

Operation Broken Condom

Tabletop Exercise

November 19, 2012

**AFTER ACTION
REPORT/IMPROVEMENT PLAN**

November 30, 2012

Washoe County



Health District

This page is intentionally blank.

DRAFT

HANDLING INSTRUCTIONS

1. The title of this document is Operation Broken Condom Tabletop Exercise After Action Report/Improvement Plan.
2. The information gathered in this AAR/IP is classified as For Official Use Only (FOUO) and should be handled as sensitive information not to be disclosed. This document should be safeguarded, handled, transmitted, and stored in accordance with appropriate security directives. Reproduction of this document, in whole or in part, without prior approval from the Washoe County Health District is prohibited.
3. At a minimum, the attached materials will be disseminated only on a need-to-know basis and when unattended, will be stored in a locked container or area offering sufficient protection against theft, compromise, inadvertent access, and unauthorized disclosure.

4. Points of Contact:

Health District POC:

Margot Jordan
Infection Control and Quality Management Coordinator
Washoe County Health District
1001 E. 9th Street
Reno, NV 89512
775-328-3653
mjordan@washoecounty.us

Exercise Director:

Christina Conti
Public Health Emergency Response Coordinator
Washoe County Health District
1001 E. 9th Street
Reno, NV 89512
775-325-8067
cconti@washoecounty.us

This page is intentionally blank.

CONTENTS

Administrative Handling Instructions	1
Contents	3
Executive Summary	5
Section 1: Exercise Overview	7
Exercise Details	7
Exercise Planning Team Leadership	7
Participating Organizations	7
Section 2: Exercise Design Summary	8
Exercise Design	8
Exercise Concept, Purpose and Objectives.....	8
Scenario Summary.....	9
Section 3: Analysis of Objectives	10
Section 4: Conclusion.....	15
Appendix A: Improvement Plan	16

This page is intentionally blank.

EXECUTIVE SUMMARY

Operation Broken Condom was planned and funded through grant instruments supporting the Washoe County Health District Community and Clinical Health Services Division (CCHS). This Tabletop Exercise (TTX) followed a quality improvement project to develop a Sexually Transmitted Disease Outbreak Response Plan (STD ORP). This exercise was meant as a learning exercise to test the STD ORP and the ability to effectively implement a response to appropriately manage an outbreak.

The scenario utilized to trigger the activation of the STD ORP was as realistic as possible. To achieve the trigger points for the progression of the exercise, an accelerated time frame was utilized. Per the plan, the activation of the plan is dependent upon the number of Syphilis cases and the ability of CCHS staff to manage the workload based on staffing levels and case details while continuing the treatment of other STDs. The exercise built over a one month period of time demonstrating an increasing number of Gonorrhea, Chlamydia (GC/CT) and Syphilis cases on a weekly basis.

The exceptional part of this exercise was that it is the first exercise developed and participated in by CCHS; therefore, it provided an opportunity for personnel to go through the entire planning and exercise process. As with any exercise, it was a scripted event in that there were assumptions and artificialities that impact the response to the scenario. As such, there were also multiple opportunities to learn from the activities of the participants. The exercise was quite successful in that the participants came away with a fuller understanding of how to respond to an outbreak utilizing the STD OPR and what each person's possible role would be during an outbreak response. The participants are serious about their dedication to continued training and improvement in the areas in which further work identified.

Operation Broken Condom was developed to not only test the STD ORP but also provide an ideal training laboratory to further refine the capability of the Health District to work across programs and divisions to manage a response. All levels of the STD ORP were exercised (i.e. routine case load through level 4). The exercise planning team was composed of two divisions within the Health District; the Community and Clinical Health Services Division and the Epidemiology and Public Health Preparedness Division. The exercise planning team discussed a variety of issues to include:

- Objective 1: The ability of staff to use the STD Outbreak Response Plan to manage and outbreak;
- Objective 2: The ability to involve Health District partners into the scenario based on the exercise that focuses on outbreak response;
- Objective 3: The ability to assess and evaluate the trigger points, as laid out in the STD Outbreak Response Plan; and

- Objective 4: The ability of staff to coordinate and communicate during an exercise.

The purpose of this report is to analyze exercise results, identify strengths to be maintained and built upon, identify potential areas for further improvement, and support development of corrective actions.

Major Strengths

The major strengths identified during this exercise are as follows:

- The exercise participants expressed that the exercise was a realistic approach to testing the STD ORP and provided a learning environment for STD support.
- The opportunity to exercise and gain “big picture” knowledge of the components to manage an outbreak. This also provided an opportunity to see how down time can be utilized during normal STD levels.
- Inter-divisional support with the utilization of other program staff and cross-divisional support was continually discussed and planned for, as were Health District partners.

Primary Areas for Improvement

Throughout the exercise, several opportunities for improving the understanding of the STD ORP were identified. The primary areas for improvement, including recommendations, are as follows:

- STD ORP Understanding – While the “just in time” training was determined to be an effective tool in refreshing the memory of participants and getting them ready for the exercise, many did not have a working knowledge of the STD forms used on a daily basis. It is recommended to have annual plan training and then several smaller “component” trainings throughout the year to keep the skills needed practiced.
- Utilization of non-nursing staff –The discussion of using other program staff was a positive aspect of this exercise and shows an understanding that during an outbreak, all staff is needed to effectively and efficiently manage it. It was clear to the evaluators that there is a lack of understanding on the specific tasks non-nursing staff can assist with. It is recommended to have a follow up on this concept and develop a resource guide per classification for easy reference during an outbreak response.
- Communication – While communication within the exercise was excellent, the missing component which could be problematic during a real world response is the lack of proactive approach with the media. The media were involved with a reactive approach and it would be better to be prepared for them from the beginning. It is recommended to always begin compiling publishable facts about the outbreak, in the event the media does call, allowing an opportunity to educate the public and manage any media rumors.

SECTION 1: EXERCISE OVERVIEW

Exercise Details

Exercise Name

Operation Broken Condom

Type of Exercise

Tabletop Exercise

Exercise Start Date

November 19, 2012

Exercise End Date

November 19, 2012

Duration

Exercise: approximately 2 hours

After-Action Review: 1 hour

Location

Washoe County Health District

Sponsor

Washoe County Health District – Community and Clinical Health Services

Program

Fiscal Year 2012 US Strengthening the Community of Practice for Public Health Improvement (COPPHI) through the Robert Wood Johnson Foundation (RWJF), the National Network of Public Health Institutes (NNPHI)

Scenario Type

Increase in citizens within the community with early Syphilis

Exercise Planning Team

Washoe County Health District

- Community and Clinical Health Services Division personnel
- Epidemiology and Public Health Preparedness Division personnel

Participating Program Personnel

Washoe County Health District

- Community and Clinical Health Services
 - Administration
 - Sexual Health Program
 - Quality Improvement
 - Family Planning

- Epidemiology and Public Health Preparedness
 - Epidemiology
 - Public Health Preparedness
- University of Nevada, Orvis School of Nursing students

Number of Participants

- | | |
|---------------|----|
| • Players | 10 |
| • Controllers | 1 |
| • Evaluators | 1 |
| • Safety | 1 |
| • Observers | 3 |

SECTION 2: EXERCISE DESIGN SUMMARY

Exercise Design

The Washoe County Sexually Transmitted Disease (STD) Outbreak Response Plan tabletop exercise was designed to enhance the Health District’s outbreak response capabilities. It was conducted in an effort to evaluate the effectiveness of the outbreak response procedures. This tabletop was designed primarily as a training and exercising tool for Health District Staff. The goal is to improve operational readiness of the Sexual Health and Communicable Disease teams using a tabletop exercise.

Exercise Concept, Purpose and Objectives

Concept

This was a two phase tabletop exercise, involving programs within the Washoe County Health District. The exercise was controlled through the use of scripted messages and evaluated based upon the exercise objectives below.

Purpose

The purpose of this exercise is to familiarize and evaluate the use of the STD Outbreak Response Plan.

Based upon the identified exercise objectives below, the exercise planning team has decided to demonstrate the following capabilities during this exercise:

Objectives

- The ability of staff to use the STD Outbreak Response Plan to manage an outbreak.
- The ability to involve Health District partners into the scenario based on the exercise that focuses on outbreak response.

- The ability to assess and evaluate the triggers points, as laid out in the STD Outbreak Response Plan.
- The ability of staff to coordinate and communicate during the exercise.

Scenario Summary

The scenario which was presented to all participants of Operation Broken Condom was realistic in that it developed over a course of weeks, ultimately requiring the activation of the STD ORP. The following is the scenario in its entirety so the context can be understood:

BACKGROUND

AUGUST 27, 2012: Team meeting

The summer is coming to an end and we saw normal numbers of CT/GC clients. However, with the fall session of Sierra Nevada Job Corps Center beginning this week, as well as UNR back in session, we anticipate we may see a moderate increase in reported cases.

Currently, there are 20 CT/GC cases per Disease Intervention Specialist (DIS) with a total of 4 open early syphilis and 2 late latent. Doctors' offices are working with the DIS' to give the demographic and treatment information. If we get to the point where support is needed, a reminder on the investigative process is:

- Treatment and demographic information (Dr. office)
- Interviews/education with patients for partner information
- Contact partners: make arrangements for testing/treatment as needed
 - o i.e. student, jail, SNJCC
- See patients in clinic as needed
- Data entry (STDMIS)

EXERCISE EVENTS SUMMARY

DATE	TIME	SCENARIO EVENT, SIMULATED PLAYER INJECT, PLAYER ACTION	EVENT/ACTION
Sept. 4, 2012	1:55p	Scenario Event	New positive lab results received
Sept. 10, 2012	2:10p	Scenario Event	New positive lab results received
Sept. 10, 2012	2:00p	Player Inject	Email requesting staff meeting sent

Sept. 13, 2012	2:35p	Scenario Event	New positive lab results received
	2:40p	Scenario Event	Doctor office called regarding a patient
	2:45p	Player Inject	Email requesting staff meeting sent
Sept. 19, 2012	2:50p	Scenario Event	New positive lab results received
	3:00p	Player Action	Staff member left exercise for family need
	3:10p	Scenario Event	Media inquiry on outbreak in homeless population
Sept. 24, 2012	3:15p	Scenario Event	New positive lab results received

SECTION 3: ANALYSIS OF OBJECTIVES

This section of the report reviews the performance of the exercised capabilities, activities, and tasks. In this section, observations are organized by objective and/or associated actions. Each activity, whenever possible, is followed by related observations, which could include references, analysis, and recommendations.

OBJECTIVE 1: THE ABILITY OF STAFF TO USE THE STD ORP TO MANAGE AN OUTBREAK.

Action 1.1: Was the STD ORP activated?

Observation 1.1: ACHIEVED – At the beginning of the exercise, the STD ORP was activated.

References:

1. STD ORP

Analysis: The activation of the ORP was discussed during a one-on-one meeting between the Program Manager and the affected personnel at that time. During the team meeting, it was not evident to the evaluator that it was clearly stated to the participants that the plan had been activated and an explanation of the next steps.

Recommendations:

1. At the onset of an outbreak and the discussion of activating the STD ORP, during a meeting or through an email clearly explain what the current level is and what that means.

Action 1.2: Does staff know their specific roles in relation to the exercise scenario?

Observation 1.2: AREA FOR IMPROVEMENT – Nursing staff knew what was expected of them and what their roles were. Non-nursing staff and the designated lead did not appear to be as clear.

References: N/A

Analysis: The nursing staff appeared to be very clear in what was expected of them and how they would assist in the event of a real world outbreak. However, the use of non-nursing personnel was not as clearly defined. Furthermore, the role of the designated lead was not fully explained as to what was included in that assignment. It was noted however, that the artificialities of the exercise may have contributed to this action not being as successful as it would have been.

Recommendations:

1. During the team meeting or in a follow up email from the meeting, clearly outline what the roles of each classification or new duty are to ensure continuity of action and expected action.
2. Further exploration on the utilization of working personnel out of class but within the boundaries of their professional license during an outbreak is recommended.

Action 1.3: Were there adequate resources to manage the outbreak without O/T? If yes, till what level?

Observation 1.3: STRENGTH – It should be noted that the CCHS division and the exercise participants were very willing to change directions on assignments to manage the outbreak. Utilizing the assumptions that staffing levels were normal, the outbreak was manageable internally until level 3, in which case outside assistance would be needed. This does not include the utilization of per diem staff during a level 2 response.

References: N/A

Analysis: An impressive action during the exercise to note was that it was an exercise participant who initially brought up the idea of covering the clinic patients and/or canceling vacations. The willingness of the participants to discuss the support of other program personnel, per diem resources, and the University of Nevada, Reno shows a commitment to excellence and care for the patient. It was also noted that it would likely be within the progression to level 3 that the outbreak would not be manageable by Health District staff alone and outside resources would likely be required.

Recommendations:

1. Develop a list of resources, both internal and external, with knowledge, skills and abilities listed to allow for an easy reference for when/if the outbreak reaches a level where support from outside the division or Health District is needed.
2. Develop a guideline for prioritizing CCHS activities and services, to include staff leave.

OBJECTIVE 2: THE ABILITY TO INVOLVE OTHER HEALTH DISTRICT PARTNERS INTO THE SCENARIO BASED EXERCISE THAT FOCUSES ON OUTBREAK RESPONSE.

Action 1.1: Did the staff appropriately integrate internal and external partners as the exercise progressed?

Observation 1.1: ACHIEVED – This was a major strength of the exercise. Exercise participants continually discussed internal and external partners to assist with the outbreak.

References: N/A

Analysis: CCHS staff has a number of resources available to them to utilize. Additionally, there was a clear understanding of the role of the NSHD and what contributions they would make with assisting in managing the outbreak. Furthermore, the potential involvement of the CDC was discussed and the process for their involvement was clearly relayed. Additionally, outside partners were discussed that had not been considered during the exercise design. Some partners included the pharmacies, laboratories, UNR level 3 and 4 students.

Recommendations: None

OBJECTIVE 3: THE ABILITY OF STAFF TO COORDINATE AND COMMUNICATE DURING THE EXERCISE.

Action 1.1: Did staff notify the proper agencies of the increase in Syphilis cases?

Observation 1.1: ACHIEVED – Throughout the exercise, communication with outside agencies was discussed.

References: N/A

Analysis: Participants were continually discussing the notification of outside organizations. As discussed above, NSHD and CDC were among the partners discussed. In addition, participants brought up organizations such as HAWC and HOPES as agencies to inform about the outbreak.

Recommendations: None

Action 1.2: Did staff reach out to the Public Information Officer to inform the media?

Observation 1.2: AREA FOR IMPROVEMENT – While it was determined that in an

outbreak such as this, media would not be notified in the traditional sense, media preparation is an important element to any outbreak response.

References: N/A

Analysis: As part of the exercise flow, two separate staff meetings were scheduled and held. At no time was the media discussed. In fact, an inject to the exercise was a call from a local media station trying to verify a rumor. There was no follow-up to that media inquiry. While it may not be realistic or appropriate to inform the media of an outbreak response, it is imperative to begin preparing for the media. A proactive approach allows for the educational opportunity should the media call rather than a reactive “rumor controlled” reaction.

Recommendations:

1. Improve the STD ORP Threshold Level Guide “cheat sheet” to include an item relating to health education/public information to ensure it is always considered.

Action 1.3: Did staff communicate effectively internally to ensure agency awareness of the outbreak and the change of assignments to manage the outbreak?

Observation 1.3: ACHIEVED – The communication tools utilized during the exercise mirrored those that would be during a real response.

References: N/A

Analysis: Throughout the exercise, the level of activation was discussed either at the team meeting or in a follow up email. As discussed above, it would be beneficial to expand on the activation definition to ensure complete understanding of the roles.

Communication to outside partner organizations consisted of simulated telephone calls, emails, and the utilization of Epi-News and Epi-Updates. An additional consideration for the future would be to implement the ICS command structure during an outbreak response. The activation of the Incident Commander, Planning Chief, and Finance Chief should be considered during an outbreak to ensure each operational period has clear objectives, resources, and that the financial impact associated with the outbreak investigation/response is tracked.

Recommendations:

1. Continue ensuring compliance with Health District ICS training requirements and recommend advanced ICS training for possible command team positions. This will enhance the skills needed to efficiently and effectively manage and outbreak response.

OBJECTIVE 4: THE ABILITY TO ASSESS AND EVALUATE THE TRIGGER POINTS AS LAID OUT IN THE STD ORP.

Action 1.1: Were the levels discussed and adequately executed?

Observation 1.1: ACHIEVED – With the exception of the actual discussion of the activation of the plan, the progression through the levels was discussed at each trigger.

References: N/A

Analysis: As discussed above, each level was relayed to the participants of the exercise as it progressed through the scenario. However, it is recommended to expand the discussion to include more than simply the numbers as the reason for the upgrade in levels. The increase in response levels is determined by the numbers as well as the ability for staff to manage the outbreak at their current staffing levels.

Recommendations:

1. As discussed previously, at the onset of an outbreak and then throughout the outbreak, an email or during a meeting clearly explaining what the current level is and what that means is recommended.

ADDITIONAL INFORMATION & OBSERVATIONS

There were several observations made by the participants, exercise planning team and evaluator staff that while possibly not listed or referenced above, should be mentioned. The commitment, capability and effort observed, whether a strength or an area for improvement should not be lost due to the HSEEP structure within the AAR. Consequently, their effort and commitment to the process of developing an STD ORP and exercise is recognized below.

Strengths:

- Lab reports were very realistic and a good tool for the exercise.
- Great to see all the pieces come together - the culmination of writing the plan and then participating in the exercise.
- Great to see the Arizona outbreak response information to see how quickly things can change.
- Having UNR Nursing students attend and see the process. It also reminded participants of a possible community resource.
- Working with the strike teams was great.
- Actually having an exercise to test the plan was beneficial.
- Appreciation for being able to participate.

- The entire division learned about the process and the applicability of the STD ORP within the division.
- Participants expressed increased awareness of the “big picture” and roles during outbreak.
- Working with the strike teams was great during writing of plan and Tabletop preparation.

Areas for Improvement:

- A dry run for the exercise planning team so they had a better understanding of what would happen since this was the first exercise for CCHS.
- The process focused too much on the numbers of an outbreak rather than the fluidity between the levels and the involvement of other Health District staff.
- Over embraced the rapid cycle of the grant requirements and did not stay true to quality improvement planning.
- Started too large with the planning process, smaller teams were better.
- Time constraint to the process.
- Practice and train on field records and investigations during clinic downtimes.
- The entire division should learn about the process and the applicability of the STD ORP within the division.
- Add examples on how to redirect staff to cover priority areas during outbreak. What is essential or not?
- Identify previous experience and training that can benefit during outbreak e.g. previous work in STD, IZ, TB or CD.
- Consider how to handle staff leave during outbreak.
- Address availability of medications and supplies.
- Consider activation of ICS.

SECTION 4: CONCLUSION

Operation Broken Condom was thankfully only an exercise testing the STD ORP to a Syphilis outbreak. The purpose was to determine the ability to manage an outbreak using the plan and personnel available. This exercise was very successful and the continued training of the plan will ensure that if an outbreak were to happen, Washoe County Health District, specifically CCHS, is well equipped to manage it.

APPENDIX A: IMPROVEMENT PLAN

This IP has been developed specifically for Washoe County, Nevada as a result of Operation Broken Condom conducted on November 19, 2012. These recommendations draw on the After Action Report.

Table A.1 *Improvement Plan Matrix*

Objective	Action Title	Recommendation	Corrective Action Description	Primary Responsible Program	Program POC	Start Date	Completion Date
The ability of staff to use the STD ORP to manage an outbreak.	Was the STD ORP activated?	Either during a meeting or through email clearly states the activation of the plan and what the current level means.					
	Does staff know their specific roles in relation to the exercise scenario?	Either during a meeting or through email clearly outlines the roles and assigned duties of each classification to ensure continuity of action and expected action.					
		Explore further the use of personnel outside of their hiring classification but within the boundaries of their professional license during an outbreak response.					

Homeland Security Exercise and Evaluation Program (HSEEP)

**After Action Report/Improvement Plan
(AAR/IP)**

Operation Broken Condom

	Were there adequate resources to manage the outbreak without O/T?	Develop a list of personnel KSAs as well as resources internally/externally to have for easy reference.					
		Develop a guideline for prioritization of CCHS activities and personnel leave.					
The ability of staff to coordinate and communicate during an exercise.	Did staff reach out to the Public Information Officer to inform the media?	Improve the STD ORP Threshold Level Guild "cheat sheet" to include health education/PIO support.					
	Did staff communicate effectively internally to ensure agency awareness of the outbreak and the change in assignments to manage the outbreak.	Continued and enhance ICS trainings per Health District guidelines.					
		Provide annual training throughout the year on the STD ORP and individual aspects of the response plan. (i.e. lab slips and Field Records)					

