

Operation: Healthy Shelters

After-Action Report/Improvement Plan
December 4, 2014

EXERCISE OVERVIEW

Exercise Name	Operation: Healthy Shelters
Exercise Dates	Wednesday, October 29, 2014
Scope	This exercise is a Tabletop, planned for two (2) hours at the City of Manchester's Public Health Department. Exercise play is limited to the evaluation of the New Hampshire (NH) Department of Health and Human Services (DHHS) <i>Guidance for Conducting Health Surveillance in Shelters</i> and the <i>State Emergency Operations Center's (SEOC) Desks for Emergency Support Function (ESF) 6 Mass Care, Housing and Human Services and ESF 8 Public Health and Medical Services Standard Operating Procedures (SOP) for Shelter Surveillance</i> .
Mission Area(s)	Prevention and Response
Core Capabilities	<u>Hospital Preparedness Program (HPP) Capability</u> <ol style="list-style-type: none">1. Healthcare System Preparedness <u>Public Health Emergency Preparedness (PHEP) Capabilities</u> <ol style="list-style-type: none">1. Community Preparedness3. Emergency Operations Coordination6. Information Sharing7. Mass Care13. Public Health Surveillance and Epidemiology Investigation
Objectives	<ol style="list-style-type: none">1. Identify the roles and responsibilities of the participating agencies during health surveillance in mass care shelters.2. Identify all existing laws, plans, policies and procedures related to health surveillance in shelters and how they can be coordinated for a more efficient response.3. Evaluate the guidance, policies, and protocols to implement health surveillance in mass care shelters.4. Evaluate communication flow and information sharing between the shelters, the SEOC, and the NH DHHS and its Division of Public Health Services Incident Command Center (ICC).5. Assist the shelter manager or designee with identifying and implementing infection prevention and control measures for the shelter.

Threat or Hazard	Transmission of infectious diseases within general population mass care shelters.																											
Scenario	<p>A regional general population shelter opened at Granite State High School on October 24, 2014 due to two days of torrential rain, flooding, and high humidity levels that resulted in loss of power to the Public Health Region (PHR). One hundred and twenty (120) people are registered at the shelter. There are thirty (30) shelter staff per shift during the day and 15 staff per shift at night. Suspected outbreak of gastrointestinal illness/norovirus at the shelter on October 27, 2014.</p> <table> <tr> <th>Number</th> <th>Category</th> <th>Number</th> <th>Category</th> </tr> <tr> <td>68</td> <td>Females</td> <td>52</td> <td>Males</td> </tr> <tr> <td>35</td> <td>Families w/o children</td> <td>14</td> <td>Families w/children</td> </tr> <tr> <td>1</td> <td>Service Dog</td> <td>10</td> <td>People with durable medical equipment</td> </tr> <tr> <td>2</td> <td>Group Home adult residents</td> <td>2</td> <td>Group Home staff</td> </tr> <tr> <td>30</td> <td>Shelter staff – day shift</td> <td>15</td> <td>Shelter staff – night shift</td> </tr> </table>				Number	Category	Number	Category	68	Females	52	Males	35	Families w/o children	14	Families w/children	1	Service Dog	10	People with durable medical equipment	2	Group Home adult residents	2	Group Home staff	30	Shelter staff – day shift	15	Shelter staff – night shift
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Sponsor	City of Nashua, Division of Public Health and Community Services; State of New Hampshire Department of Health and Human Services’ Office of the Commissioner - Emergency Services Unit																											
Participating Organizations	City of Nashua, Division of Public Health and Community Services																											
	City of Manchester, Public Health Department																											
	NH Red Cross																											
	NH Public Health Regions (Greater Nashua, Greater Manchester, Greater Derry)																											
	NH Hospital Association																											
	NH Department of Health and Human Services: Office of the Commissioner, Emergency Services Unit; Division of Public Health Services: Bureau of Infectious Disease Control; Bureau of Community Health Services																											
	NH Department of Safety, Division of Homeland Security and Emergency Management																											

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ANALYSIS OF CORE CAPABILITIES

Aligning exercise objectives and core capabilities provides a consistent taxonomy for evaluation that transcends individual exercises to support preparedness reporting and trend analysis. Table 1 includes the exercise objectives, aligned core capabilities, and performance ratings for each core capability as observed during the exercise and determined by the evaluation team.

Table 1. Summary of Core Capability Performance

Objective	Core Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
1 Identify the roles and responsibilities of the participating agencies during health surveillance in mass care shelters.	PHP Capability 1: Community Preparedness; HPP Capability 1: Healthcare System Preparedness		S		
2 Identify all existing laws, plans, policies and procedures related to health surveillance in shelters and how they can be coordinated for a more efficient response.	PHP Capability 7: Mass Care		S		
3 Evaluate the guidance, policies, and protocols to implement health surveillance in mass care shelters.	PHP Capability 7: Mass Care; PHP Capability 13: Public Health Surveillance and Epidemiological Investigation		S		

Objective	Core Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
4 Evaluate communication flow and information sharing between the shelters, the SEOC, and the NH DHHS and its Division of Public Health Services Incident Command Center (ICC).	PHP Capability 3: Emergency Operations Coordination; PHP Capability 6: Information Sharing		S		
5 Assist the shelter manager or designee with identifying and implementing infection prevention and control measures for the shelter.	PHP Capability 13: Public Health Surveillance and Epidemiological Investigation		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).

1. Identify the roles and responsibilities of the participating agencies during health surveillance in mass care shelters.

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

Community/Healthcare System Preparedness

Critical Task 1

Written plans have the roles and responsibilities of various agencies included in the document.

Strength

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

Strength: Organizations present at the Tabletop were aware of their roles and responsibilities regarding shelter surveillance, both prior to an event as well as after shelters have opened.

Areas for Enhancement

The following areas require enhancement to achieve performance without challenges:

Area for Enhancement 1: The role of the Public Health Network (PHN) Emergency Preparedness Coordinators is limited to medical, public health, and behavioral health functions within a shelter.

Reference:

- Public Health Preparedness Capabilities: National Standards for State and Local Planning
- *State Emergency Operations Center's (SEOC) Desks for Emergency Support Function (ESF) 6 Mass Care, Housing and Human Services and ESF 8 Public Health and Medical Services Standard Operating Procedures for Shelter Surveillance.*

Analysis: The *ESF 6/8 Desk SOP for Shelter Surveillance* implies that the PHN could be responsible for the shelter. This should be changed to indicate that the Emergency Management Director (EMD) in the cities/towns or community organizations (i.e., NH Red Cross) would have responsibility for the shelter.

Area for Enhancement 2: Other healthcare organizations and their respective public and private sectors response partner volunteers might also be responsible for shelter surveillance.

Reference:

- Public Health Preparedness Capabilities: National Standards for State and Local Planning

Analysis: The individual responsible for shelter surveillance would likely vary based on the type of shelter. Potential groups that would fill this role include: American Red Cross (ARC)

Health Services Group; Community Mental Health volunteers; Public Health Nurses; ambulance contractors; Emergency Medical Services (EMS); Medical Reserve Corps (MRC) volunteers; school nurses (outreach in progress); allied health/nursing students (outreach in progress); staff from long-term care facilities (outreach in progress); faith-based programs and individuals, such as pastoral nurse programs, nurses in congregation, and child care workers (outreach to this population is still needed). Shelter surveillance training should be made available to any of these groups that have not already received the training.

Area for Enhancement 3: There were several groups who were not present at the Tabletop Exercise that participants were concerned may not be aware of their role.

Reference:

- Public Health Preparedness Capabilities: National Standards for State and Local Planning

Analysis: EMDs need to be made more aware of the need to do shelter surveillance. HSEM could help to communicate this information to the EMDs. Health Officers are typically responsible for environmental assessments of shelters prior to opening. Residential academic institutions should be asked about their plans to shelter their own population.

Critical Task 2

Organizations present at Tabletop can identify their roles and responsibilities for conducting or assisting with conducting surveillance in shelters.

Strength

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

Strength: Organizations present at the Tabletop were aware of their roles and responsibilities regarding shelter surveillance, both prior to an event as well as after shelters have opened.

Areas for Enhancement

The following area requires enhancement to achieve performance without challenges:

Area for Enhancement 1: Hospitals should be considered for consultation, when appropriate, during a suspected outbreak in shelters.

Reference:

- Public Health Preparedness Capabilities: National Standards for State and Local Planning
- Hospitals within NH response plans for emergencies

Analysis: Hospitals may not be aware of the *Surveillance in Shelters Guidance* and as such, hospital assets are not integrated into the efforts to determine the cause of a possible communicable disease in a shelter. During a suspected large-scale outbreak, the under- or unutilized hospital assets could result in increased casualties.

2. Identify all existing laws, plans, policies and procedures related to health surveillance in shelters and how they can be coordinated for a more efficient response.

The areas for enhancement for each core capability aligned to this objective are described in this section.

Mass Care

Critical Task 1

At the time of the incident, coordinate with healthcare partners to assure medical and mental/behavioral health services area accessible at or through congregate locations.

Strength

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

Strength: Participants discussed the role of the Medical Reserve Corps and their role as healthcare providers in shelter surveillance. The use of Disaster Behavioral Response Team for mental health services was mentioned.

Areas for Enhancement

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

Area for Enhancement 1: *Surveillance in Shelters Guidance* should be integrated into all of the municipalities designated shelter plans.

Reference:

- Public Health Preparedness Capabilities: National Standards for State and Local Planning
- Local Emergency Operations Plan's ESFs 6 Mass Care and ESF 8 Public Health and Medical Services

Analysis: Most municipalities have an ESF 6 section in their LEOP, but may have limited information on shelter operations and surveillance in shelters.

Area for Enhancement 2: *Surveillance in Shelters Guidance* should be accessible to all Emergency Management Directors and their designees within the state.

Reference:

- Public Health Preparedness Capabilities: National Standards for State and Local Planning
- *Surveillance in Shelters Guidance*

Analysis: Although the Guidance was presented at the 9th and 10th Annual Statewide Emergency Preparedness Conference, EMDs and other local officials in attendance may not be aware of how to access the Guidance.

Area for Enhancement 3: Surveillance in pet shelters should be considered in order to avoid potential biological outbreaks that may be common among both animals and humans.

Reference:

- Public Health Preparedness Capabilities: National Standards for State and Local Planning
- *NH Animals in Disaster Guidance*
- *Surveillance in Shelters Guidance*

Analysis: The likelihood of spreading an animal-specific contagious disease to humans and vice versa in either a pet or human shelter was unknown by the participants of the Tabletop exercise. This raised a concern that perhaps surveillance guidance in pet shelters might be needed.

Critical Task 2

Identify existing plans, policies and procedure at the local, regional or state level to assist with surveillance in shelters.

Strength

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

Strength: Participants were aware of the Shelter Surveillance Guidance document, RSAs relating to emergency declarations and response and understood how the SEOC worked during a response.

Areas for Enhancement

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

Area for Improvement 1: Non-traditional, faith-based and community-based shelter plans should be identified by local EMDs.

Reference:

- Public Health Preparedness Capabilities: National Standards for State and Local Planning

Analysis: Municipalities may or may not be aware of local faith-based and community-based organizations' shelter plans. During a disaster, all shelter plans should include information about conducting shelter surveillance to avoid the possibility of communicable disease outbreaks.

Area for Improvement 2: Depending upon the type of disaster or incident some local, State, and Federal laws may apply to how and when surveillance in shelters is conducted.

Reference:

- Public Health Preparedness Capabilities: National Standards for State and Local Planning
- State RSAs regarding Public Health

Analysis: State RSA for communicable disease surveillance applies to shelter operations. Include language for reporting reportable diseases in NH.

Area for Improvement 3: Minor edits to the Guidance for Conducting Health Surveillance in Shelters and the ESF 6/8 Desk SOP for Shelter Surveillance should be considered.

Reference:

- Public Health Preparedness Capabilities: National Standards for State and Local Planning
- State Emergency Operations Center's (SEOC) Desks for Emergency Support Function (ESF) 6 Mass Care, Housing and Human Services and ESF 8 Public Health and Medical Services Standard Operating Procedures for Shelter Surveillance.

Analysis: Issues regarding submission of the Summary Form in Part IV; semantics of PHR vs PHN; and implications of Emergency Preparedness Coordinators being responsible for shelter planning were identified by exercise participants that require clarification in the SOP.

3. Evaluate the guidance, policies, and protocols to implement health surveillance in mass care shelters.

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

Mass Care

Critical Task 1

During an incident, identify updated health needs as part of the agency's/jurisdictional situational awareness update and refer those updates through the public health incident management system for additional local or state assistance as necessary.

Strength

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

Strength: Organizations present at the Tabletop were able to walk through the process for communication flow from the local or regional shelters to the state.

Areas for Enhancement

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

Area for Enhancement 1: Frequency of reporting on surveillance shelter activity to the SEOC was unclear.

Reference:

- Public Health Preparedness Capabilities: National Standards for State and Local Planning
- *State Emergency Operations Center's (SEOC) Desks for Emergency Support Function (ESF) 6 Mass Care, Housing and Human Services and ESF 8 Public Health and Medical Services Standard Operating Procedures for Shelter Surveillance.*
- *Conducting Surveillance in Shelters Guidance*

Analysis: Exercise participants indicated that reporting suspect cases may need to be more frequent than waiting until the next operational period. However, aligning surveillance reporting with the SEOC reporting timeframes was also important. Obtaining at least one report in a twenty-four hour operational period is expected.

Area for Enhancement 2: Reporting of surveillance shelter activity by a shelter volunteer was unclear.

Reference:

- Public Health Preparedness Capabilities: National Standards for State and Local Planning
- *Conducting Surveillance in Shelters Guidance*

Analysis: The process of who completes the form which tallies all patients seen in the shelter's Health Services Unit during a particular shift and then who reports it to the SEOC required some participants to talk the process through.

Public Health Surveillance and Epidemiological Investigation

Critical Task 1

Engage and retain stakeholders who can provide health data to support routine surveillance.

Strength

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

Strength: The Shelter Surveillance Work Group has trained over 100 individuals in conducting shelter surveillance including three MRC units and the MMRS. They have also presented and done a training at two volunteer conferences in NH and one emergency preparedness conference. A FAQs sheet was also sent out to EMDs in NH through HSEM.

Area for Enhancement

The following area requires enhancement to achieve the full capability level:

Area for Improvement 1: A clear and concise process for reporting a suspected outbreak in a shelter to the SEOC ESF 8 desk and then to disease surveillance is needed.

Reference:

- Public Health Preparedness Capabilities: National Standards for State and Local Planning
- *State Emergency Operations Center's (SEOC) Desks for Emergency Support Function (ESF) 6 Mass Care, Housing and Human Services and ESF 8 Public Health and Medical Services Standard Operating Procedures for Shelter Surveillance.*
- *Conducting Surveillance in Shelters Guidance*

Analysis: Local or regional shelter operations are sometimes conducted by American Red Cross volunteers. These ARC volunteers may or may not be from New Hampshire. There is a significant variance in reporting procedural time that could greatly increase the time needed by State Public Health nurses to act on a suspected outbreak.

Critical Task 2

Provide statistical data and reports to public health and other leadership to identify potential populations at risk for adverse health outcomes.

Strength

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

Strength: Staff at NH DHHS has been trained to analyze and tally the data from shelters surveillance forms and have a draft tracking template for reporting out the data.

Area for Enhancement

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

Area for Improvement 2: Provide a clear and concise reporting structure for surveillance shelter activities in local and regional shelters.

Reference:

- Public Health Preparedness Capabilities: National Standards for State and Local Planning

- *State Emergency Operations Center's (SEOC) Desks for Emergency Support Function (ESF) 6 Mass Care, Housing and Human Services and ESF 8 Public Health and Medical Services Standard Operating Procedures for Shelter Surveillance.*
- *Conducting Surveillance in Shelters Guidance*

Analysis: There seemed to be some confusion around how communication would occur up to the SEOC ESF 8 desk and then to the Public Health nurses among involved parties at the state-level and back down to the local-level.

4. Evaluate communication flow and information sharing between the shelters, the SEOC, and the NH DHHS and its Division of Public Health Services Incident Command Center (ICC).

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

Emergency Operations Coordination

Critical Task 1

Maintain situational awareness using information gathered from medical, public health, and other health stakeholders.

Strength

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

Strength: The participants mentioned the use of WebEOC to maintain situational awareness during a response and the use of daily conference calls with the state and towns to provide updates on the response. WebEOC can be used to request resources or ask for assistance, for example if a shelter needs help with shelter surveillance they can request it. On the conference calls, information can be made (there haven't been any major responses since the release of the surveillance guidance document).

Area for Enhancement

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

Area for Improvement 1: An epidemiological strike team should be considered for each Public Health Region.

Reference:

- Public Health Preparedness Capabilities: National Standards for State and Local Planning
- *Conducting Surveillance in Shelters Guidance*

Analysis: Exercise participants from PHRs underscored the importance of having subject matter experts on biological outbreaks available within their regions. Having a team deployed to the shelter when there are suspect outbreak cases could expedite reporting and processing time.

Information Sharing

Critical Task 1

During an incident, request, send and receive data and information.

Strength

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

Strength: The SEOC is set-up during responses to coordinate and allocate resources. Local or regional shelters can send data and information via phone, Ham radio, fax and email (email goes to the NH DHHS ICC) to submit surveillance data. The SEOC can communicate back to the local or regional shelter with analyzed data.

Area for Enhancement

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

Area for Improvement 1: Reporting the type of personal identifying information of suspect outbreak cases needs to be determined.

Reference:

- Public Health Preparedness Capabilities: National Standards for State and Local Planning
- *Conducting Surveillance in Shelters Guidance*

Analysis: Shelters will get information to the SEOC via cell phones, land lines, ham radio, transit vehicle, or by relaying through first responders. Exercise participants were unsure about what type of personal identifying information needs to be reported and through what communication channels the information can be transmitted through.

5. Assist the shelter manager or designee with identifying and implementing infection prevention and control measures for the shelter.

The areas for enhancement for each core capability aligned to this objective are described in this section.

Public Health Surveillance and Epidemiological Investigation

Critical Task 1

Conduct investigations of disease, injury or exposure in response to natural or man-made threats or incidents and ensure coordination of investigation with partner agencies.

Strengths

The full critical task can be attributed to the following strengths:

Strength 1: State Public Health Nurses would be able to assist local or regional shelters reporting a potential outbreak.

Strength 2: Public Health nurses and epidemiologists from Health Departments in the Cities of Manchester and Nashua would work with the State Public Health Nurses to assist local or regional shelters within the Cities Public Health Regions.

Strength 3: Hospital infection control practitioners in the Cities of Manchester and Nashua could potentially provide support to local or regional shelters within the Cities Public Health Regions.

Critical Task 2

Provide epidemiological and environmental public health consultation, technical assistance, and information.

Strength

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

Strength: The City of Nashua, Division of Public Health and Community Services and the Manchester Health Department can provide assistance with shelter surveillance during a response for the towns in their region. The NH DHHS Bureau of Infection Disease Control has public health nurses available 24/7 for response to outbreaks or communicable disease concerns in shelters. The MMRS has been trained and could be called upon to assist shelters with surveillance. Trainings are being freely offered to volunteer groups and webinars have been conducted with the American Red Cross.

Area for Enhancement

The following area requires enhancement to achieve the full capability level:

Area for Improvement 1: A means of ensuring the completion of all communication process steps for reporting a potential outbreak is needed.

Reference:

- Public Health Preparedness Capabilities: National Standards for State and Local Planning

- *Conducting Surveillance in Shelters Guidance*

Analysis: Local Health Officer Manual's do not reference identification of and response to a potential outbreak in a shelter.

Critical Task 3

Determine public health mitigation, including clinical and epidemiological management and actions to be recommended for the mitigation of the threat.

Strength

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

Strength: The NH DHHS has experience through large-scale public health responses and outbreaks and have the expertise to provide recommendations on health mitigation and actions to be taken to reduce or eliminate threats.

Area for Enhancement

The following area requires enhancement to achieve the full capability level:

Area for Improvement 1: Requirements for closing a shelter due to a biological outbreak are needed.

Reference:

- Public Health Preparedness Capabilities: National Standards for State and Local Planning
- *Conducting Surveillance in Shelters Guidance*

Analysis: Exercise participants were uncertain what criteria must be met in order to close a shelter due to a communicable disease outbreak. It was unknown if data on this subject exists from mass care shelters that were open during previous natural disasters such as Super Storm Sandy, Hurricanes' Irene, Ike, Gustov, Rita, or Katrina.

APPENDIX A: ENHANCEMENT PLAN

This Enhancement Plan (EP) has been developed specifically for City of Nashua, NH, Department of Public Health and Community Services as a result of NH Operation Healthy Shelters Tabletop conducted on October 29, 2014.

Core Capability	Issue/Area for Enhancement	Corrective Action	Capability Element ¹	Responsible Person	Start Date	Completion Date	Progress
Core Capability 1. PHP: Community Preparedness	1. Role of PHR Emergency Preparedness Coordinators in shelter planning	1. Change all reference to Emergency Preparedness Coordinators in the PHRs role in shelters to EMDs. EMDs are responsible for shelter plans.	Planning				
	2. Shelter surveillance – role of volunteers	1. Add role and responsibility language to guidance	Planning				
		2. Put a template together for JAS for shelter surveillance (reference JAS developed by Seacoast Region)	Planning	Carole Totzkay	January 2015	June 2015	

¹ Capability Elements are: Planning, Organization, Equipment, Training, or Exercise.

		3. Look into training other groups such as school nurses for shelter surveillances	Training				
	3. Role of EMDs, HOs, and academia in shelter surveillance	1. Integrate shelter surveillance overviews and guidance to PHN regional meetings where they have EMDs and Health Officers present; 1A. Talk about this at a PHN Coordinator meeting	Planning	1. TBD/ Carole (Link with meetings Carole is already setting up with regions) 1A. Phil Alexakos	June 2015	December 2015	
		2. Submit an abstract to the 2015 NH EP Conference	Training	Ashley Conley	December 2014	December 2014	DONE
		3. Talk at upcoming Health Officer's Association Meeting and provide a venue for training (webinar or in-	Training	Phil Alexakos	April 2015	June 2015	

		person)					
Core Capability 1. HPP: Healthcare System Preparedness	1. Role of hospital infection control practitioners and hospitals	1. Education/ presentation at upcoming NHICEP meeting (15 minutes)	Training	Darlene Morse	March 2015	August 2015	
		2. Education/ presentation at NHHA hospital prep meeting (15 minutes)	Training	Ashley Conley	February 2015	August 2015	
Core Capability 3. PHP: Emergency Operations Coordination	1. Need for Epidemiological Strike Team	1. Discuss with NH DPHS and ESU leadership about options and next steps	Planning	Shelter Surveillance Work Group	December 2014	December 2014	DONE
	2. Development of an MOU with NH DHHS and Manchester Health Department	Signed MOU by both entities	Planning	Phil/Manchester Health Department	January 2015	June 2015	
Core Capability 6. PHP: Information Sharing	Reporting personal identifying information	1. Add language as necessary to the guidance to better describe identifying information and channels of communication	Planning				

Core Capability 7. PHP: Mass Care	1. Integrating Surveillance in all types of shelter plans	1. Develop JITT materials for shelters that pop-up and are not planned ahead of time (video recordings)	Planning	Shelter Surveillance Work Group	February 2015	August 2015	
	2. Accessibility of Surveillance in Shelters Guidance	1. Look into putting together kits that can be provided to MRCs with materials and guidance	Equipment	Shelter Surveillance Work Group	February 2015	December 2015	
		2. Pre-event messaging include forms and information on shelter surveillance (partnering to get info to EMDs during conference calls with towns prior to and during a response)	Planning	ESU	April 2015	September 2015	
	3. Surveillance in Pet/Animal Shelters	1. Discuss concepts with the NH DPHS Public Health Veterinarian (ask them to come to	Planning	Phil/Ashley & Shelter Surveillance Work Group	August 2015	February 2016	

		a meeting to chat about this topic)					
	4. Mental Health Surveillance in Shelters	1. Discuss concepts with DBHRT	Planning	Shelter Surveillance Work Group	August 2016	February 2016	
	5. Legal concerns	1. Add language on RSA 141C to guidance document	Planning				
	6. Frequency of reporting on surveillance activities	Make sure the guidance has, "Once per operational period, or a minimum of once per day" for submitting the summary form. Try to align reporting timeframes to HSEM timeframes.	Planning				
	7. Volunteer reporting	1. Add a flowchart and clarify language on who should be filling the forms and what to do with them.	Planning	Phil/ Darlene/ Ashley	Feb 2015	Feb 2015	
Core Capability 13. PHP: Public	1. Reporting cases to SEOC	1. Include smart art for reporting cases to DPHS;	Planning	Phil/ Darlene/ Ashley	Feb 2015	Feb 2015	

Health Surveillance and Epidemiological Investigation		put stronger language that the shelter manager notifies the LEOC					
	2. Situational awareness of current infectious disease trends (e.g. influenza) in the communities where shelters will be opening.	1. Include language on who and how this information will be gathered and who it is shared with	Planning	Shelter Surveillance Work Group	March 2015	December 2015	
	3. Closing a shelter due to an outbreak	1. Ask CDC National Center for Environmental Health for guidance on this topic.	Planning	Ashley Conley	February 2015	December 2015	

APPENDIX B: EXERCISE PARTICIPANTS

Participating Organizations	
Federal	
None	
State	
NH Department of Health and Human Services	
NH Department of Homeland Security and Emergency Management	
Local Jurisdictions	
City of Manchester; Greater Nashua Public Health Network	
City of Nashua; Greater Manchester Public Health Network	
Town of Derry; Greater Derry Public Health Network	
Organizations	
NH American Red Cross	
New Hampshire Hospital Association	
Community Health Institute/JSI	