed to sustain agency mission and operations
- Plans to sustain essential services regardless of the nature of the incident
- Scalable workforce reduction
- Limited access to facilities (e.g. social distancing, and staffing or security concerns)
- Positions, skills, and personnel needed to continue essential services and functions

Strength 6: WCHD followed its COOP Plan. The players discussed modifications to ensure essential services could be provided from the designated alternate facility operation and what equipment/supplies would be necessary to do so.

Strength 7: Changes and adjustment were made to the Incident Command System according to the injects, MSELs or simulated activities.

Objective 4: Volunteer Management

Definition:

Volunteer management is the ability to coordinate the identification, recruitment, registration, credential verification, training, and engagement of volunteers to support the jurisdictional public health agency's response to incidents of public health significance.

Critical Element:

Function 2: At the time of an incident, utilize redundant communication systems where available to request that prospective volunteers participate in the public health agency's response.

Priority 2: Written plans should include a process for how the health agency or applicable lead jurisdictional agency will contact registered volunteers, identifying those willing and able to respond, and notifying them of where to report (i.e., identified staging area/reception center).

Priority 4: Written plans should include a definition of the volunteer management roles and responsibilities of public health department staff members.

During exercise play, were volunteers contacted to request their participation in the public health response?

Critical Element:

Function 1: Coordinate Volunteers

Task 1: Prior to an incident, identify the types and numbers of volunteers most likely to be needed in a public health agency's response based on the jurisdictional community risk assessment.

Task 3: Prior to an incident, assure pre-incident screening and verification of volunteers' credentials through jurisdictional ESAR-VHP and Medical Reserve Corps.

Are volunteers identified in advance of an incident with the following addressed?:

- Identification of functional roles.
- Descriptions of when the volunteer actions will happen.

- Identification of jurisdictional authorities that govern volunteer liability issues and scope of practice.

Was a process followed to assure the professional volunteer licenses and credentials are verified according to state law?

Were definitions of volunteer functional roles included in the written plans for volunteers?

Critical Element:

Function 3: Organize, assemble, and dispatch volunteers

Task 2: Assure deployment briefing of public health volunteers, including safety and incident specific training.

P1: Written plans should include a template for briefing volunteers of current incident conditions, including the following elements:

- Instructions on the current status of the emergency
- Volunteers' role (including how the volunteer is to operate within incident management)
- Just-in-time training
- Safety instructions
- Any applicable liability issues related to the incident and the volunteer's roles psychological first aid, and/or volunteer stress management

Was a deployment briefing of public health volunteers created to include the relevant elements?

Strengths

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

Strength 1: WCHD was able to receive volunteers in the public health response and had a definition of volunteer roles included in their Volunteer Management Plan.

Strength 2: WCHD was able to request MRC volunteers to staff the Red Cross shelter by contacting the regional coordinator.

Areas for Improvement

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

Area for Improvement 1: The players were unable to provide a deployment briefing for volunteers to include:

- Instructions on the current status of the emergency
- Verification of professional licenses/credentials
- Volunteers' role (including how the volunteer is to operate within incident management)
- Just-in-time training
- Safety instructions
- Any applicable liability issues related to the incident and the volunteer's roles psychological first aid, and/or volunteer stress management

The volunteers' deployment briefing is addressed in the Volunteer Management Plan.

Area for Improvement 2: The players were unable to activate Wood County MRC because they do not know how to use Ohio Responds. Instead, the players called the Regional MRC Coordinator to activate MRC volunteers.

Reference: WCHD EEGs

Analysis: Only the Emergency Response Planner and Communications Manager know how to use Ohio Responds to activate the Wood County MRC. The Emergency Response Planner was the evaluator and the Communications Manager was the Controller during the functional exercise so they could not participate in the exercise play. At least one additional staff should be trained on Ohio Responds. No deployment briefing was conducted, however the Volunteer Management Plan does address roles, responsibilities, just-in-time training, safety instructions, liability, and stress management.

Objective 5: Information Sharing

Definition:

Information sharing is the ability to conduct multi-jurisdictional, multidisciplinary exchange of health-related information and situations awareness data among federal, state, local levels of government, and the private sector. This capability includes the routine sharing of information as well as issuing of public health alerts to federal, state, local levels of government and the private sector in preparation for and in response to, events or incidents of public health significance.

Critical Element:

Function 1: Identify stakeholders to be incorporated into the information flow.

Task 1: During an incident identify intra-jurisdictional stakeholders across public health, public safety, the private sector, law enforcement, and other disciplines to determine information sharing needs.

P1: Written plans should include processes to engage stakeholders that may include the following: Law enforcement, fire, EMS, private healthcare organizations, individuals who have or may need a security clearance, funeral directors / coroners

Did the Local Health Department have written plans to engage stakeholders as listed above?

Critical Element:

Function 1: Identify stakeholders to be incorporated into information flow.

Task 1: During an incident identify intra-jurisdictional stakeholders across public health, public safety, private sector, law enforcement, and other disciplines to determine information sharing needs.

P3: Written plans should include processes for stakeholder communication, including frequency of standing meetings and method for requesting additional meetings.

Did the Local Health Department (LHD) have written plans for stakeholder communication, including frequency of standing meetings and method for requesting additional meetings?

Function 3: Exchange information to determine a common operating picture

Task 1: During an incident, collaborate with and participate in jurisdictional health information exchange (e.g. health alert system)

P1: Written plans should include a protocol for the development of public health alert messages that include the following elements:

- Time sensitivity of the information
- Relevance to public health
- Target audience
- Security level
- The need for action may include: awareness, request a response back, and/or request that specific actions be taken

During exercise play, did the LHD have written plans that include protocols for development of public health alert messages that include the above elements?

Critical Element:

Priority 8: Written plans should include a public health alerting message template that includes the following elements: Safety instructions, subject title, description, background, request or recommendations (action required), who to contact, where to go for more information, distribution method

During exercise play, did the LHD have written plans that include templates of the above elements for health alert messages?

Strengths

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

Strength 1: WCHD has a written plan (Continuity of Operation Plan) to engage the following stakeholders:

- Law enforcement
- Fire
- EMS
- Private healthcare organizations
- Individuals who have or may need a security clearance
- Funeral directors / coroners

Strength 2: The Continuity of Operation Plan (COOP) address stakeholder communication – including frequency of standing meetings and method for requesting additional meetings.

Strength 3: The Public Information & Communication Plan have public health alert messages that include:

- Time sensitivity of the information
- Relevance to public health
- Target audience

- Security level
- The need for action may include:
 - Awareness
 - Request a response back
 - Request that specific actions be taken

Strength 4: The Public Information Officer (PIO) were able to develop an alerting message with the following elements:

- Subject title
- Description
- Background
- Request or recommendations (action required)
- Who to contact
- Where to go for more information
- Distribution method

The PIO utilized email, Facebook, and WCHD’s website for message delivery during the exercise.

Strength 5: The PIO job action sheet provides instructions regarding information to be provided upon appropriate approvals, and coordination with Incident Commander, Safety Officer, and Section Chiefs.

Strength 6: The PIO used the ICS Form 213 (General Message Template) to record incoming/outgoing messages.

Objective 6: Mass Care

Definition:

Mass care is the ability to coordinate with partner agencies to address the public health, medical, and mental/behavioral health needs of those impacted by an incident at a congregate location. This capability includes the coordination of ongoing surveillance and assessment to ensure that health needs continue to be met as the incident evolves.

Critical Element:

Function 1: Determine public health role in mass care operations

Evaluative Task 1: At the time of an incident, activate pre-determined public health roles (e.g., population monitoring, environmental health and safety assessment, accessibility for populations with special needs, and need for decontamination) needed in the mass care response in coordination with Emergency Support Function #6 and #8 partners.

Did the Local Health Department identify what its role would be and which staff would assist as part of Emergency Support Function #6 and #8 during the incident?

Critical Element:

Priority 1: Written plans should include a process to work in conjunction with Emergency Support Function #6, #8, and #11 partners, EMA, and other partner agencies (e.g., radiation control authority, EMS, healthcare organizations, public safety, American Red Cross, FEMA, and animal control) to establish written jurisdictional strategies for mass care. Plans should address working with partner agencies towards fulfillment of minimum roles and responsibilities at both general and functional needs shelters. Strategies may include memoranda of understanding, memoranda of agreement, or letters of agreement with partner agencies, if needed. Minimum roles and responsibilities include the following elements:

- Provision of medical services
- Provision of mental/behavioral health services
- Provision of radiological, nuclear, and chemical screening and decontamination services
- Conduction of and reporting on human health surveillance
- Assessment of facility accessibility for populations with special needs
- Operation oversight, set-up, and closure of congregate location(s)
- Registration of congregate location users
- Removal of sanitation and waste
- Provision of service animal and pet shelter and care
- Provision of environmental health and safety inspections

During exercise play, did the LHD follow their written plans to work with other community partners to fulfill minimum roles at shelter locations?

Critical Element:

P2: Written plans should include an assessment form to be used in shelter environmental health inspections, including at a minimum the following elements:

Identification of barriers for disabled individuals

- Structural integrity
- Facility contamination (e.g., radiological, nuclear, or chemical)
- Adequate sanitation (e.g., toilets, showers, and hand washing stations) and waste removal
- Potable water supply
- Adequate ventilation
- Clean and appropriate location for food preparation and storage

During exercise play, did the LHD produce and utilize an Environmental Health Shelter Inspection Form?

Strengths

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

Strength 1: The players discussed the role they would play as part of Emergency Support Function #6 and #8 during the incident.

Strength 2: The players were able to work with other community partners to fulfill minimum roles at shelter locations.

Strength 3: The COOP discussed, in general, local health department's role in shelter operation.

Areas for Improvement

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

Area for Improvement 1: The Environmental Health Shelter Inspection Form was not used during the incident.

Area for Improvement 2: There was a discussion about roles and responsibilities at alternative care centers (AACs), but did not address all issues.

Reference: WCHD EEGs.

Analysis: From the EEGs the Temporary Housing/Shelter Inspection Plan does include an inspection form that would be utilized in real life situations.

APPENDIX A: IMPROVEMENT PLAN

This IP has been developed specifically for Wood County Health District as a result of the 2015 Tornado Functional Exercise conducted on Tuesday, April 7, 2015.

Objective	Issue/Area for Improvement	Corrective Action	Capability Element ¹	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Volunteer Management	Activation of MRC Volunteers	Participate in an MRC Event: Guardcare.	Real World Event	Williams	Joe Schlosser	August 2015	August 2016
	Activation of MRC Volunteers	Conduct Monthly MRC Notification System Test	Training	WCHD	Emergency Response Planner	May 2015	Ongoing
	Staff Training	Assign a Back-Up WC MRC Coordinator and Provide Them With Ohio Responds instructions	Training	WCHD	Emergency Reponse Planner	October 2015	October 2015
	Provide Deployment Briefing for Volunteers	Participate in an MRC Event: Guardcare	Real World Event	Williams	Joe Schlosser	August 2015	August 2016

Objective	Issue/Area for Improvement	Corrective Action	Capability Element	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Mass Care	Environmental Health Shelter Inspection Form	Review Environmental Health Shelter Inspection Form	Training	WCHD	Director of Environmental Health	October 2015	October 2015

APPENDIX B: EXERCISE PARTICIPANTS

Participating Organizations
Ohio Department of Health
Ohio Emergency Management Agency
Wood County Health District
Lana Glore, Asst. Dir. Environmental Health
Brad Espen, Dir. Environmental Health
Amy Jones, DON
Connor Rittwage, Epidemiologist
Darlene Beggs, Public Health Nurse
Patty Kolozy, Administrative Assistant
Martha Gonzalez, WIC Dir.
Ben Batey, Health Commissioner
Maurisa Sanchez, Intern-Public Health
Jennifer Campos, Health Ed. & PIO
Thomas Rutter, Sanitarian
Jackie Mears, Public Health Nurse
Mike Ollom, IT
Kathy Teeple, Public Health Nurse
Augalize County Health Department
Erie County Health Department
Henry County Health Department
Paulding County Health Department
Williams County Health Department
Firelands Regional Medical Center
Henry County Hospital
ProMedica Bay Park Hospital
Mercy St. Charles Hospital
Paulding County Hospital
Community Hospitals and Wellness Centers-Bryan
Community Hospitals and Wellness Centers-Montpelier
Wood County Hospital

APPENDIX C: 2015 TORNADO EXERCISE PARTICIPANT FEEDBACK FORM

1= Strongly Disagree 5 = Strongly Agree

WCHD Participant Feedback

Questions	Rating
The exercise was well structure and organized.	4
The exercise scenario tested objectives.	4
The Message Injects delivered by the controller helped the participants understand and become engaged in the scenario.	4
The controller was knowledgeable about the material, kept the exercise on target, and was sensitive to group dynamics.	5
At this point, I feel that the functional exercise design assisted me in preparing for a disaster that results in scarce resources such as non-acute mass.	4
Participation in the exercise demonstrated areas that need improvements within my area of responsibility at the health department.	3
The participants included the right people in term of level and risk of disciplines.	4

Reporting of Public Health COOP Plan Elements

1) Does your COOP plan identify the essential services you will maintain?

Yes

2) Does this plan specifically address how you will prioritize and return Health Department essential services to pre-disaster levels?

Yes

3) Does this plan specifically address orders of succession for your organization?

Yes

4) Does this plan have a process for delegation of authority?

Yes

5) Does this plan specifically identify facilities other than the primary facility in which your organization can carry out essential functions?

Yes

6) Does this plan identify interoperable communications that you will use during an emergency, as well as applicable contact lists and call down rosters?

No

7) Does this plan identify what records, databases, systems, and equipment are needed to support your identified essential functions?

Yes

8) Does this plan identify how employees will be trained on the COOP plan?

Yes

9) Does this plan include how you will communicate with your employees during the disaster / emergency?

Yes

10) Does this plan include other programs for employees that will assist them with recovery during the disaster / emergency?

Yes

11) Does this plan include a “devolution” section that includes how your agency will deal with a catastrophic event that wipes out your primary facility and most if not all of your employees? This could be accomplished by using other facilities and their staff members to maintain your essential services.

Yes

WCHD's Top 5 Critical Resource Shortages

1. Personnel/Volunteers
2. Vaccine/Medical Supplies
3. Vital Statistic Supplies
4. Information Technology/Computers
5. Adequate alternative operations facility/location

WCHD's Top 3 Essential Services Maintained

1. Environmental Health Services (waste, well/septic, food safety, shelter inspections, etc.)
2. EPI/Communicable Disease
3. Vital Statistics

WCHD's Five Strengths Identified

1. Ability to identify essential services
2. Ability to maintained essential services
3. Partnerships/Communication/PIO Network
4. Ability to identify necessary resources for an alternative operations facility/location
5. Ability to work as a team to complete objectives

Top Five Areas of Training/Assistance that WCHD staff will require in the grant next year

1. ICS Training/Planning
2. Cross training on key ICS positions
3. Volunteer Management (Ohio Responds Training)
4. Public Health Responder Health and Safety
5. MARCS Radio Training