

**Waco-McLennan County
Public Health District
AFTER ACTION
REPORT**

**Waco-McLennan County Public Health District
PANDEMIC INFLUENZA EXERCISE
AFTER ACTION REPORT**

**AFTER ACTION
REPORT**

Submitting Jurisdiction: Waco-McLennan County Public Health District
Exercise Hazard Scenario Pandemic Influenza – First Wave
Exercise Level Tabletop

Name of Person Submitting: Joan Gawrych

Address: 225 W. Waco Dr.
Waco TX 76707

Telephone Number: 254-750-5448

Fax Number: 254-750-5405

Email Address: joang@ci.waco.tx.us

This After Action Report (AAR) from the Waco-McLennan County Public Health District (WMCPHD) tabletop exercise held on November 2, 2006, is based on the input and observations from exercise facilitators and participants comprised of private, local, and state departments and agencies. The purpose of this report is to validate WMCPHD preparedness and to document the achievement of the overall objectives of the exercise. It summarizes critical issues, identifies concerns, and outlines necessary corrective actions and improvement plans. This AAR will provide the basis for future planning and serve as a tool to set objectives for future exercises.

EXECUTIVE SUMMARY:

PURPOSE

The purpose of this exercise was to foster understanding of concepts, identification of strengths and shortfalls, and education of partner organizations, to include the private sector, in pandemic response. It created an opportunity for participants to evaluate their current response concepts, plans, and capabilities for a community-wide response to a large-scale public health emergency driven by response to an infectious disease.

Pre-event activities included:

- Establish a Pandemic Working Group at WMCPHD
- Identify and meet with key stakeholders concerning Pandemic Influenza
- Meet with Infection Control Practitioners in the region concerning Pandemic Influenza
- Meet with stakeholders concerning Mass Casualty
- Hold open educational meetings on Pandemic Influenza
 - Pandemic Influenza Community Meeting (October 4, 2006)
 - Pandemic Influenza Summit (October 24, 2006)

OVERVIEW:

Waco-McLennan County Public Health District (WMCPHD) sponsored the Pandemic Influenza Tabletop exercise on Thursday, November 2, 2006. Brazos Area Health Education Center (AHEC) was contracted to facilitate the exercise. The exercise was designed as an opportunity for WMCPHD, key agencies to include the private sector, and an adjacent county (Limestone County) to discuss how they would organize and execute their response to a pandemic. The overall goal was to improve the existing pandemic influenza response planning and plans and to improve our ability to work together.

The exercise was designed as a facilitated, tabletop event. It was organized into five sections to allow participants to discuss issues in a logical sequence of the scenario. Participants discussed their reactions in five chronologically sequenced, response sections:

- Section I — INTRODUCTIONS, GOALS, OBJECTIVES, UNFOLDING SITUATION
- Section II — IT'S COMING — PRE-EVENT
- Section III — IT'S HERE — IDENTIFICATION & NOTIFICATION — 1-2 DAYS
- Section IV — IT'S BAD — PUBLIC HEALTH EMERGENCY — 3-7 DAYS

• Section V — RESPONSE EFFORTS — 8-21 DAYS

The two facilitators for the tabletop were Dr. Mary DesVignes-Kendrick, MD, MPH from Management, Policy and Community Health Center for Biosecurity and Public Health Preparedness, UT School of Public Health and Chris Mucha, Public Health Preparedness Trainer from Department of State Health Services, Region 7. Joan Gawrych, Public Health Preparedness Planner, Waco-McLennan County Public Health District was observer and the Brazos AHEC staff served as note takers and scribes.

At the opening of the exercise, time and attention was placed on introductions with all in the room answering the following questions:

- Where do you work? What is your title?
- How long have you worked in your current position?
- What are your primary responsibilities?
- What responsibilities do you have related to pandemic influenza preparedness?

This proved a very useful investment of time, as participants were able to follow and understand the pursuing discussions and to seek out new contacts during the event.

The morning was taken up by answering the initial questions: “How would your institution respond to the news of moving to Pandemic Alert Phase 5? Is someone in charge of the response? What changes would be made?” These questions were addressed to all sectors present at the exercise and the facilitator took care for all to have a voice. Many issues, concerns, and questions were raised at this juncture that actually applied to later events in the tabletop but the broad spectrum discussion gave a full picture to the community's level of concern and preparation.

In the afternoon the participants were asked to gather in related groups: public health, healthcare, education, business, first responders, and faith and community based organizations. Limestone County stayed as a group. Key questions were asked from the next sections of the tabletop, however, not every question was addressed. While in caucus, participants reviewed the situation, identified critical issues, and determined appropriate responses. Each group chose a spokesperson to keep track of the discussions and to represent their views to the entire forum.

Towards the end of the afternoon, the Mayor of Waco visited briefly and addressed the gathering and encouraged the community to continue to plan and work together.

Major Strengths Demonstrated:

The tabletop exercise proved to be a good vehicle for dialogue among resource providers, private sector partners, and emergency responders who would potentially be critical to the response, control, and mitigation of a pandemic outbreak in McLennan County. During this exercise, key issues were identified and discussed and opened up new relationships with organizations, agencies, and groups to address shortfalls.

Public Health was recognized as the lead in the response to an infectious disease emergency such as a Pandemic. Certain entities know to look to public health for answers and guidance. This awareness and trust in Public Health needs to grow in the community.

Communication was a key issue both as a strength and a weakness. Certain lines of communication are active and viable and are backed up with redundant means.

The business community representatives were well organized and clear in describing the plans and steps they would take in response to a pandemic and had a good understanding of adjustments they would make in regards to staff and services or products.

Areas that Require Improvement:

All acknowledged the need to carry the knowledge gained at the exercise back to their organizations, their churches, and their families. Furthermore, they saw the necessity to re-evaluate their plan, to understand their plan and the supporting standard operating guidelines better, and to have their employees trained on the plan. For those without a plan, there was a new urgency to address this lack.

Reliable, timely and effective communication during a public health emergency was seen as a major issue. Concerns were raised on communications between agencies and within organizations. It is an issue for WMCPHD to provide timely communication and public notifications, to ensure adequate information flow between agencies, and to collect accurate intelligence information to support the response. Another major challenge was seen in the ability to inform all residents in our community with key messages during a public health emergency.

Each entity present has unique issues to address in a pandemic such as large international population, overseas travel and trade, or services that would be curtailed in an emergency. Questions may outnumber the solutions and a continued effort is needed to prepare agencies and organizations to respond to a potential pandemic influenza outbreak in our community.

SECTION 1: EXERCISE OVERVIEW:

- 1.1. Exercise Name/Designation:** Pandemic Influenza Tabletop Exercise
- 1.2. Exercise Date(s):** November 2, 2006
- 1.3. Exercise Type:** Discussion-Based: Tabletop Exercise
- 1.4. Exercise Scenario:** The primary hazard scenario is the opening weeks of a pandemic influenza in McLennan County and the ensuing consequences on the community resources.
- 1.5. Location(s):** McLennan Community College Conference Center
- 1.6. Organizations & Participants:** 34 agencies/organizations with 57 participants

Agency / Organization	# Of Participants
Waco-McLennan County Public Health District	8
Atmos Energy	1
Axtell ISD	1
Baylor University	2
City of Lacy Lake View Police/Fire	1
City of Waco	2
Davis Iron Work Ltd.	1
Department of State Health Services Region 7	4
Exxon Mobile	1
Family Health Center	1
Heart of Texas American Red Cross	2
Heart of Texas Council of Governments	1
Heart of Texas Regional Advisory Committee	1
Heart of Texas Regional Mental Health and Mental Retardation	1
Heart of Texas RSVP	1
Hillcrest Baptist Medical Center	2
Limestone County Emergency Management Coordinator	2
Limestone County Medical Center	2
Living Word Christian Academy	1
McLennan Community College	1
McGregor ISD	1
Mexia ISD Police Dept.	1
Parkview Regional Hospital	3
Potter's Vessel Ministries	1
Providence Health Center	1
St. Catherine-Providence Park	1
St. Francis Catholic Church	1

Waco Emergency Management Coordinator	1
Waco Fire	2
Waco Police Department	3
Waco Veterans Administration Hospital	3
Wesley Woods Alzheimer's Care Center	1
West Fire Department	1
Westview Manor	1
TOTAL Participants:	57

1.7. Overview:

The stated goal of the Pandemic Tabletop is to improve the existing Pandemic Influenza response planning and plans and to improve our ability to work together.

This exercise is aimed at gaining an understanding of the coordinated effort required for a multi-agency/multi-jurisdictional response to a potential pandemic that disrupts capabilities and significantly impacts local emergency response capabilities. The Waco-McLennan County Public Health District Pandemic Influenza Tabletop Exercise focuses on the following objectives:

- To participate in a pandemic influenza tabletop exercise using the Incident Command Structure (ICS)
- To describe the impact of pandemic influenza on the community
- To identify roles and responsibilities of all participating agencies
- To analyze your organization's response to pandemic influenza
- To identify gaps in coordination between agencies
- To recognize steps for advanced planning in the community

1.8. Exercise Evaluation: See Attachment A

1. At the conclusion of the exercise, one of the facilitators led the group in an evaluation session to discuss immediate feedback, input, and observations using the following questions: What did you learn during this exercise? What future steps need to be taken at each of your organizations?
2. Participants were encouraged to fill out a written evaluation form and twenty-five were collected and analyzed.
3. Waco-McLennan County Public Health District held two internal evaluations sessions covering the full session and the main objectives.

SECTION 2: EXERCISE EVENTS

• Section I – INTRODUCTIONS, GOALS, OBJECTIVES, UNFOLDING SITUATION

It is October 2006 and the annual flu season has begun and the number of flu cases is mild. In the past year there have been no major public health emergencies in McLennan County in the last several months. The regular flu season has begun, and the number of flu cases is mild.

In early October, atypical outbreaks of severe respiratory illness are discovered in various areas in China. At first, the Chinese government attempted to contain the outbreaks on its own. The global community became aware of the outbreaks through rumors that the Chinese government initially denied but later confirmed. Initial laboratory results from China's National Influenza Center indicate that the outbreaks are due to influenza A, subtype H5. The World Health Organization (WHO) and the Center for Disease Control (CDC) both identify the outbreak virus as a subtype H5N1. Outbreaks of the illness begin to appear throughout Southeast Asia in Hong Kong, Malaysia, and Thailand. There are no known cases in US.

By mid-October young adults appear to be the most severely affected. The average attack rate in these countries is 25%, and the average case fatality rate is 5%. Results of the WHO investigations indicate extensive person-to-person transmission of the virus, over at least four generations of transmission. WHO officially declares transition to pandemic alert level five.

• Section II – IT'S COMING – PRE-EVENT

WHO Pandemic Phase	Overarching Public Health Goals
<p>Pandemic Alert Period Phase 3: Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.</p> <p>Phase 4: Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.</p> <p>Phase 5: Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).</p>	<p>Ensure rapid characterization of the new virus subtype, notification and response to additional cases</p> <p>Contain the new virus within limited foci or delay spread to gain time to implement preparedness measures, including vaccine development</p> <p>Maximize efforts to contain or delay spread, to possibly avert a pandemic, and to gain time to implement pandemic response measures</p>

• **Section III – IT'S HERE – IDENTIFICATION & NOTIFICATION – 1-2 DAYS**

Late October, the CDC uses a Health Alert to report localized outbreaks of the illness (due to influenza H5N1) confirmed in California and Washington State. Recent reports from the CDC's Influenza Surveillance System suggest that there is no reason to suspect the illness has yet reached Texas.

WHO Pandemic Phase	Overarching Public Health Goals
Pandemic Period Phase 6: Pandemic – increased and sustained transmission in the general population	Minimize the impact of the pandemic

October 30, a 19-year-old Baylor student, is seen at the Baylor Health Clinic and reports, cough, mild Upper Respiratory Infection (URI), 101° F temperature, pulse 100, BP 155/95, and chest clear. Diagnosis: virus/flu. She is instructed to take bed rest, fluids and Tylenol. A 36-year-old female is seen at the Heart of Texas Community Health Center with similar symptoms and diagnosis. A 45-year-old male seeks medical attention from his family practice doctor at Scott & White Bellmead.

October 31, all three are worse and need to be taken by ambulance to the ER – 2 to Hillcrest and 1 to Providence. They require intubation, sedation and ventilation. Rapid Flu A/B is positive for all. One has pneumonia.

Baylor Health Center is seeing a large increase in students with Upper Respiratory Illness symptoms with some being quite ill. The Heart of Texas Community Health Center has several staff “under the weather” but working. A nurse at Scott & White clinic did not come into work.

Evening of October 31, the initial test results are positive PCR on all three for Influenza A H5 strain. The initial epidemiology results are:

- All three attended a lecture by a professor from Oregon on October 27
- 2 residents from the Heart of Texas Community Health Center, a nurse and receptionist have gone home with fever and a mild cough.
- 2 staff members at the Baylor Health Center left work ill
- One nurse is in the hospital

• **Section IV – IT'S BAD – PUBLIC HEALTH EMERGENCY – 3-7 DAYS**

The morning of November 1st, the morning television stations carry the story of "killer flu" in Waco. The two residents from the Heart of Texas Community Health Center have been hospitalized. Several primary care providers have closed their offices in response. Other offices are telling all their patients with fever or cough to go directly to the nearest ER.

What can we expect if moderate?

	USA	McLennan
(a) Morbidity (#sick)	85,800,000	75,000
(b) Morbidity Rate	30%	30%
(c) Hospitalizations (11% of a)	9,438,000	8250
(d) Mortality (#dead)	199,246	150
(e) Mortality Rate (.002 x a)	0.2 %	0.2 %

What can we expect if severe?

	USA	McLennan
(a) Morbidity (#sick)	85,800,000	75,000
(b) Morbidity Rate	30%	30%
(c) Hospitalizations (11% of a)	9,438,000	8250
(d) Mortality (#dead)	1,801,800	1575
(e) Mortality Rate (.021 x a)	2.1 %	2.1 %

Local physicians are demanding Tamiflu, but pharmacies are out. There are reports of local physicians hoarding their own stash of Tamiflu. All counties in the Heart of Texas Council of Government (HOTCOG) region are seeing high numbers of flu cases. Hospitals are full and the number of dead is increasing.

• **Section V – RESPONSE EFFORTS – 8-21 DAYS**

By mid to late November, unrest is overflowing the county. Businesses are unable to secure key supplies. Store shelves are empty. There are reports of local resident conflicts in stores. All counties in the HOTCOG region are experiencing shortages. Other county judges are demanding that non-residents not enter their county.

SECTION 3: EXERCISE OBJECTIVE REVIEW

Objective 1: To participate in a pandemic influenza tabletop exercise using the Incident Command Structure (ICS).

Discussion:

Public Health was clearly referred to as the leader of the pandemic emergency response. The Emergency Management Coordinator stated that he would follow the Public Health lead. This exercise focused more on the big picture of the event, so the use of ICS in the response was kept at the minimal.

Recommendations:

To further develop the understanding and practice of ICS in a public health emergency, planning meetings and/or a smaller exercise/drill with mainly Emergency Operations Center and Medical Operations Center staff would be valuable.

Objective 2: To describe the impact of pandemic influenza on the community.

At the end of the tabletop exercise, 100% of the participants felt they had met this objective.

Discussion:

Many participants had attended the educational sessions before the tabletop exercise and were thus prepared to some extent to describe the impact of pandemic influenza on the community. In most cases their focus was still limited mainly to their area of expertise, i.e. school, hospital, etc. During the exercise the large sessions of discussion across disciplines allowed participants to grow in their view and understanding of how the community would be affected.

Recommendations:

An effective public education program must continue to increase awareness about a pandemic, to reduce panic and instill confidence in the response efforts being planned in the county.

Objective 3: To identify roles and responsibilities of all participating agencies

At the end of the tabletop exercise, 100% of the participants felt they had met this objective.

Discussion:

In the morning the tabletop proceeded as one large group discussion. By listening to each entity's concerns and preparation efforts concerning a pandemic provided a broad spectrum of understanding for all participants. Participants sited an overall awareness of how getting to know each other and building trust before the event will make the response more effective.

Recommendations:

WMCPHD, first responders, and the participating entities should continue an active dialog in a collaborative effort to prepare for the potential consequences of a pandemic. Additional

private sector organizations and other agencies in the county should be encouraged to attend future exercises and symposiums to develop a stronger community involvement.

Objective 4: To analyze your organization's response to pandemic influenza

At the end of the tabletop exercise, 100% of the participants felt they had met this objective.

Discussion:

Many organizations learned through the exercise that they need to make arrangements and plans now before an actual pandemic happens. It was also noted that this preparation must happen on a personal level as well. Addressing mental health issues was seen as a weakness in response planning and risk communication. The business community representatives were well organized and clear in describing the plans and steps they would take in response to a pandemic and had a good understanding of adjustments they would make in regards to staff and services or products.

Recommendations:

Existing plans should be modified based on the lessons learned in this exercise.

Objective 5: To identify gaps in coordination between agencies

At the end of the tabletop exercise, 96% of the participants felt they had met this objective.

Discussion:

Participants sited that getting to know new partners in response in the community was a strong point in the exercise. Building on those relationships will be necessary in order to actually function properly in a response. The involvement of faith and community based organizations in the exercise was an important element.

The importance of having a consistent public message during a pandemic and the value of a joint information center was noted. A concern was also raised on getting public announcements to certain sectors of the community due to language barriers, lack of technology and rural locations.

Recommendations:

Future summits and exercises should continue this cross agency discussion and planning. Care should be taken to include key partners from all related areas when calling planning meetings and exercises. It was noted that in some cases it is important to involve upper management in these activities for certain changes will only occur when this happens. The continued involvement of faith and community based organizations in larger numbers will prove a valuable investment.

Participants should continue to review and evaluate their procedures for an effective multi-agency response during a pandemic event in particularly related to forming a Joint Information Center. Although the local media may become a conduit for information

distribution, WMCPHD should establish and maintain communication links with local governments, hospitals, educational institutions, and key private sector and volunteer agencies.

Objective 6: To recognize steps for advanced planning in the community

At the end of the tabletop exercise, 100% of the participants felt they had met this objective.

Discussion:

More than once, communication was cited as key both before and during a pandemic. Continued training and exercises in the community and region are seen as an effective way to build a united response. Many agencies left with questions and expressed desire to continue the dialog on this topic. Since only the beginning weeks of a pandemic were covered in the tabletop exercise, it would be important to move the community on to address other issues as they arise further into the first wave of the pandemic and into subsequent waves and on to recovery.

Recommendations:

Future drills and exercises should build on the base created with this exercise and hopefully involve more levels of management and new agencies and organizations in the community.

SECTION 4: CONCLUSIONS

The Waco-McLennan County Public Health District Pandemic Influenza Tabletop Exercise was aimed at gaining an understanding of the coordinated effort required for a multi-agency/multi-jurisdictional response to a potential pandemic that disrupts capabilities and significantly impacts the local emergency response. The exercise focused on the following objectives:

- Raise awareness about impact of pandemic influenza in the community.
- Increase understanding regarding the responsibilities of all participating agencies.
- Determine whether current plans adequately address anticipated events.
- Identify gaps in coordination between agencies.
- Promote advance planning between public health, hospitals, and other agencies.

With over thirty-four agencies present, a wide-spectrum of ideas and concepts were discussed and key issues were brought to light. Relationships were identified between organizations, agencies, and groups to address shortfalls. Continued dialog through forums, planning sessions and exercises is necessary to carry the work forward and to build on this working base in the community.

Exercise participants identified several key lessons learned concerning communications. These can lead to several immediate changes to procedures, policies, and systems existing within the county. Major recommendations include:

- Improve coordination in the public information dissemination process.
- Improve coordination of internal dissemination of information within organizations.
- Improve coordination and information sharing between critical response agencies and the Joint Information Center.
- Involve Mental Health personnel in creating messages.
- Seek new methods of reaching the general public with emergency messages.

Waco-McLennan County Public Health District will be able to use the results of this exercise to further refine the pandemic influenza plan to bring it in line with the actual capabilities of personnel and facilities involved in responding to a public health emergency as well as focus training for EOC and MOC personnel. This can be accomplished through:

- Conducting another tabletop exercise or summit as a vehicle for dialog among all resource providers, key private sector partners, and emergency responders who would potentially be critical to the response, control, and mitigation of a pandemic outbreak in McLennan County.
- Focusing in on key local health, hospital, public health, and emergency responder coordination and critical decision making as topics for discussion and training.
- Providing training in the National Incident Management System (NIMS) and the Incident Command System (ICS).
- Refining the public information process to improve the capability to keep the media and public informed with the most recent and accurate information regarding on-going operations and steps the citizens can take to protect themselves.

**Waco-McLennan County
Public Health District
CORRECTIVE ACTION
IMPROVEMENT PLAN**

Waco-McLennan County Public Health District
CORRECTIVE ACTION / IMPROVEMENT PLAN

Objective	Recommendations	Corrective / Improvement Action	Responsible Party/Agency	Projected Completion Date
Public Information	<ol style="list-style-type: none"> 1. The Waco-McLennan County Public Health District (WMCPHD) should review procedures and/or protocols to ensure news releases are accurate, the information verified, coordinated with the appropriate agency authority and coordinated with healthcare partners prior to the release of information to the media. 2. WMCPHD will research new methods for getting public information to various hard to reach populations in the county. 	<ol style="list-style-type: none"> 1. Review CERC Plan and related SOPs 2. Analysis of media/community information needs 3. Revise all PIO SOPs and Annex to the Basic Plan 4. Identify potential Joint Information Center (JIC) partners 5. Conduct a planning session with area PIOs 6. Update CERC & SOPs 1. Identify area agencies and those that work with hard to reach/special need populations. 2. Conduct a planning session with these agencies 3. Write SOPs on communicating as determined by planning sessions 	Kelly Craine WMCPHD	2/28/07

Note: This document may be copied as necessary.

Waco-McLennan County Public Health District
CORRECTIVE ACTION / IMPROVEMENT PLAN

Objective	Recommendations	Corrective / Improvement Action	Responsible Party/Agency	Projected Completion Date
TRAINING	<p>1. Continue an effective public education program to increase awareness about a pandemic, to reduce panic and instill confidence in the response efforts being planned in the county.</p> <p>2. Further develop the understanding and practice of ICS in a public health emergency.</p>	<p>Conduct community public education programs on pandemic influenza.</p> <p>Provide public service announcements on the topic.</p> <p>Coordinate with mental health personnel on education programs.</p> <p>Provide training sessions on ICS.</p> <p>Host planning meetings on ICS and the emergency operations center (EOC) & medical operations center (MOC) for key partners in a public health emergency.</p> <p>Host a focused exercise/drill concerning EOC and MOC functions during a public health emergency.</p>	<p>Kelly Craine & Joan Gawrych WMCPHD</p> <p>Mike Barker WMCPHD</p>	<p>January 19, 2007</p> <p>February 28, 2007</p>

Waco-McLennan County Public Health District
CORRECTIVE ACTION / IMPROVEMENT PLAN

Objective	Recommendations	Corrective / Improvement Action	Responsible Party/Agency	Projected Completion Date
Plans & Planning	<p>1. Modify existing plans based on the lessons learned in the exercise.</p> <p>2. Continue planning efforts with community partners.</p>	<p>Update Pandemic Influenza plan.</p> <p>Distribute plan for review.</p> <p>Re-evaluate plan in another tabletop exercise.</p> <p>Host planning meeting for those who attended tabletop exercise and invite new partners as well.</p> <p>Provide guidance and assistance where asked in planning efforts.</p> <p>With key partners plan next community wide activity addressing pandemic influenza.</p>	<p>Joan Gawrych WMCPHD</p> <p>Joan Gawrych WMCPHD</p>	<p>January 19, 2007</p> <p>February 28, 2007</p>

Attachment A
Notes from Evaluation Sessions

1. **At the conclusion of the exercise, one of the facilitators led the group in an evaluation session to discuss immediate feedback, input, and observations using the following questions: What did you learn during this exercise? What future steps need to be taken at each of your organizations?**

What went well & what I learned:

- *Can't take current status for granted; need to make arrangements to get that in place.*
- *Introduced security, cant take security*
- *Interaction between groups went well*
- *Long term care - Sharing of information. Collaborating with Providence network, develop a plan with them.*
- *Family members to stay in nursing home and volunteer-need to write plan*
- *Risk Mgmt.- facilities for deceased only 40 in Waco*
- *PD- Overall structure of common good to see roles/fixings*
- *Get family involved- volunteer, write a plan*
- *Education: see happen- all support together to work on a plan*
- *Getting to know each other*
- *Building trust*
- *Business - Take care of our own people/ education/ prevention/ mental health needs. She will take information to other organizations she's involved with. Plan to take care of people.*
- *Business - Look at long-term effects, rotate shifts non-essential business. How to get those with least impact.*
- *Long term care - Idea: Family member stay with family at our facility and stay and be a volunteer, fill short staff. Help with low staffing. She will write a plan.*
- *Public Health- Good pre-plan good working relationship, take this further with all businesses training more logistic of Pan Flu in the community.*

Something you learned today that you know you need to do. Next Step:

- *Get participant list & share among participants*
- *Lori (Hillcrest): different perspectives, PIO need to get groups together, Will be in that joint effort PIO*
- *Business: Take up some slack, from public standpoint, wants to relay info to others*
- *Include pandemic training needs*
- *long-term care: collaborations w/ major hospitals & other nursing homes*
- *Small clinic with two nurses needs to provide more training, have plan (long term)*
- *Pan Flu training for family of emergency workers*
- *If 50% of folks were out not much capability more training for staff*
- *Goal-training lead of staff short-term*
- *Making the community a safe place*

- *Communication is key!*
- *Building trust from the get go so they can work together in the future.*
- *Commit to community!*
- *Finalize PF plans! Obtain protective gear, educate staff and families and address fears and concerns*

Future training needs:

- *Tweak Pandemic Flu plan, further training in the community*
- *Learn own disaster plan.*
- *Regional planning needs to know WHO*
- *Interaction look at all different perspectives*
- *Want to see superintendents to get with state. What triggers can we identify so we can be on the same page. Include local Emergency Manager.*

2. Participants were encouraged to fill out a written evaluation form and twenty-five were collected and analyzed. Comments from the sheets.

Great job.

The summit and the exercise have been excellent.

Excellent participation, very dynamic discussions

Move thru quicker

Very good. Glad I was able to attend. Good to see private industry representation today.

Good tabletop exercise. Great and valuable for plan and participants.

Good Job

Difficult topic – good start – hope we continue to work on this. Need to give information to public (locally – more specific to area)

3. Waco-McLennan County Public Health District held two internal evaluations sessions covering the full session and the main objectives.

Waco-McLennan County Public Health District

After Action to November 2, 2006 Pandemic Influenza Tabletop

General Comments

- Went well
- Highlight need of surveillance
- Greater understanding of role and need to respond
- Testimonies – Living Word Day Care went from fear to planning
- Some organizations received steps to take in and do
- Good to hear business experience
- Strong conversation by all
- Was a bit large and cumbersome and slow
- Good for our community to see different segments and not segregated for discussions
- Format change in the afternoon to groups by discipline was good

- Need to continue meetings with the participants
- Valuable to have outside facilitators

GOALS

To improve the existing pandemic influenza response planning and plans

- Brought to light the use of phases in planning
- Raised awareness of need to plan
- There are templates to use to write plans
- Information sharing of better ways

To improve our ability to work together

- See need to join efforts
- Go back to entities to more on board
- Internal as well as external communication are needed
- Communication is a key
- Lunch time discussions were good
- Good to have county and regional representation

Objective 1: To participate in a pandemic influenza tabletop exercise using the Incident Command Structure (ICS).

Vague but there, top level of ICS, Touched on it, Basic understanding
 Raised the question who is in charge

Objective 2: To describe the impact of pandemic influenza on the community.

Raised level of understanding, in particular in regards to phases
 Essential services
 Good depiction; brought out ideas heard for the first time such as Baylor's dorm plan
 Think about employees and support for their function

Objective 3: To identify roles and responsibilities of all participating agencies.

Public Health is in charge
 Business discussed changing their service level
 Good to have a variety there – schools, businesses – go beyond first responders
 In the general meeting part, you were able to hear about other agencies
 Learn about whom we need

Objective 4: To analyze your organization's response to pandemic influenza

Staffing response
 Identify needs of business and staff
 Training need for full staff – HR & safety and full city
 Need flexibility
 Are we ready to respond to a large influx of questions from the media?
 Same message as Region 7 as DSHS as CDC

Objective 5: To identify gaps in coordination between agencies

- Found new partners
- Need to build contacts and know best way to contact people
- Let staff know of coordination
- Answers vary by the different agencies
- Who can call for closures and how
- Need to answer to your parent/lead company
- Need deeper/broader contact information
- VOAD is not viable in McLennan County
- Gap to faith & community based organizations

Objective 6: To recognize steps for advanced planning in the community

- There is always room to grow
- Interagency planning
- Deeper understanding of plan
- Some people were not there – 5 out of 20 cities