



DALLAS COUNTY

Health & Human
Services

**BIOTERRORISM & RESPONSE
DIVISION**

AVIAN FLU PANDEMIC

**TABLETOP EXERCISE
AFTER ACTION REPORT**

May 31, 2006



DCHHS PANDEMIC AVIAN FLU TABLETOP EXERCISE AFTER ACTION REPORT



PREFACE

This After-Action Report (AAR) from the Dallas County Health & Human Services (**DCHHS**) tabletop exercise held on April 21, 2006, was created as discussion based with the input and observations from exercise participants, facilitators and evaluators comprised of private, local, and state departments and agencies. The purpose of this AAR is to validate **DCHHS** preparedness and to document the achievement of the overall objectives of the exercise. It summarizes critical issues, identifies concerns, defines mitigation efforts, and outlines necessary corrective actions. This AAR will provide the basis for future planning and as a tool to set objectives for the upcoming symposium sponsored by **DCHHS**. Exercise evaluation tools, such as this report, document the readiness and help design plans for future improvement. *Defenbaugh & Associates, Inc. (D&A)* is committed to providing **DCHHS** and exercise participants with an accurate and comprehensive evaluation and analysis of this exercise.

PURPOSE

The purpose of this exercise was to facilitate understanding of concepts, identification of strengths and shortfalls, and educating key partner organizations, to include the private sector, in pandemic response and recovery requirements. It also provided participants with an opportunity to evaluate their current response concepts, plans, and capabilities for a community-wide response to a large-scale public health emergency which was sickness and not disaster based.

During this exercise, key issues were identified, discussed, and potential solutions developed. Where lacking, relationships were identified between organization, agencies, and groups to address shortfalls. Specific assistance will be provided to the community through continued relationships with **DCHHS** staff to better prepare agencies and organizations for a potential pandemic influenza outbreak. Participants were encouraged to provide feedback to *D&A* regarding the exercise presentation, facilitation, and scenario.

Exercise participants were invited because they will be key partners in an effective community response to a potential pandemic. Where practical, the community should take every action possible to eliminate the significant hazards that contribute to the spread of pandemic influenza within Dallas County. Pre-event activities which should occur prior to a seasonal influenza outbreak include:

- Education of the workforce.
- Establish a pandemic Working Group within your organization.
- Establish Risk Managers to be charged with workplace health and safety.
- Consider contact with medical advisors to assist in pre-event activities.

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EXECUTIVE SUMMARY

INTRODUCTION

Dallas County Health & Human Services (**DCHHS**) sponsored the Pandemic Avian Flu Tabletop Exercise on Friday, April 21, 2006. The exercise was designed as an opportunity for **DCHHS**, key agencies to include the private sector, and the participating cities (Richardson, Dallas, and Garland) to discuss how they would organize and execute their response to a pandemic. The overall objective was for various private, local, and state agencies to discuss how they would formulate and implement their response to the hypothetical scenario.

DCHHS will lead the public health response to an influenza pandemic in Dallas County. In an effort to prepare for a pandemic, **DCHHS** has published the “Pandemic Influenza Planning Guide” (last updated March 1, 2006) with its purposes defined as:

- To provide initial guidance for community-wide pandemic influenza preparedness.
- To propose pre-event preparedness actions that will reduce the health, social, and economic impact of a pandemic in Dallas County.
- To communicate this guidance to the public and private sector, as well as non-governmental agencies, non-profits, and faith based organizations.

It is unlikely that a novel strain of Influenza virus would first appear world-wide in Dallas County. The State of Texas estimates a three month warning period before the arriving pandemic would occur. However, continued surveillance of the community for flu and flu-like illness remains an essential component of local preparedness. **DCHHS** does not currently stockpile an inventory of pandemic strain vaccine or anti-viral medications. Once influenza, including pandemic influenza, cases begin to appear, it is assumed that the entire county is at risk due to the contagiousness of the disease.

Five indicators are used to identify flu cases and the amount of virus circulation in the community. These indicators include samplings from school districts, virology laboratories, hospitals, sentinel physician offices, and pneumonia mortality. Using these surveillance tools, **DCHHS** can determine factors such as the first appearance of flu cases, the magnitude of flu activity throughout the season, the age groups most affected, the type of flu circulating, and the time it ceases to circulate in the county. The schools, labs, physician offices, and hospitals coordinate very closely with each other and **DCHHS** to determine when influenza appears, peaks, and declines. Such surveillance would be intensified during a pandemic should an outbreak occur.

To prevent the exponential spread of pandemic influenza, Dallas County physicians and epidemiologists are monitoring reported cases of influenza, as are their counterparts throughout the United States and the world. The **DCHHS** laboratory has the capability to provide diagnostic testing for the pandemic strain within four to six hours.

Preparedness Activities:

- Actions directed at limiting the spread of influenza.
- Work absences of up to 50% for more than two weeks.
- Potential closures of businesses, transportation, schools, churches, etc.
- Personal protective equipment availability.

OBJECTIVES

This 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 local emergency response capabilities. The **DCHHS** Pandemic Avian Flu Tabletop 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 health departments, hospitals, and other agencies.

During this exercise, key issues were identified, discussed, and potential solutions developed. Where lacking, relationships were identified between organizations, agencies, and groups to address shortfalls. Specific assistance to the community will be provided through continued relationships with **DCHHS** staff to better prepare for a potential pandemic influenza outbreak.

Observations and feedback from facilitators, evaluators, and the participant observation forms verified that the stated objectives in the exercise were met. This success was due in large part to the involvement of **DCHHS** personnel and the exercise design team in the development of the tabletop and the enthusiastic participation by local, state, and private sector participants.

SCOPE

The intent for this **DCHHS** Pandemic Avian Flu Tabletop Exercise was:

1. To use the tabletop exercise 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 Dallas County.
2. To focus on key local health, hospital, and emergency responder coordination and critical decisions for integrating state and federal assets necessary to save lives and protect the public health following an outbreak.
3. To apply the current response concepts, plans, and capabilities addressed in the respective cities/agency's emergency management plans during a hypothetical response to the potential consequences of an outbreak.

The functional groups identified for breakout discussions were selected to represent critical areas responding to the effects of an Avian Flu Pandemic. The specific groups represented were:

- Dallas County
- Hospitals
- Health Agencies
- Public Safety
- Education
- Volunteer Agencies
- Private Sector
- City of Dallas
- City of Garland
- City of Richardson
- State Agencies

Discussion among these functional breakout groups focused on major issues and actions that would impact the decision-making process rather than on minute details. This focus allowed emphasis to be placed on the identification of strengths and weaknesses in coordination and integration of capabilities, problem solving, and gap identification in general.

EXERCISE DESIGN

(Development)

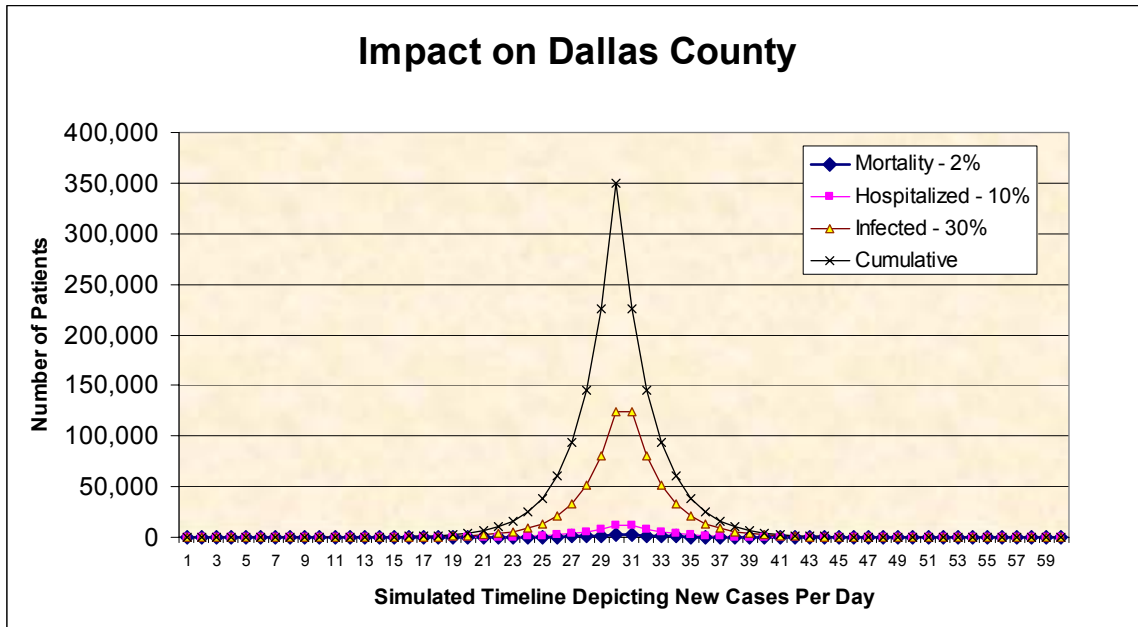
The exercise was designed as a multimedia, facilitated, tabletop event. It was organized into three phases to allow participants to discuss issues in a logical sequence against the backdrop of the hypothetical scenario. Participants discussed their reactions in each of the three distinct, chronologically sequenced, response phases:

- | | |
|---|-------------------|
| • Phase I — IDENTIFICATION & NOTIFICATION | Days 1 through 3 |
| • Phase II — PUBLIC HEALTH EMERGENCY | Days 7 through 11 |
| • Phase III — RESPONSE EFFORTS | Day 21 |

(Variables)

The exercise scenario developed by *D&A* design team provided a structure to support attainment of the exercise objectives. The scenario variables included:

- The first wave of the flu pandemic will last approximately sixty days.
- No vaccine for the virus has been developed.
- Current antiviral medications, such as *Tamiflu*, and supplies are limited and unavailable.
- Potential Impact –
 - 30% of the population will become infected;
 - 10% would be hospitalized; and
 - 2% mortality rate is expected.



- One person who is infected will usually infect four others.
- People can be infectious to others a full day before they begin to show symptoms to more than a week after.
- The flu disproportionately affects children below 5 years of age, seniors above 65, and people with certain medical conditions.
- Federal and state resources may be unavailable or be extremely slow due to heavy demand across the country.

Typically, a local, seasonal influenza epidemic lasts in this community six to eight weeks. It is thought that a novel influenza virus would behave in a similar manner, though reoccurrences or second waves would remain likely.

Projected Totals for Dallas County:

Infected	30% or 700,000 people
Hospitalized	10% or 70,000 people
Deaths	2% or 14,000 people

Children (15% of above numbers)

Infected	105,000
Hospitalized	10,500
Deaths	2,100

(Scenario)

It was late October 2006 and the annual flu season was here. Health-related news over the past few months had not been encouraging. The cause for the transmission of Avian Flu (H5N1)

from birds to humans had not yet been identified through clinical research. To top that off, a limited number of person-to-person transmissions of a new strain of Avian Flu (H5N1) had been verified in several Asian countries, with the suspicion of there being many more which had not, as of yet, been clinically verified. Research was still underway worldwide to identify a vaccination that would help prevent the spread of avian flu in humans before a pandemic developed.

Throughout the past year, this new strain of Avian Flu had spread throughout portions of Asia and Eastern Europe with the areas affected growing by the week. There were approximately 157 human deaths in late 2005 and early 2006 attributed to the H5N1 strain of bird flu throughout these areas, and new deaths still being reported each week. Millions of chickens and turkeys in China, Vietnam, Thailand, Myanmar, and Afghanistan were killed to prevent further spread of the virus. Some countries suffered more than others because of limited health facilities and preventative measures.

The migration of birds from Asia to the Pacific Northwest failed to introduce the original H5N1 strain of Avian Flu into North America last spring (2006). The United States was spared; however, with the potential for person-to-person transmission of this new strain becoming a greater reality, North America becomes a viable target. The relative ease of international travel today was being viewed as the potential culprit for the spread of the new strain of virus into the United States. While some airports along the west coast and in Hawaii had established procedures for proper screening and the quarantine of travelers, these measures were not considered foolproof.

It was unlikely that a novel strain of Influenza virus would first appear world-wide in Dallas County. The State of Texas had estimated a three month warning period before the arriving pandemic would occur. However, continued surveillance of the community for flu and flu-like illness remained an essential component of local preparedness. **DCHHS** did not stockpile an inventory of pandemic strain vaccine or anti-viral medications. Once influenza, including pandemic influenza, cases began to appear it was assumed that the entire county was at risk due to the contagiousness of the disease.

On any given day, Dallas receives in excess of 300 travelers originating from Asian countries, which was where the 2005 Avian Flu outbreak occurred. Dallas and the surrounding metroplex were the ultimate destination for these travelers. In addition, almost 300 hundred North Texans travel to Asia on a daily basis for business and pleasure. The U. S. Department of Commerce, Office of Travel and Tourism Industries estimated that Dallas receives almost 600 Asian visitors and returning North Texans per day. These travelers arrive in Dallas on either direct international flights or on flights which connect on the west coast.

Several days prior to traveling to attend a technology symposium in Dallas, one Asian traveler was unknowingly exposed to the new strain of Avian Flu via person-to-person transmission while visiting relatives in a small farming community in Vietnam. While spending a few days in Hanoi, Vietnam, and before he was to depart for Dallas, he unknowingly infects a North Texan who was soon to return home to Richardson, Texas. The North Texan was visiting Vietnam with

some old military friends; all of who had served there during the Vietnam War. Several days later, both infected travelers arrived at the Dallas Fort Worth International Airport; one via a direct flight from Vietnam and the other via a connecting flight in Los Angeles. Within two days after arriving in Dallas, they were both overcome with flu-like symptoms, initially mild at first, but progressively worse over the course of several days. By the third and fourth day, respectively, they each had gone to the nearest hospital complaining of extreme complications from the flu.

At the same time, and throughout the United States, a large number of people began presenting at hospitals with influenza-like symptoms. The larger cities, Los Angeles, Chicago, and New York, experienced more significant increases in the number of flu cases than traditionally experienced in past years. Health warnings began to flare up across the country. Several days before, Houston, TX, reported a confirmed death due to the pandemic strain, as did New York and Los Angeles.

Widespread outbreaks of the new strain of Avian Flu had recently been identified in large cities throughout the world, including London, Tokyo, and Hong Kong during the past week.

EXERCISE EXECUTION

(Implementation)

Each phase began with a situational update presented to the group as a whole. At the end of each update, participants were allotted a specified period of time (40 minutes) to caucus in their respective groups. The time restriction was imposed for two reasons: first, to enable attainment of exercise objectives that were linked to completion of all three modules and, second, to create a sense of urgency on the part of the participants.

While in caucus, participants reviewed the situation, identified critical issues, and determined appropriate response actions that they would implement. Each group designated a spokesperson to keep track of the discussions and to represent their views to the entire forum.

At the conclusion of each caucus period, the group spokespersons provided feedback to the group at large, and the overall exercise facilitator moderated follow-up conversations between the various functional groups. Prior to adjournment, the lead facilitator held a “*Hot Wash*” among all facilitators and evaluators to discuss immediate feedback, input, and observations.

(Participation)

The discussions by each functional group were characterized by insightful, animated discussions and open exchanges on overall capabilities and concerns. The success of the exercise was due in great part to the high level of interest and support shown by the participating agencies, as evidenced by the seniority and caliber of participants representing them. State representatives also contributed with an exceptional level of participation. A list of participating agencies is provided in Appendix L.

MAJOR FINDINGS AND RECOMMENDATIONS

(Overview)

Discussion: The exercise provided a unique opportunity for local responders to regionally examine their primary roles and the mutual and independent requirements associated with responding to an Avian Flu Pandemic. The exercise will help to revalidate the existing emergency management plans, as well as identify new areas for refinement or incorporation into these plans and the functional agency Standard Operating Procedures (SOPs). These will enhance the ability of the participating agencies to execute a comprehensive, synchronized response to mitigate the effects of a pandemic event on its employees, customers, and citizens.

Statistical updates and critical discussion points were included in the exercise manual to assist the facilitators as well as provide participants a digest of issues to assist them as they engaged in discussions and planning. Attendees were advised that the primary tool for the tabletop, the exercise manual, would generate a number of questions that could not be addressed during the exercise. Facilitator worksheets captured the major issues, concerns, mitigation, and gaps for each functional area. The issues presented in this AAR and the application of the regional procedures currently in place should prove valuable in the effort to improve preparedness for an Avian Flu Pandemic.

Many participants felt that another Pandemic Flu tabletop exercise should be conducted in the near future with additional agencies invited and the groups should be divided with representatives across diverse lines. Since the participants now see the issues and problems within their core professions, they need to work through and identify issues and offer solutions jointly and collectively.

Recommendations:

1. **DCHHS**, the participating cities, and respective state and regional responders should continue an active dialog in a collaborative effort to prepare for the potential consequences of an Avian Flu Pandemic.
2. Plans at the local, state, and regional levels should be modified based on the training knowledge base and lessons learned in this exercise, from previous experiences, and future exercises.
3. Local, state, and private sector partners should continue to review and evaluate their procedures for an effective multi-agency response during a pandemic event and participant in future seminars and exercises.
4. **DCHHS** should follow-up with participating agencies to help clarify roles and responsibilities and address concerns identified to better prepare for a unified and coordinated response to an Avian Flu Pandemic.
5. Additional private sector organizations need to participate and partner with **DCHHS** in future exercises and symposiums to develop a stronger community involvement.
6. Future symposiums and exercises need broadening to include a similar format and breakout rooms for group discussion. Conference style facility would be best for a more effective delivery.

(Communications)

Discussion: One major issue identified by all functional groups was communications between agencies and within organizations as to their roles and responsibilities during a pandemic event. There was a great concern for **DCHHS** providing timely and effective communications and accomplish public notification, ensure adequate information flow between agencies, and collect accurate intelligence information to support the response. As a result, this created a great deal of uncertainty as to who will be directing and controlling the response efforts.

Recommendations:

1. An effective public education program must be developed to reduce panic and instill confidence in the response efforts.
2. **DCHHS**, as the lead agency, should provide clear direction, accurate, timely, and updated information for the community and key response agencies in the event of an Avian Flu outbreak.
3. Although the local media may become the conduit for information distribution, **DCHHS** should establish and maintain communication links with local governments, hospitals, educational institutions, and key private sector and volunteer agencies.
4. Close coordination and presenting one unified voice from **DCHHS** will be critical.

(Planning)

Discussion: The approach of key decision makers to a pandemic event requires a degree of proactive interaction on the part of those supporting the event that is not common in routine disasters. In a potential pandemic situation, those separated from the response often have to anticipate, both in their thinking and in the early initiation of control measures, what will be required to effectively manage the outbreak. Rather than waiting for requests, those responsible for obtaining resources need to initiate early requests for external support based upon known local capabilities. Since the rapid deployment of resources from state and federal agencies will be impeded by the heavy demand and time required to alert and move resources, early involvement is important to reduce this delay. In addition, there are private sector resources in close proximity that could be brought to bear in an emergency situation.

There are several methods that can be taken to assist those orchestrating the overall response effort in taking proactive measures, such as:

1. Having a current list of local capabilities available so that requirements for external assistance can be identified in a timely manner.
2. Recognizing local deficiencies and having alternative actions in place for rapid implementation.
3. Having an awareness of the capabilities of available regional, state and federal assistance; the manner in which these response agencies are requested and obtained; and an understanding of the time implications involved. A synchronized plan for immediate employment of available state and federal assets will help reduce the delay in deploying specialized national assets to the region in the event of an attack.

4. Maintaining a listing of local, private sector entities and 24-hour emergency points of contact that could provide assistance and other timely emergency response resources.

Recommendations:

1. Emergency Management Plans across all lines of organizations, departments, agencies, and businesses should be reviewed to ensure that they address a pandemic response and provide the necessary guidance to those charged with directing and/or responding to an outbreak.
2. Local EOC protocols, to include the development and use of a critical resource list and a methodology for keeping it up to date, should be developed.
3. **DCHHS**, the participating cities, state, and regional plans should include information regarding how to access specific regional, state, and federal resources that will rapidly assist in the response to a pandemic event.

(Coordination)

Discussion: During the response, **DCHHS'** roles and responsibilities will focus primarily on continued accurate surveillance activities, situational awareness, and communications with hospitals. Close coordination will be necessary to effectively manage and implement control measures. Controlling access points to **DCHHS** will be essential to a successful outcome. Partner agencies will need to follow the chain of command. Not following the existing plan could result in chaos. **DCHHS** will have to rely on established relationships and liaisons with cities & agencies.

Recommendations:

1. Follow the existing plans that are in place. Don't create a new one during the event.
2. Rely on the Emergency Management Model for controlling the outbreak -- National Incident Management System (NIMS).
3. Provide frequent updates with accurate and current information.
4. Ensure coordinated effort to reflect to the public that there is only one voice in providing accurate and current information.
5. Manage expectations during implementation of control measures. Timely distribution of stockpiles.
6. Provide action items for the public: Use of social distancing as an initial control measure. How, When and Where to wear mask.
7. Develop and implement a comprehensive Public Education program in coordination with education institutions.

(Capabilities)

Discussion: The theme for the Hospital group was "we are great at handling trauma – we don't do sick". Hospitals are not prepared to manage the surge that would result from even a mild influenza pandemic which means, that in the event of a pandemic, they will be unable to function due to lack of staff, supplies, and medicines. Consequently, medical care for both flu patients and other patients will be severely compromised.

Recommendations:

1. **Institute Regional Hospital Collaboration:** Recommend that **DCHHS** bring hospital and public health leaders together to address the preparedness and response needs of the hospital community so that, during a severe pandemic, hospitals will be able to continue to provide essential medical services while also tending to affected patients.
2. **Create a Framework for Allocation of Limited Medical Resources:** In a severe pandemic there will not be enough beds, supplies, or trained staff to care for the sick. Therefore, hospital care will have to be reorganized through deferral of services and rationing and altering of standards of care in order to do the greatest good for the greatest number.
3. **Revise Pandemic Preparedness Guidance for Hospitals:** Recommend that **DCHHS** refine the hospital pandemic preparedness checklist to define responsibilities, specifically delineating those items that are the responsibility of the individual hospital, the state or local public health authority, or the federal government. Furthermore, the guidelines should be concrete, measurable and based on very specific preparedness goals and should be harmonized with the requirements of the Joint Commission on Accreditation of Healthcare (JCAHO) and Health Resources and Services Administration (HRSA).

OTHER FINDINGS

In addition to the major findings and recommendations discussed above, there were numerous other issues that were raised during the exercise. These have been organized into the following categories:

Phase I – Identification & Notification (Days 1-3)	Appendix A
Phase II – Public Health Emergency (Days 7-11)	Appendix B
Phase III – Control Measures (Day 21)	Appendix C
Evaluation Forms	Appendix D
Participating Agencies	Appendix E
Photo Journal	Appendix F

APPENDIX A
PHASE I – IDENTIFICATION & NOTIFICATION

Phase: I
Group: Dallas County

Facilitator: Danny Millaway
Organization: D&A

ISSUE: Provide your top three issues and prioritize them for your organization, agency, or group. Limit your issues to one per page and write or print legibly. Use reverse side, if needed.

1. Communications – Internal and External to accomplish public notification, insure adequate information flow between agencies, and collecting accurate intelligence information.
2. Continuity of Operations to provide continued services and support the pandemic response.
3. Preparedness planning and public education.

CONCERNS: Please identify your concerns associated with the above Issue.

1. Will the infrastructure be adequate to handle the volume of calls? Will the message instill public confidence in **DCHHS**? Keeping the information current. Methodology in disseminating information.
2. Staffing shortages, Increased workload, IT Systems failure.
3. Human Resource Policies. Increased need for public education. Education within the workforce.

MITIGATION: Your recommendations as to actions to take to mitigate your concerns.

1. Follow the plans that are in place for disseminating information. Speak with one voice, calming effect, and action items on where to get information and resources. Provide frequent updates with accurate and current information. Proper utilization of the Media to help deliver the message.
2. Identify minimum staffing needs, critical staff, and ensure succession plans are in place. Control demand through good public information campaign. Rely on IT systems to avoid person to person contact.
3. Keep work place safe by a “Don’t bring it to work” policy. Advanced planning and the development of a pandemic education program. Review and develop policies in the work place regarding public contact and following good hygiene practices.

GAPS: What coordination with other agencies will be required to address gaps?

1. Reliance on partner agencies to keep accurate information flowing.
2. Identifying critical staff within **DCHHS** and advanced planning with Dallas County Office of Emergency Management. Being asked to do things that we don’t do.
3. Working with the Media, Employees, Education, Hospitals, and Public Safety to become better prepared for a pandemic.

Do your plans adequately address preparation for a pandemic event? **Yes** No

Phase: I
Group: Health

Facilitator: M Montes & Jennifer S. McMillian
Organization: DFWHC/DCHHS

ISSUE: Provide your top three issues and prioritize them for your organization, agency, or group. Limit your issues to one per page and write or print legibly. Use reverse side, if needed.

1. Reporting EOC's – Public notification to surrounding health departments and general public dissemination.
2. Public education and residual management issues at city and county government levels.
3. Hospital issues and advance care center issues. Interaction between public health and hospitals.
4. Point of Distribution (POD) setup and notification to the general public.
5. Local city and county response plan awareness. Do city and county response partners know each other's plans?

CONCERNS: Please identify your concerns associated with the above Issue.

1. At what point do we notify each other and the general public? First case; Call centers and the emergency routing of calls.
2. Do we have local city and county contacts and is syndromic surveillance in place and utilized? When is a health alert conducted and activated?
3. Management interaction and participation.
4. Work with hospital command centers and response centers.
5. Point of distribution centers locations, education, staffing and logistics, volunteer staffing?
6. Preplan for county wide education and training sessions.

MITIGATION: Your recommendations as to actions to take to mitigate your concerns.

1. Public information and outreach and English as a Second Language (ESL) concerns (Education and Awareness campaign).
2. Mass Media concerns.
3. Responding with and by existing communications plans.
4. City vs. county interactions.
5. Training – Personnel and staff volunteer.
6. Messaging - Knowing the message; Singular message with “one voice”.
7. Practice and exercise – Enhancing regional, state and local coordination and response centers.

GAPS: What coordination with other agencies will be required to address gaps?

Out of time – Not addressed.

Do your plans adequately address preparation for a pandemic event? Yes **No**

Phase: I

Facilitator: Dr. Steve Wilson & Jennifer Defenbaugh

Group: Hospitals

Organization: DCHHS/D&A

ISSUE: Provide your top three issues and prioritize them for your organization, agency, or group. Limit your issues to one per page and write or print legibly. Use reverse side, if needed.

1. Communication.
2. Containment, prevention of spread of disease.
3. Identification of Sick Employees and care of patients.

CONCERNS: Please identify your concerns associated with the above Issue.

1. They were not sure who would really be in charge. They would operate within their own hospitals, but overall they were concerned for the whole hospital system. Need to ensure that all personnel are aware of outbreak and containment efforts.
2. They realized by the time the influenza was identified, they would be contaminated and most of the hospitals represented have very small isolation areas. Also, they didn't know how to address the problem of their staff being afflicted and affected. Identification of patients and employees with infection; Proper PPE; isolation procedures; Security; and continued surveillance.
3. At this stage of the exercise, participants were concerned with losing staff due to illness, family illness or fear. They understood that the hospitals would have to continue operating, but didn't understand the scope of future days with overwhelmed systems and short-staff. Isolation; adequate staff; and adequate supplies (including lab and diagnostics).

MITIGATION: Your recommendations as to actions to take to mitigate your concerns.

1. Notifications for staff, media info, departments in and out of the hospitals. Emails (internal and external), publications.
2. Set up triage outside the hospital building and preferably at an off-site area. (Hot Zone Triage) Mask and glove all employees, mask all incoming patients and visitors; increased security.
3. Set up nurseries/care for staff families, distribute prophylactics to all staff (even though it was acknowledged there wouldn't be enough medication and no inoculation for this event), monitor all staff for illness. At this early stage, current staff and supplies should be sufficient. But the anticipated ongoing need would put supplies in jeopardy. Need to coordinate with vendors, and request stockpile.

GAPS: What coordination with other agencies will be required to address gaps?

1. There were only seven hospitals represented at this table. Only one person came up with the basic order of a disaster plan. Coordinate with governmental agencies (**DCHHS**, **DSHS**), infection control staff, hospital admin.
2. Setting up an off-site area would be difficult because of staffing and approval to leave the required hospital operating standards. (Mainly internal)
3. Continuing to receive supplies would be of utmost importance. Would vendors, manufacturers be able to keep up?

Do your plans adequately address preparation for a pandemic event? Yes **No**

Phase: I
Group: Public Safety

Facilitator: Oglesby & Richardson
Organization: D&A

ISSUE: Provide your top three issues and prioritize them for your organization, agency, or group. Limit your issues to one per page and write or print legibly. Use reverse side, if needed.

1. Protective equipment for personnel and decontamination equipment.
2. Maintenance staffing levels to cover all three shifts (continuity of service).
3. Preparing for increased personnel needs.

CONCERNS: Please identify your concerns associated with the above Issue.

1. Availability & how to locate distribution points. Education & training on usage and what to provide families. Life span, restocking, and disposal. Prioritize who personal protection equipment is issued to.
2. Number of personnel infected, not reporting to work, customer service delivery (surge). Symptoms of disease exhibited by those at work. Ways to limit exposure educate & protect officers. Risk stratification.
3. % of workforce that will be out due to illness. % of workforce who will not respond due to health concerns for family. % of workforce for run volume due to increased EMS demand based off of H5N1. Maintain calm within workforce as rumors spread.

MITIGATION: Your recommendations as to actions to take to mitigate your concerns.

1. Stock piling prior to and rotation of personal protection equipment. Pre-education on response, equipment, & education of families.
2. Quarantine, limit social contact, wear personal protection equipment.
3. Establish alternative schedules for staff. Establish alternative work assignments. Place reserve equipment into service. Activation of volunteers to increase labor.

GAPS: What coordination with other agencies will be required to address gaps?

1. Supplies and training.
2. Coordination between police & fire.
3. Gap between run volume and labor pool because of H5N1.
4. Running out of personal protection equipment due to demand in progress.

Do your plans adequately address preparation for a pandemic event? Yes No

Phase: I

Facilitator: Anita Ingram & Mark Price

Group: Education

Organization: SMU/D&A

ISSUE: Provide your top three issues and prioritize them for your organization, agency, or group. Limit your issues to one per page and write or print legibly. Use reverse side, if needed.

1. Public Notification (Communication).
2. Symptoms (how to recognize early symptoms and how to respond).
3. Panic (how to keep teachers/students calm and focused).

CONCERNS: Please identify your concerns associated with the above Issue.

1. Telephone/e-mail notifications need to be multilingual and at a reading level which can be easily understood by most everyone.
2. What's the criterion for sending notifications and shutting the schools down?
3. Who is the Health Authority to look to for information to convey and guidance?
4. How do you authenticate messages sent to students/families?
5. How will the homeless and indigent be notified?
6. How do you prevent parents from sending sick kids to school?
7. How do the ISD's get the most current information?

MITIGATION: Your recommendations as to actions to take to mitigate your concerns.

1. ISD Phone and e-mail systems.
2. Code Red.
3. Media Relations.
4. Education and Public Awareness Campaigns.

GAPS: What coordination with other agencies will be required to address gaps?

1. DCHHS.
2. Media.
3. Internal ISD IT.
4. TEA (Texas Education Agency).

Do your plans adequately address preparation for a pandemic event? Yes **No**

Phase: I

Facilitator: Don Armstrong

Group: Volunteers

Organization: D&A

ISSUE: Provide your top three issues and prioritize them for your organization, agency, or group. Limit your issues to one per page and write or print legibly. Use reverse side, if needed.

1. Communications to staff and volunteers.
2. Containment so staff and volunteers can function.
3. Lack of volunteers to support response effort given level of public concern with regard to safety.
4. Surge capacity of utilities.

CONCERNS: Please identify your concerns associated with the above Issue.

1. Make sure staff and volunteers are aware of and trained in disaster plans.
2. Be sure to keep staff and volunteers safe and healthy. People may not be anxious to volunteer if fearful of infection.
3. There will be many staffing and support needs. A lack of community volunteers to support the response effort will hamper any response effort. During the exercise each functional area named many areas where volunteers are needed.
4. Will the critical services and utilities be able to meet the capacity demanded by epidemic and people all working from home?

MITIGATION: Your recommendations as to actions to take to mitigate your concerns.

1. Train on all emergency preparedness. Agree on who will be able to come to work.
2. Have backup employees lined up. Pre-planning some medical volunteer positions and developing disaster trained volunteers. Perhaps pre-identifying these numerous volunteer positions prior to the event and developing contact directory for schools, businesses, churches, etc. who will have volunteer needs during the response.
3. Public education on media; consistent message and in multiple languages.
4. Integrate volunteer needs of public services, utilities, and vital companies.

GAPS: What coordination with other agencies will be required to address gaps?

1. Educate staff and volunteers as to how they can stay safe in violent or mob mentality outbreaks.
2. Also need to structure volunteers programs to address fatigue during a long term recovery process. The reality is that during a long response, you are going to run out of volunteers to support the response effort.

Do your plans adequately address preparation for a pandemic event? **Yes** No

Phase: I

Facilitator: Andy Hale & Tino Pérez

Group: Private Sector

Organization: D & A

ISSUE: Provide your top three issues and prioritize them for your organization, agency, or group. Limit your issues to one per page and write or print legibly. Use reverse side, if needed.

1. Workforce Management – Dealing with the resource issues that may arise as the result of a pandemic event for anywhere from a few days to 6 months.
2. Education and Information: Proactive education and accurate information are required for private sector entities to effectively respond to a Crisis Event (everything from personal hygiene info to our entities' contingency plans).
3. Preventative Measures: What can we do during the early stages to mitigate risks and reduce losses for our business?

CONCERNS: Please identify your concerns associated with the above Issue.

1. Are we prepared to operate in contingency mode for 6 months? Might people take advantage of the situation, i.e. claiming to be sick when they are not? Should we plan for a slight distraction or a major event? How do we prepare for an Avian Flu Pandemic without causing panic? Is leadership bought in on this?
2. Who needs information and or education? How do we avoid disinformation? Where do we get our information or education from? How is that information to be disseminated within our organization? How do walk the line between crying wolf and a real threat? What is senior management's role in information and education?
3. Can we prepare in advance? What can we do for our building, our people, and our processes now? What if our firm is decentralized (i.e. 400 stores, 1700 individuals)?

MITIGATION: Your recommendations as to actions to take to mitigate your concerns.

1. Create a plan in advance and follow the plan. We can and should begin segmenting our workforce in advance. Determine contingency organization structure now, including leadership team. Consider "working from home" options. We may need to update our HR policies. Prepare for the worst. Inform but do not alarm.
2. Consider information and education for all employees and their families. Create a tiered information rollout plan (some now, some going forward, some during the event). Prepare information, education, and messages in advance. Determine trusted outside information sources in advance (i.e., use **DCHHS** / 211, not the media) Determine the information release process. It should be via a single source. Begin preaching healthy habits, lifestyles, and preventative measures now.
3. Prepare, rollout, and train before a crisis event occurs. Set up cleaning, maintenance, security, and transportation contingencies now. Begin preaching healthy habits, lifestyles, and preventative measures now.

GAPS: What coordination with other agencies will be required to address gaps?

1. HR Department, Senior Management.
2. Senior leadership, Communications team, **DCHHS**.
3. Service providers.

Do your plans adequately address preparation for a pandemic event? Yes **No**

Phase: I

Facilitator: Fred Collie

Group: City of Dallas

Organization: D&A

ISSUE: Provide your top three issues and prioritize them for your organization, agency, or group. Limit your issues to one per page and write or print legibly. Use reverse side, if needed.

1. Communications (Internal and External).
2. Human Resource Issues.
3. Business Continuity.

CONCERNS: Please identify your concerns associated with the above Issue.

1. Will the City effectively communicate (both internal and external communications) during a Pandemic Avian Flu event. Will the City effectively inform the citizens of Dallas about Pandemic Avian Influenza (prevention, treatment) prior to an outbreak or during the initial stages of an outbreak? Will the City effectively inform its employees about Pandemic Avian Influenza (prevention, treatment) prior to an outbreak or during the initial stages of an outbreak?
2. Will there be enough “well” employees to provide essential services in the event of an Avian Influenza Pandemic? Will employees and their families suffer adverse effects (high infection and mortality rates) during a Pandemic Avian Influenza event?
3. Will the City have the ability to provide essential operations during a Pandemic Avian Flu event?

MITIGATION: Your recommendations as to actions to take to mitigate your concerns.

1. Ensure that appropriate messages in multiple languages are prepared so that they can be “pulled off of the shelf” and modified as needed, when needed. Ensure the City of Dallas understands who is responsible for overall communication prior to and during a Pandemic Avian Influenza outbreak (the County) and coordinate with that/those organization(s) before and during an outbreak. Ensure that there is a common and consistent message throughout the entire Metroplex. Use the City’s radio station and cable channel.
2. Identify essential roles, not people that must continue during a Pandemic Influenza Event. Cross-train personnel to fill essential roles. Plan interdepartmental shifts in personnel to address critical needs prior to an emergency.
3. Establish contracts with outside vendors to address critical needs, essential functions, and supply essential resources during emergencies. Identify essential operations and prioritize those operations which are not absolutely essential. Plan to shift employees and resources from throughout the city to address essential needs.

GAPS: What coordination with other agencies will be required to address gaps?

1. The City of Dallas and the Dallas County need to work well together, better than they have in the past. Future coordinated planning and training should take place.
2. The City must determine all stakeholders prior to an outbreak and work with those stakeholders on issues of mutual concern.
3. Planning and coordination with outside vendors must take place prior to a Pandemic.

Do your plans adequately address preparation for a pandemic event? **No**, but they are getting started. This exercise is part of the process.

Phase: I

Facilitator: Greg Milam

Group: City of Richardson

Organization: Texas Health Network

ISSUE: Provide your top three issues and prioritize them for your organization, agency, or group. Limit your issues to one per page and write or print legibly. Use reverse side, if needed.

1. Communication among various entities. Identify focal person to disseminate information.
2. Management.
3. Public Order.

CONCERNS: Please identify your concerns associated with the above Issue.

1. One source of information. Accuracy of information. Timely dissemination of information.
2. When do voluntary closures become mandatory (i.e. schools, malls, businesses)? Compliance and enforcement. Ripple effect of panic buying, shortages, economic losses to businesses.
3. Manpower. Security at hospitals/clinics, etc. Education of staff.

MITIGATION: Your recommendations as to actions to take to mitigate your concerns.

1. Preventative steps – public information.
2. EOC will determine when closures will occur. Prioritizing services (what is protected). Reopening services.
3. Implement emergency plans, i.e. 12 hour shifts.

GAPS: What coordination with other agencies will be required to address gaps?

1. Assembling all decision makers.
2. Ripple effect – What is the scope?
3. Richardson Police Department must be prepared to assume burden of security.

Do your plans adequately address preparation for a pandemic event? **Yes** No

Phase: I

Facilitator: Jay Thatcher

Group: State Agencies

Organization: Denton County Health

ISSUE: Provide your top three issues and prioritize them for your organization, agency, or group. Limit your issues to one per page and write or print legibly. Use reverse side, if needed.

1. Public Notification.
2. City, County, and State Government.
3. Prevention Measures for the Workplace.

CONCERNS: Please identify your concerns associated with the above Issue.

1. Speaking with “one voice”. Language barriers, accuracy of message translations, identify local ethnic media sources and contacts. Ensure accurate and early notification to the medical community including alternative treatment sites (if any). Rogue reporters and unsubstantiated reports – rumor control. Not all the “at-risk” public will have access to all the various forms of media used – homeless, etc. – how do we get the message to them?
2. Too much dependence on technology which could fail as public works systems decline? ID and inventory medical supplies and needed medications within the geographic area? Declare the disaster in a timely manner across the cities, counties, and the state? Ensure safety of responders? Coordinate assets with the hospitals and other healthcare givers – surge capacity will become a problem. Deployment of and amount of SNS assets, if ordered, will be insufficient to address needs. Maintain continuity of Government – Business Continuity planning inadequate? Maintain public works.
3. Education for the workforce currently inadequate. Personal safety procedures not well understood in the workplace. We have not identified critical tasks employees so we can encourage all others to stay at home. Mental health issues will exceed our capacity.

MITIGATION: Your recommendations as to actions to take to mitigate your concerns.

1. Utilize all forms of media – newspaper, radio, TV, (English language and others) Blast FAX and Health Alert Network to provide the medical community proper information. Stand up a JIC to develop messages and approve content. Use pre-developed messages at local level to personalize local response.
2. Survey local suppliers for availability of resources – request delivery of SNS after disaster declarations are made. Work with the local DFWHC and EM Systems to ID capacity.
3. Contact organizations that provide mental health (MHMR) to help identify stressed populations. Activate local CISM groups. Contact organizations that provide social services – meals on wheels, home health, etc to identify underserved populations.
4. Develop or source a Business Continuity Plan template to encourage local planning.

GAPS: What coordination with other agencies will be required to address gaps?

1. Coordinate with all others through the DDC to identify alternative communications in the event that public works systems fail.
2. How to source supplies and other regional resources when there is not a good understanding (yet) of the new RUC/RCC concept that identifies and logs these resources.

Do your plans adequately address preparation for a pandemic event? **Yes - But the current plans are only a starting point – more issues and gaps need to be identified and revisions to the plans need to be constantly written to mitigate the newly identified issues and gaps.**

**APPENDIX B
PHASE II – PUBLIC HEALTH EMERGENCY**

Phase: II

Facilitator: Danny Millaway

Group: Dallas County

Organization: D&A

ISSUE: Provide your top three issues and prioritize them for your organization, agency, or group. Limit your issues to one per page and write or print legibly. Use reverse side, if needed.

1. Well defined Role and Responsibilities for **DCHHS**. Primarily will focus on continued accurate surveillance activities, situational awareness, and communications with hospitals.
2. Control Measures – trigger points for requiring closures and mask.
3. Mortality Issues.

CONCERNS: Please identify your concerns associated with the above Issue.

1. Controlling access points to **DCHHS**. Partner agencies following the chain of command. Keeping the information accurate and current. Not following the existing plan.
2. Reliance on relationships and liaisons with cities & agencies. Implementation of effective control measures. Compliance with control measures. Availability of supplies.
3. Storage of the dead bodies. Identification of family members. Disposal of the dead.

MITIGATION: Your recommendations as to actions to take to mitigate your concerns.

1. Follow the existing plans that are in place. Not creating a new one. Emergency Management Model for controlling incident (NIMS). Provide frequent updates with accurate and current information.
2. Follow Emergency Management Model for controlling incident (NIMS). Timely distribution of stockpiles. Manage expectations during implementation of control measures. Provide action items for the public: Use of social distancing as an initial control measure. How, When and Where to wear mask.
3. Bring in refrigerated trucks. Identify mass burial sites.

GAPS: What coordination with other agencies will be required to address gaps?

1. Education of partner agencies in NIMS and Emergency Management Plans.
2. Education of public on how, when, and where to wear mask.
3. Public Education on need for mass burials.

Do your plans adequately address preparation for a pandemic event? **Yes** No

Phase: II

Facilitator: M Montes & Jennifer S. McMillian

Group: Health

Organization: DFWHC/DCHHS

ISSUE: Provide your top three issues and prioritize them for your organization, agency, or group. Limit your issues to one per page and write or print legibly. Use reverse side, if needed.

1. Isolation and Quarantine orders. How? Where? What are the command and control measures and are they in place?
2. Mental Health – Worried well and the need for utilization of the Dallas County Mental Health Taskforce.
3. Crisis Incident Stress Management (CISM). Local assistance through local EAP's (Employee assistance programs) – UTSWMC; ARC; MRC; and county-wide assets.

CONCERNS: Please identify your concerns associated with the above Issue.

1. How do we stop or slow the spread of future infections? Isolation and quarantine issues
2. Vendor Managed Inventory (VMI). What control measures? Community/county wide authority – enforcements?
3. “Public health declaration” from the state of Texas. Dr. Eduardo Sanchez; mobilization by emergency management system.

MITIGATION: Your recommendations as to actions to take to mitigate your concerns.

1. Who makes the decision on isolation and quarantine? County Health Authority or County Judges.
2. Plan response; what does your plan say? Coordination to disaster declaration to plans
3. Work with local city and county officials to assist with isolation and quarantine activities.
4. Work with local city and county officials to assist with mental health issues and CISM issues
5. Trained and “just in time”(JIT) volunteers to work on the incident.

GAPS: What coordination with other agencies will be required to address gaps?

1. County assets were extremely limited. What are the known assets with the county?
2. City agencies had little to no awareness of these assets. More asset training from county offices.
3. Child and pediatric needs; pets?
4. Protective measures vs. quarantine activities.
5. Home bound patients, shelter at home patients.
6. Mental health (CISM).

Do your plans adequately address preparation for a pandemic event? Yes **No**

Phase: II

Facilitator: Dr. Steve Wilson & Jennifer Defenbaugh

Group: Hospitals

Organization: DCHHS/D&A

ISSUE: Provide your top three issues and prioritize them for your organization, agency, or group. Limit your issues to one per page and write or print legibly. Use reverse side, if needed.

1. Unity of Command.
2. Alternate Treatment Sites.
3. Supplies/Pharmacy -- Exhaustion of supplies and staff.

CONCERNS: Please identify your concerns associated with the above Issue.

1. Hospitals operate independently and have no form of unification. Only one person at the table knew what DFWHC is and what MERC is suppose to do. It was decided that that would be their only link to the other hospitals and that MERC was basically useless. With a Pandemic, all hospitals would be stressed, so each hospital would have to utilize what resources they had to maintain. Who will be the ultimate authority on issues relating to relaxation of regulations, credentialing of volunteers? How will the hospitals (public and private) coordinate efforts?
2. How to care for children and elderly. Transportation of MD's and RN's and lack of staffing at the hospitals and other treatment sites. Hospitals operate at an anticipated rate of patient influx with the exception of the possibility of a disaster; however, when the possibility of being short-staffed because of illness within their own system was addressed, there was not a solid plan for their dilemma.
3. Most hospitals admitted they had a three-five day supply of food and longer for pharmaceuticals. After that they were in a quandary. At this stage, ALL hospitals in the country would either be running out of supplies or hoarding in anticipation; staff would be overworked and/or sick themselves with no relief available.

MITIGATION: Your recommendations as to actions to take to mitigate your concerns.

1. Work with Hospital Council; others to resolve this issue.
2. Cross-training staff, credentializing of medical students, etc.
3. None noted.

GAPS: What coordination with other agencies will be required to address gaps?

1. BIOTEL/E.P.A.B., Hospital Council, State Boards, DSHS, DCHHS, THA, NDMS.
2. At this point, they didn't feel there was any agency or organization they could turn to. Request Volunteer agencies to help with staffing, food supplies.
3. None noted.

Do your plans adequately address preparation for a pandemic event? Yes **No**

Phase: II
Group: Public Safety

Facilitator: Oglesby & Richardson
Organization: D&A

ISSUE: Provide your top three issues and prioritize them for your organization, agency, or group. Limit your issues to one per page and write or print legibly. Use reverse side, if needed.

1. Call Prioritization.
2. Maintaining Minimal Staffing Levels.
3. Resource Management.

CONCERNS: Please identify your concerns associated with the above Issue.

1. Calls not being addressed. Train personnel on triage of calls, life safety being first.
2. 12 hr. shifts; general recall; reserve personnel recall; activate volunteers/retirees; consolidate resources.
3. Contract with different services, i.e. grocery stores, for continuity of services. Jails and what to do with prisoners. Handling of fatalities, especially if they appear to have died other than pandemic. Basic needs of employees. Screening and monitoring of employees and providing employee support.

MITIGATION: Your recommendations as to actions to take to mitigate your concerns.

1. Recall retirees.
2. Call in volunteers.
3. All desk type positions become patrol.
4. Property crimes move to low priority.
5. Integrate personnel.

GAPS: What coordination with other agencies will be required to address gaps?

1. Unable to predict personnel levels.

Do your plans adequately address preparation for a pandemic event? Yes No

Phase: II

Facilitator: Anita Ingram & Mark Price

Group: Education

Organization: SMU/D&A

ISSUE: Provide your top three issues and prioritize them for your organization, agency, or group. Limit your issues to one per page and write or print legibly. Use reverse side, if needed.

1. Continuity of Education.
2. Uniformity/Organization of School Closures.

CONCERNS: Please identify your concerns associated with the above Issue.

1. Supervision of children returning home.
2. Staffing for teachers who stay at home with their children.
3. Building security when it is closed.
4. Record keeping during closure.
5. Food in cafeteria going to waste.
6. Protocol in the event of a mid-day closure.
7. Re-opening schools for POD sites, food distribution, etc.

MITIGATION: Your recommendations as to actions to take to mitigate your concerns.

1. Advanced planning.
2. Do not close schools in the middle of the day.
3. Media Relations/Communication.
4. Use the end of year school shut down list.

GAPS: What coordination with other agencies will be required to address gaps?

1. DCHHS.
2. Media.
3. Internal ISD IT.
4. TEA (Texas Education Agency).
5. Law Enforcement.

Do your plans adequately address preparation for a pandemic event? Yes **No**

Phase: II
Group: Volunteers

Facilitator: Don Armstrong
Organization: D&A

ISSUE: Provide your top three issues and prioritize them for your organization, agency, or group. Limit your issues to one per page and write or print legibly. Use reverse side, if needed.

1. Human resource issues.
2. Volunteer concerns.
3. Volunteers' concerns.

CONCERNS: Please identify your concerns associated with the above Issue.

1. Designated replacements ready to replace key leadership and volunteers when needed.
2. Services for homebound and special needs individuals. (Who?) Location and identification of special needs.
3. Use of non-qualified/certified people to fill specialized positions as discussed by medical authorities.

MITIGATION: Your recommendations as to actions to take to mitigate your concerns.

1. Identify and train people to replace you prior to the event.
2. Locating human and material resources such as vendor agreements or transportation (UPS, FedEx, USPS) and drivers for bulk distribution and deliveries. 211 Center in Houston has contracted out to identify special needs through TXDEM (statewide).
3. Volunteer Center of North Texas will recommend to Dallas County MRC, hospitals, nursing homes, etc. to use non-medical volunteers for specialized medical patients such as distributing medications and medical registration (through website and hotline).

GAPS: What coordination with other agencies will be required to address gaps?

1. Locating private sector businesses to assist public sector in obtaining human and material resources for food, water, medication, and transportation.
2. Identify Volunteer Center of North Texas to all agencies in Dallas County that are in need of referrals.

Do you plans adequately address preparation for a pandemic event? **Yes** No

Phase: II
Group: Private Sector

Facilitator: Andy Hale & Tino Pérez
Organization: D & A

ISSUE: Provide your top three issues and prioritize them for your organization, agency, or group. Limit your issues to one per page and write or print legibly. Use reverse side, if needed.

1. Overload of Required Services: Our workforce, vendors, suppliers, and others that we count on to operate are not necessarily going to be available.
2. Operating in Crisis Mode: Things will be different in a crisis event. What can our firm expect? What will we need to be prepared for?
3. Communication is always an issue in crisis mode. How will others communicate to us and how will we communicate to our workforce, suppliers, customers, local authorities.

CONCERNS: Please identify your concerns associated with the above Issue.

1. How do we stay open if we are short on resources/supplies? Will our vendors and suppliers be operational during the crisis? Will the public services and public agencies be operational? Will we go out of business? At what point do we close?
2. Should we be prepared for looting, robberies, walkouts, deaths, etc.? What if martial law is enacted? What is our role if there are deaths at our facility or we have a death cause by our workforce? How far should we go to protect our assets, our people, etc.?
3. How will we get information from our workforce, our suppliers, local authorities, vendors/contractors, and our customers? How will we get information to our workforce, our suppliers, local authorities, vendors/contractors, and our customers? What if all communications, web, text messaging, and phones are out?

MITIGATION: Your recommendations as to actions to take to mitigate your concerns.

1. Create a tiered staffing plan in advance. Prepare, rollout, and train before a crisis event occurs. Involve vendors, suppliers, and public services in the construction of your Disaster Recovery plans. Persuade vendors, suppliers, and public services to prepare as well. Set up contingencies for all functions performed by vendors, suppliers, and public services now. Define minimum requirements to stay open in advance. Create redundancy plans and stockpiles for critical requirements. Push for an Emergency Declaration to relax HR, Union, transportation, and policies.
2. Train on scenarios that include additional complexities such as looting, robberies, walkouts, deaths, etc. Keep cash on hand to use for bargaining and purchasing. Document rules of engagement and workforce aid agreements in advance.
3. Create a communications plan in advance. Prepare, rollout, and train before crisis occurs. Procure telecommunications equipment, bull horns, and speaker/microphones devices in advance. Coordinate communications plans with our workforce, suppliers, local authorities, vendors/contractors, and customers. Create redundancies.

GAPS: What coordination with other agencies will be required to address gaps?

1. Vendors, suppliers, and public services DR plans. FEMA, OSHA, DSHS, Unions.
2. Senior Management involvement.
3. Our workforce, suppliers, local authorities, vendors/contractors, and our customers

Do your plans adequately address preparation for a pandemic event? Yes **No**

Phase: II

Facilitator: Fred Collie

Group: City of Dallas

Organization: D&A

ISSUE: Provide your top three issues and prioritize them for your organization, agency, or group. Limit your issues to one per page and write or print legibly. Use reverse side, if needed.

1. Establish Priorities.
2. Redistribute Resources (including personnel) as needed.
3. Communication.

CONCERNS: Please identify your concerns associated with the above Issue.

1. Essential Services: Communications, Public Safety, Sanitation, and Water.
2. What functions and roles are essential to the basic operation of the city during an Avian Influenza Pandemic. How can those functions go on and those roles be filled when 40% of the workforce has been adversely effected.
3. Will there be a consistent and effective message throughout the city, region, state, and nation?

MITIGATION: Your recommendations as to actions to take to mitigate your concerns.

1. Essential Services- Identify essential services and roles and make plans to address those services and plans in the event of an emergency. Public Safety- Police and Fire Departments should have plans in place that identify essential functions and roles and shift personnel and resources to those functions and roles when needed. Water and Sanitation Departments should have plans in place that identify essential functions and roles and shift personnel and resources to those functions and roles when needed.
2. Gain a complete and honest understanding of each department's operations and the essential functions that it will undertake during an Avian Influenza Pandemic. Identify essential roles, not people. Cross train city personnel to fill essential roles when needed. Identify a leader or leaders that can effectively lead the city through the Avian Influenza Pandemic event.
3. Work as an active member of a Joint Information Center (JIC). Establish communication plans prior to an emergency. Use the cities radio station and television cable channel. Ensure a constant message that flows through the proper channels.

GAPS: What coordination with other agencies will be required to address gaps?

1. Interdepartmental coordination and public-private partnerships prior to an Avian Influenza Pandemic is absolutely essential.
2. Interdepartmental coordination and public-private partnerships prior to an Avian Influenza Pandemic is absolutely essential. In addition coordination with neighboring communities and Regional Corporation is necessary.
3. Find out who will operate and lead the JIC, and prepare to become an active member during an Avian Influenza pandemic or other emergency.

Do you plans adequately address preparation for a pandemic event? **No, but we are working on plans and coordination.**

Phase: II

Facilitator: Greg Milam

Group: City of Richardson

Organization: Texas Health Network

ISSUE: Provide your top three issues and prioritize them for your organization, agency, or group. Limit your issues to one per page and write or print legibly. Use reverse side, if needed.

1. Maintaining health of workers providing essential services.
2. Volunteer coordination.
3. Prioritize requests for security services.

CONCERNS: Please identify your concerns associated with the above Issue.

1. Exhaustion (physical and mental). Food and shelter, personal care. Medical care and evaluation.
2. Centralizing volunteer control. Credentialing. Food and shelter for volunteers.
3. Staffing. Housing staff on shifts – essential.

MITIGATION: Your recommendations as to actions to take to mitigate your concerns.

1. Enforce required rest time. Provide emotional support. Provide food, shelter, and medical.
2. Centralize needs – referrals coordinated through one location.
3. Deputize volunteers. Locate retirees with law enforcement backgrounds.

GAPS: What coordination with other agencies will be required to address gaps?

1. Supplies.
2. Communication with volunteers.
3. Response – getting volunteers to fill the need.

Do you plans adequately address preparation for a pandemic event? **Yes** No

Phase: II

Facilitator: Jay Thatcher

Group: State Agencies

Organization: Denton County Health

ISSUE: Provide your top three issues and prioritize them for your organization, agency, or group. Limit your issues to one per page and write or print legibly. Use reverse side, if needed.

1. Maintain Sufficient Manpower Levels for Necessary Services.
2. Public Safety.
3. Medical.

CONCERNS: Please identify your concerns associated with the above Issue.

1. Continuity of Government/Leadership: can it be maintained? Are there enough Medical Personnel, Public Works Employees to maintain infrastructure? What services can be suspended – i.e. when does law enforcement stop making certain types of responses? Can we have public information notices developed that contain messages regarding service and service interruptions?
2. Socio-economic issues may contribute to public safety concerns – Marshal Law, Quarantine? Law Enforcement, Fire, EMS, Medical will have to begin to prioritize services? Ensure constant flow of accurate public information.
3. Maintain quarantine and isolation protocols? Develop acceptable prioritization of services and triage protocols based on the current threat? Ensure that underserved populations receive care and assistance as needed? Supplies will meet demands? PPE, medicines, bed capacity, acute care centers? Syndromic Surveillance (Epidemiology) will identify pockets of sick persons efficiently to help medical community contain the spread of the disease. Develop statewide or countrywide applied Standing Delegation Orders (SDOs) to protect medical community from liability issues associated with treatments and/or refusal of treatments for elective procedures.

MITIGATION: Your recommendations as to actions to take to mitigate your concerns.

1. Develop call down lists to up-date readiness levels. Predetermine lines of succession for government continuity. Maintain canned public service announcements that can be altered to reflect changes in service from interruptions.
2. Develop or review DMORT protocols to ensure burial arrangements are adequate, meet public safety needs, and respect private cultures and customs. Review public safety protocols to establish LE, Fire and EMS service priorities. Review Hospital and Health Dept. plans. They should be understood and revised for the establishment of service priorities based on current conditions and health concerns. Establish JIC to develop, oversee, approve, and issue public information bulletins.
3. ID special needs populations using available state agency resources – DADS, DARS, jail health etc. Health Authority – Federal, State, Local – agree on SDO's designed to protect the medical community and ensure standard treatment protocols are followed. Source local suppliers and plan for SNS vendor managed inventory distribution to meet local medical supply and medicine demands. ID medical field hospital sources or alternative buildings to utilize for acute care and supportive care of flu victims. Quarantine and isolation protocols enforced by local LE and reinforced using media outlets so populations understand public safety issues related to isolation and quarantine. Encourage family preparedness so self-quarantine can be introduced (Snow Days).

GAPS: What coordination with other agencies will be required to address gaps?

1. Through the DDC - DPS, GDEM, County–City Government, Health Departments must communicate to identify problem areas.
2. Possible lack of media cooperation.
3. LE and SO's will need to provide support for quarantine and isolation issues as needed. Manpower will be a huge gap and concern as these agencies are tasked with other life safety issues.
4. State and Federal – Military Medical Reserves, the Medical Rangers, DMAT, DMORT, and SNS.

Prepared for DCHHS by

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**APPENDIX C
PHASE III – RESPONSE EFFORTS**

Phase: III

Facilitator: Danny Millaway

Group: Dallas County

Organization: D&A

ISSUE: Provide your top three issues and prioritize them for your organization, agency, or group. Limit your issues to one per page and write or print legibly. Use reverse side, if needed.

1. Capacity Issues System-Wide.
2. Recovery Efforts.
3. Mortality Issues.

CONCERNS: Please identify your concerns associated with the above Issue.

1. Resources stretched beyond capacity. Mental Health for workers PPE supply and re-supply. Maintaining public confidence.
2. Capturing and tracking cost. Infrastructure prioritization. Food, utilities, and supplies.
3. Total numbers exceed capacity. Staffing shortages to continue investigations and autopsy of all deaths. Lack of facilities for storage of dead bodies.

MITIGATION: Your recommendations as to actions to take to mitigate your concerns.

1. Try to portray realistic expectations to the public as to what can be done. Use of Faith based organizations to support mental health needs. MOU's with suppliers. Increased PSA's in the Media.
2. Shift emphasis back toward private sector (buying groceries vs. government distribution) Recovery planning – bring things back in priority order (Schools, Services, Etc.).
3. Modify investigative and autopsy process. Increase reliance on Public Safety/EMS to make determination in the field. Identify alternative sites for body storage, i.e. refrigerated warehouses. Mass burials.

GAPS: What coordination with other agencies will be required to address gaps?

1. Realistic Expectations – Education. Delayed State & Federal Response.
2. Resource Allocation – time, personnel, money.
3. Relationships – ME's Office, Public Safety and EMS responders.

Do your plans adequately address preparation for a pandemic event? **Yes** No

Phase: III
Group: Health

Facilitator: M Montes & Jennifer S. McMillian
Organization: DFWHC/DCHHS

ISSUE: Provide your top three issues and prioritize them for your organization, agency, or group. Limit your issues to one per page and write or print legibly. Use reverse side, if needed.

- | |
|--|
| <ol style="list-style-type: none">1. Basic human needs of persons being sheltered by isolation and quarantine.2. Shelter in place and public safety.3. Isolation and quarantine issues.4. Home healthcare needs – Guidelines for Texans.5. Personal Protective Equipment (PPE) for first responders, city and county personnel and staff.6. City and County infrastructure. |
|--|

CONCERNS: Please identify your concerns associated with the above Issue.

- | |
|---|
| <ol style="list-style-type: none">1. City and County critical infrastructure. |
|---|

MITIGATION: Your recommendations as to actions to take to mitigate your concerns.

- | |
|---|
| <ol style="list-style-type: none">1. Mitigation plan – preparation of plans and having at least a 30 day supply.2. Home delivery of medications and home supplies, criteria, priority, and volunteers to focus on this activity.3. CISM teams - mental health crisis teams – domestic disputes. |
|---|

GAPS: What coordination with other agencies will be required to address gaps?

- | |
|--|
| <ol style="list-style-type: none">1. Plans with vendors within the community.2. Sustainment issues for county response. |
|--|

Do your plans adequately address preparation for a pandemic event? Yes **No**

Phase: III

Facilitator: Dr. Steve Wilson & Jennifer Defenbaugh

Group: Hospitals

Organization: DCHHS/D&A

ISSUE: Provide your top three issues and prioritize them for your organization, agency, or group. Limit your issues to one per page and write or print legibly. Use reverse side, if needed.

1. Staffing.
2. Supplies.
3. Security: protection of supplies, staff, patients.

CONCERNS: Please identify your concerns associated with the above Issue.

1. This was an on-going worry. Through-out the exercise, this issue was of the highest interest. With seemingly no end in sight, the healthy staff would be overworked and fatigued. The hospitals count on pooling assistance from medical students, school nurses, volunteers, etc., and they felt this avenue would not be present during the pandemic.
2. Where do you get food and supplies when all other hospitals/facilities are also tapped out? They understood the need for stock-piling; however, without exception, no one had extra resources or room for storage
3. Would panic ensue and lead to further reduction in already scarce resources? Law enforcement is already overwhelmed with other tasks.

MITIGATION: Your recommendations as to actions to take to mitigate your concerns.

1. Relax regulatory mechanisms for standard of care. Have legal waivers for credentialing of medical volunteers in order for them to have a broader scope of responsibility. Need regional/state response and support. Have pre-defined alternative treatment facilities for the masses.
2. None noted.

GAPS: What coordination with other agencies will be required to address gaps?

1. Law enforcement, DPS Hospital security.

Do your plans adequately address preparation for a pandemic event? Yes **No**

Phase: III
Group: Public Safety

Facilitator: Oglesby & Richardson
Organization: D&A

ISSUE: Provide your top three issues and prioritize them for your organization, agency, or group. Limit your issues to one per page and write or print legibly. Use reverse side, if needed.

- | |
|--|
| <ol style="list-style-type: none">1. Surviving the peak.2. Being able to re-define the mission as it moves to its' different levels.3. Dispatch & volume of calls. |
|--|

CONCERNS: Please identify your concerns associated with the above Issue.

- | |
|---|
| <ol style="list-style-type: none">1. Infection Control.2. Communication.3. Education of responders.4. Employee support.5. Handling the special missions (food, equipment, people).6. Who makes the decisions as the scale of pandemic grows larger.7. Federal assistance.8. Identify qualified personnel.9. Strategic management.10. Personnel to make command decisions at call time. |
|---|

MITIGATION: Your recommendations as to actions to take to mitigate your concerns.

- | |
|---|
| <ol style="list-style-type: none">1. Personal Protection Equipment Supply.2. Training.3. Counseling Assistance.4. Strategic Operations Plans.5. Mid-staff planning and education.6. Pre-planning with equipment and supplies.7. Call decisions.8. Call time. |
|---|

GAPS: What coordination with other agencies will be required to address gaps?

- | |
|--|
| <ol style="list-style-type: none">1. Unable to predict personnel levels. |
|--|

Do your plans adequately address preparation for a pandemic event? Yes **No**

Phase: III

Facilitator: Anita Ingram & Mark Price

Group: Education

Organization: SMU/D&A

ISSUE: Provide your top three issues and prioritize them for your organization, agency, or group. Limit your issues to one per page and write or print legibly. Use reverse side, if needed.

1. Re-starting the educational process.
2. Grief counseling.

CONCERNS: Please identify your concerns associated with the above Issue.

1. Grief counseling for teachers then students.
2. Staffing.
3. HR/payroll/health benefits.
4. Economic concerns regarding the costs to shut down and re-start.
5. Decontaminate the school.
6. Define a health criteria which must be passed prior to allowing teachers and students back.
7. Prioritize the tasks required to get the schools running again.
8. Food supplies.
9. Getting the IT/security systems back up.
10. New enrollments.

MITIGATION: Your recommendations as to actions to take to mitigate your concerns.

1. Advanced planning – create a test DR plans.
2. CISM team (Critical Incident Stress Management).
3. Use faith-based organizations and other volunteers.
4. Use a modified end of year school shut down list.
5. Use college students to fill in the gaps.
6. Secure contracts with Vendors in advance of a Pandemic with specific provisions for service levels during and after a Pandemic.
7. Create enhanced sanitary guidelines and order prepackaged forks, etc for the cafeteria.

GAPS: What coordination with other agencies will be required to address gaps?

1. DCHHS.
2. Media.
3. Internal ISD IT.
4. TEA (Texas Education Agency).
5. Law Enforcement.
6. Volunteers.
7. Supply vendors.

Do your plans adequately address preparation for a pandemic event? Yes **No**

Phase: III
Group: Volunteers

Facilitator: Don Armstrong
Organization: D&A

ISSUE: Provide your top three issues and prioritize them for your organization, agency, or group. Limit your issues to one per page and write or print legibly. Use reverse side, if needed.

- | |
|--|
| <ol style="list-style-type: none">1. How do people at home get information regarding medical concerns, voice mail system, 211.2. Suicide and homicide rates will rise.3. Pockets of neighborhoods to have resources and to access resources. |
|--|

CONCERNS: Please identify your concerns associated with the above Issue.

- | |
|--|
| <ol style="list-style-type: none">1. People at home with medical issues can call 211 to speak with someone.2. Call Center could be staffed with medical volunteers. Work with Dallas County Medical Examiners office.3. Faith-based groups who have to bury their dead in 24 hours.4. Be assured that our media is part of the solution to control rumor and dispel fear. |
|--|

MITIGATION: Your recommendations as to actions to take to mitigate your concerns.

- | |
|---|
| <ol style="list-style-type: none">1. Plans to have trained volunteers in place to address medical questions.2. Plans for cremation or mass burials; give the remains to family.3. Families need to know their choices.4. Plans to have trained volunteers to man the suicide crisis lines and provide counseling over the phone.5. Media message on a daily basis regarding issues. |
|---|

GAPS: What coordination with other agencies will be required to address gaps?

- | |
|--|
| <ol style="list-style-type: none">1. Quarantined people access 211.2. Clear consistent message through various formats. |
|--|

Do you plans adequately address preparation for a pandemic event? **Yes** No

Phase: III
Group: Private Sector

Facilitator: Andy Hale & Tino Pérez
Organization: D & A

ISSUE: Provide your top three issues and prioritize them for your organization, agency, or group. Limit your issues to one per page and write or print legibly. Use reverse side, if needed.

1. Emotional, physical, and mental well being of our workforce: After 20 days of operating in crisis mode, our workforce (those at home, those in the hospital, and those that have been working) is likely to be fragile.
2. Be ready, willing, and able to reassess the firm's response/recovery strategies as the events dictate.
3. Coordination with Public Services.

CONCERNS: Please identify your concerns associated with the above Issue.

1. Do we have succession plans? Who might be fragile? What are the symptoms? Who will be looking out for problems? Who can help if people are struggling?
2. When do we reassess our business strategy? How will we know when to reassess? Who will order us to resume normal operations?
3. Will the public services sector be there for us, to provide us the needed support on a timely basis? How do we optimize the public services offerings?

MITIGATION: Your recommendations as to actions to take to mitigate your concerns.

1. Create a Disaster Recovery plan in advance. Follow the plan. Prepare, rollout, and train before a crisis event occurs. Train workforce on what to expect, what to look for, and what to do if you know of someone who is struggling. Follow up with all categories of people. Utilize EAP, faith-based help, and local authorities as available. The importance of empathy.
2. Management should be reassessing the situation at all times. Set up a management team to assess the situation and make recommendations towards recovery.
3. Prepare, rollout, and train before a crisis event occurs. Prepare the plan to assume that the public services sector will not be available. Integrate the Disaster Recovery plan with public services plan.

GAPS: What coordination with other agencies will be required to address gaps?

1. Follow up with our workforce.
2. Senior management.
3. Senior management, Public Services sector.

Do your plans adequately address preparation for a pandemic event? Yes No

Phase: III
Group: City of Dallas

Facilitator: Fred Collie
Organization: D&A

ISSUE: Provide your top three issues and prioritize them for your organization, agency, or group. Limit your issues to one per page and write or print legibly. Use reverse side, if needed.

- | |
|---|
| <ol style="list-style-type: none">1. Reintegration of Avian Influenza survivors into the workforce.2. Communication.3. Financial needs of employees and citizens. |
|---|

CONCERNS: Please identify your concerns associated with the above Issue.

- | |
|--|
| <ol style="list-style-type: none">1. Can survivors serve in enhanced roles after recovering from Avian Influenza?2. How will the city effectively address “wave” of sick and well personnel?3. Should the city or can the city track persons that have recovered from Avian Influenza so that they may be used in future roles that might expose them to Avian Influenza with out being infected (immunized personnel).4. Continued education of employees and citizens related to wellness and recovery from Avian Influenza.5. Will time off of work and business closing related to an Avian Influenza Pandemic have serious and lasting economic effects on the community? |
|--|

MITIGATION: Your recommendations as to actions to take to mitigate your concerns.

- | |
|---|
| <ol style="list-style-type: none">1. Study and coordination with the medical community before an Avian Influenza Pandemic.2. Partnerships with both public and private organizations to ensure a consistent message.3. Work with (establish plans) private institutions to facilitate loans when possible and appropriate.4. Work with the Federal Government and learn Federal requirements and processes prior to an emergency so that valuable time will not be lost during or immediately after an emergency like an Avian Influenza pandemic. |
|---|

GAPS: What coordination with other agencies will be required to address gaps?

- | |
|---|
| <ol style="list-style-type: none">1. Coordination with the medical community. City’s Health Department can take the lead.2. Identify essential communication needs within the city (all departments) in cooperation with the city’s communication department. Begin working on communication issues.3. Make plans to actively participate in the JIC.4. Research the possibility of facilitating or providing financial services to the citizens of Dallas in the event of an Avian Influenza Pandemic.5. Coordinate and work with private financial institutions and the Federal Government. |
|---|

Do you plans adequately address preparation for a pandemic event? **No, but we are working on it.**

Phase: III
Group: City of Richardson

Facilitator: Greg Milam
Organization: Texas Health Network

ISSUE: Provide your top three issues and prioritize them for your organization, agency, or group. Limit your issues to one per page and write or print legibly. Use reverse side, if needed.

1. Management of dead bodies.
2. Providing medical care/services to large numbers of people.

CONCERNS: Please identify your concerns associated with the above Issue.

1. Security. Storage facilities and location. Identification of dead. Burial, cremation, disposition of bodies. Fuel.
2. Off-site triage facility. Security. Staffing.

MITIGATION: Your recommendations as to actions to take to mitigate your concerns.

1. Use portable refrigerated trailers. Cold storage warehouse.
2. Utilizing trained medical personnel, including retirees, EMS. Nursing homes, assisted living and home health agencies need plans for care of ill.

GAPS: What coordination with other agencies will be required to address gaps?

1. Manpower. Sustaining power. Final disposition of bodies.
2. Locations.

Do you plans adequately address preparation for a pandemic event? Yes No

Phase: III

Facilitator: Jay Thatcher

Group: State Agencies

Organization: Denton County Health

ISSUE: Provide your top three issues and prioritize them for your organization, agency, or group. Limit your issues to one per page and write or print legibly. Use reverse side, if needed.

1. Basic Human Needs.
2. Infrastructure Security.
3. Mental Health.

CONCERNS: Please identify your concerns associated with the above Issue.

1. Ensuring basic services remain available – food, water, electricity, meds. Homebound health care remains available as well as other services like meals on wheels, etc. Hospital surge capacity?
2. As people become more over-tasked, their inattention to internal security and safety can become more prevalent. Hardships experienced by the general public can cause dissatisfaction with the response and speed of recovery leading to looting and a general disregard for traditional law. Over-tasked responders (LE, Fire, EMS) can become burned-out causing a lack of vigilance resulting in potential safety issues for the public and themselves.
3. As people become more over-tasked, they lose perspective and are more easily disoriented causing judgment problems. Grief counseling will be needed...virtually everyone will have lost a friend or relative. Special needs populations will increase as death of heads of families and/or parents increase the number of orphans and other care-givers.

MITIGATION: Your recommendations as to actions to take to mitigate your concerns.

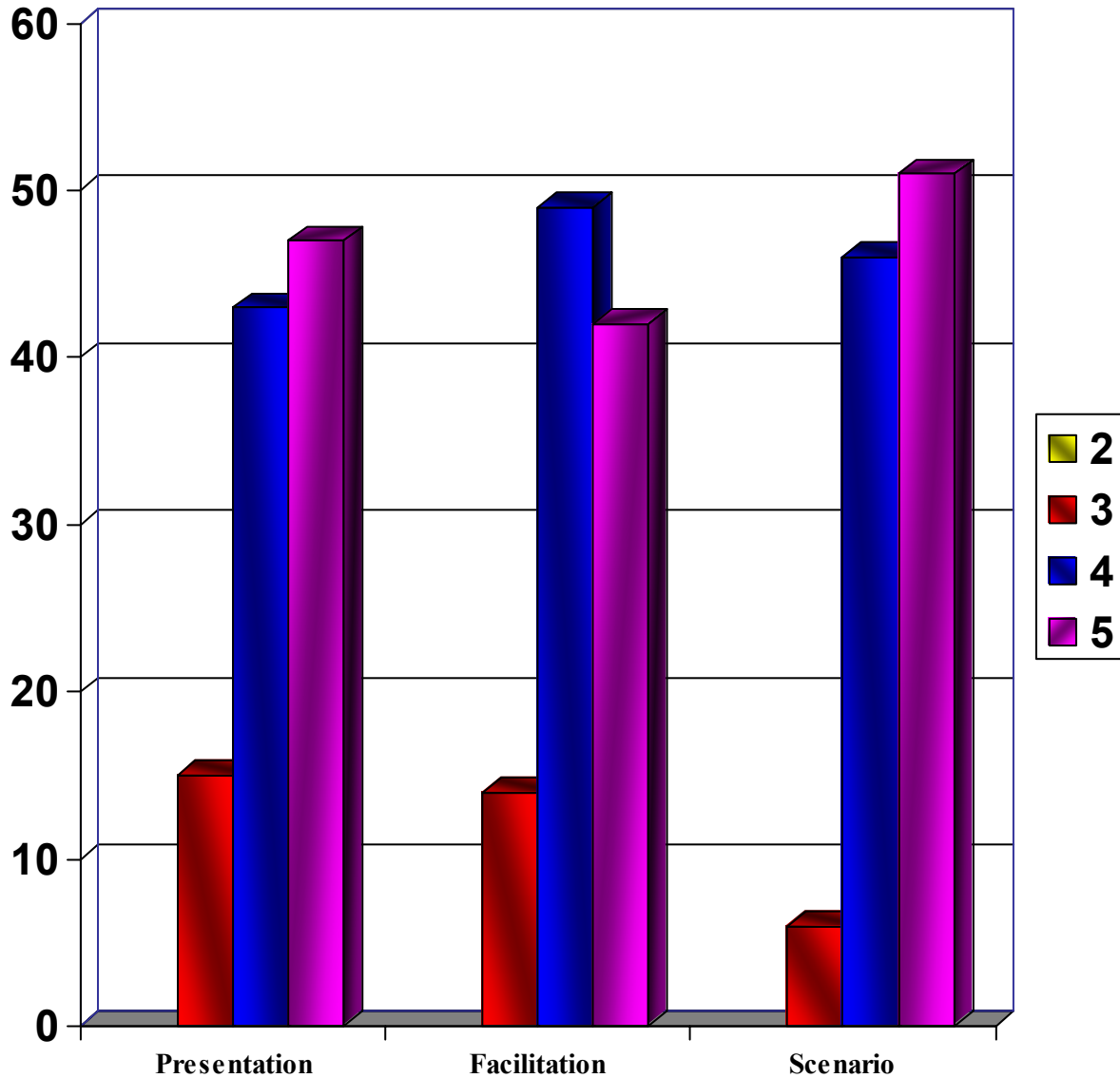
1. Implement/Maintain shift rotation to preserve services, i.e. two 12 hour shifts vs. three 8 hour shifts, to reduce the need for personnel. Encourage previously ill but recovered individuals to return to their work assignments to provide relief to the rest of the workforce. Identify and consider suspending some of the licensing requirements and liability issues for some jobs previously requiring special licenses to allow unlicensed but supervised personnel to work in those positions to reduce workload requirements. Source additional bed capacity from non-traditional locations.
2. Law enforcement and other first responding agencies need to reprioritize (triage) their response protocols so they do not spend time on more mundane responses. Scheduling needs to be revisited to assure personnel have adequate time-off to recover and revitalize. Use of other non-traditional personnel for less critical security tasks may provide a measure of relief to responding agencies.
3. Develop and manage contact lists of grief counselors who may be available to provide support to affected individuals. CISM training a major plus. Special needs agencies and other state supported institutions may be able to step in and provide facility support, MHMR, nursing homes (DADS) etc...DMORT, and other mortuary services can help with handling remains in accordance with social and cultural traditions preserving dignity and traditions of deceased. This should help to mitigate some mental health issues. Maintain lists of local clergy and other faith based organizations to step in and provide individual support as needed.

GAPS: What coordination with other agencies will be required to address gaps?

1. State regulatory agencies who we typically don't work with to consider liability issues. State elected officials – senators and representatives – regarding consideration of emergency legislation to provide additional protection or open up services for responders and victims as needed.
2. State or local legal authorities (DAs) to provide guidance to LE (if needed) on liability issues for suspended or reduced services.
3. State or local agencies to provide guidance and resources for mental health issues – MHMR, DADS, DARS etc.

APPENDIX D
EVALUATION FORMS

PARTICIPANT EVALUATION



SUMMARY OF PARTICIPANT EVALUATIONS

During the “Hot Wash” at the DCHHS Pandemic Flu exercise, Participant Evaluations forms were distributed to the 136 personnel who participated during this exercise. At the conclusion of the “Hot Wash”, 114 (84%) completed evaluation forms were returned.

The following chart reflects a summary of the ratings that participants gave to Presentation, Facilitation and Scenario. Overall, the participants’ ratings were favorable in all categories, with average scores between 4.2 and 4.6 (with 5 being the highest score). Of the 114 responding participants, 66 had never been involved in this type exercise.

PARTICIPANT EVALUATIONS

ASSIGNMENT	Number Responding	Presentation	Facilitation	Scenario
City of Dallas	5	3.8	3.8	3.8
City of Richardson	8	4.0	4.3	4.1
Dallas County	8	5.0	5.0	5.0
Health	14	3.8	3.8	3.9
City of Garland	6	3.8	4.0	4.2
Hospitals	12	3.8	4.2	4.6
Education	22	4.7	4.5	4.6
Public Safety	12	4.3	4.0	4.4
State	8	4.3	4.1	4.0
Volunteers	5	4.6	4.8	4.6
Private Sector	14	4.6	4.2	4.7
TOTAL	114			
Average Total		4.6	4.2	4.4

Comments Made By Participants

Dallas County

- The presentation of the scenario in this format was very informative. The interaction between individuals was very informative.
- Good exercise with many opportunities to formulate plans for individual groups. I'd love more information as to ideas for obtaining resources to implement these plans.
- The interaction was much more entertaining and beneficial than sitting and listening to a speaker.
- Good participation and organization provided a level of understanding and comfort with this type of event.

Health

- It was a good beginning. Now we need to start addressing the gaps-especially how quickly the chain of command responses can respond to the need.
- This was a generalistic exercise, which has merit, but those of us with specialty expertise were not adequately utilized.
- Venue all in one room with 11 groups trying to talk over each other made the brainstorming environment a bit disruptive and chaotic.
- Liked: Organized well, well attended, and very beneficial. Location and facilities good. Agenda and moderator good. Overall, very good exercise and additional exercises and training/preparedness are needed.
- Disliked: Phase 1, 2, 3 of exercise do not correspond with phases of Pandemic based on WHO. Also, next exercise should include a goal of more uniform actions between all County and local governments.
- Excellent venue and exercise as always! This needs to be conducted in Tarrant, Collin and Denton counties to enhance our unity of response.

City of Richardson

- Well thought out training. It was enlightening to hear each expert from other fields/professions.
- Discussion was engaging. Format was organized. Facilitator kept group focused.
- Phase II seemed a little unrealistic in that the numbers used were not extraordinary, re: morbidity and mortality.
- I really enjoyed this, it was very educational and informative.

City of Garland

- The diversity present in the room was beneficial. It was good to receive input from the different entities.
- It was a very good opportunity to know how the city prepared. City of Garland and GISD are working together and communicating well. The chamber will be responsible for communicating with business community.
- The exercise brought up the issues every community will be dealing with in providing essential services. Difficulty to provide some of the needed issues such as alternate sites,

care, etc...due to limited resources and lack of public health infrastructure-very difficult to address the concerns regarding this scenario.

- I picked up some good topics to brainstorm with our ISD officials. We are planning to have a committee to plan for a Pandemic flu event. (Planning to plan!)
- Failed to take the entire situation into consideration. Impact on infrastructure, critical needs.

Hospitals

- The most beneficial aspect was to hear what responsibilities other community groups have and how they are planning. The greatest frustration is that it appears there is no agency completely in charge.
- Scenario provided “actual details” to follow through for planning, etc.
- Well researched and realistically presented. Well organized. Great issues were identified through this training vehicle. I’m not sure how realistic the high death figures would be from Phase III-(when SARS hit Toronto, Canada, there were 6,000 sick and 60 deaths). Now the Black Death wiped out 1/3 of Europe in 1343-1349...
- Only seven hospitals represented.
- Very little emphasis on children, 1/3 of population. Good to see so many people concerned.

Public Safety

- The scenario was very real. I believe if more discussion with non-professionals will probably add more vital info on how to handle a Pandemic.
- I liked the different sectors that were represented-the overlapping of services and dependencies. GREAT LUNCH!!
- Exercise was very appropriate. Highlighted areas of concern and issues that need to be addressed prior to event. Exercise gave a clearer picture of what needs to be done. I would have liked to have worked through the emergency plans and test exactly what would be done and who would do it.
- I would like to see a class on how a Flu response would be coordinated between Dallas County, the State and the Feds.

Education

- Provide for an opportunity for ISD & higher education, Public & Private to come together and plan for school closures and reopening.
- I liked grouping people in similar functional groups together to discuss concerns specific to that group.
- Expanded range of things to consider and prepare for.
- Certainly need more opportunities to gather, share and develop information/strategies. Thanks for this information/opportunity.
- Good jump-start for planning-I just pray this doesn’t occur.

State

- More functionality by group works independently from State agencies and to some extent reacts rather than makes pro-active actions.
- Scenario well developed and encouraged. Needed information for future planning.
- Enjoyed the interactions in the group. An excellent networking opportunity to discuss these issues.
- Scenario good-notification from Dallas County to State, CDC should occur initially.

Volunteers

- I liked the input that multiple agencies (Public & Private) brought to the table. You could get the information from various agencies on how they plan to respond and to determine vulnerabilities and risks that each agency faces during a Pandemic incident.
- Wide variety of participants involved presented good overview of community.
- Well organized. Facilitator knowledgeable and helpful.

Public Sector

- Seeing the impact of one group affecting another. I think coming together as a group is where we are bonding and working as a whole is everything. Might be an important effort to continue, to meet together and continue sharing during future disaster or Pandemic. Before, during and post.
- Tino, our instructor did a great job! He brought everyone into the discussion process, and asked solid but good non-direct questions to motivate thought and discussion. A very valuable and informative exercise.
- I would recommend that more industry be involved. Public demand for retail services will be greatly impacted. The networking of industry can only enhance the awareness of the possible Pandemic.
- These types of activities will prove to catapult our country forward in its preparedness efforts.

Suggestion made by Participants

- Send scenario info via email prior to event. Provide general reading material in advance.
- Include media reps in the tabletop process.
- I really think we need to discuss security issues more.
- **DCHHS** as well as other HHS should contact TEA commissioner's office and inquire as to the SENS (School Emergency Network System) and partnering to alert public school superintendents as well as key staff. System access phone, cell phone, email, fax, home or business. 24/7 of key district members. **DCHHS** could send key messages to school districts throughout the state of Texas.
- Would like to have heard Dr. Carlo speak on the actual disease process.
- An overall majority observation was that the groups were too large, room too crowded, and the noise level was too high.
- Could not see TV monitors – print too small.
- May consider more multi-media. Web-EOC at each table?

LIST OF EXERCISE PARTICIPANTS

STATE

DPS RLO's
DSHS Austin
DSHS HSR 2/3

DALLAS COUNTY

Health & Human Services
Emergency Management
Juvenile Department
Medical Examiner's Office
Public Works Department
Elections Department

CITY GOVERNMENTS

City of Dallas
City of Garland
City of Richardson

HEALTH

City of Farmers Branch
City of Grand Prairie
City of Mesquite
City of Rowlett
Collin County Health
Authority
Denton County Hospital
Department
DeSoto Environmental
Health
Managed Health Network
Tarrant County Public
Health
UTSW Psychiatry

HOSPITALS

Baylor Hospital - Garland
Baylor University Medical
Center
Children's Medical Center
Medical Center of
Mesquite

Mesquite Community
Hospital
Methodist Charlton
Hospital
Methodist Hospital Dallas
Parkland Hospital
St. Paul Medical Center
Scottish Rite Hospital

PUBLIC SAFETY

Carrollton Police Dept.
City of DeSoto Fire
Department
City of Mesquite
Dallas County Fire
Department
Dallas County Sheriff's
Office
Dallas ISD
Dallas Police Department
DART
Dept. of Public Safety,
DDC
Farmers Branch Fire
Department
Dallas Fire & Rescue
Food & Drug
Administration
Highland Park DPS
Securitas (LEAPS)
Tour Andover Controls
(LEAPS)
Town of Addison Fire
Department
Trammell Crow (LEAPS)

EDUCATION

Brookhaven College
Carrollton/Farmers Branch
ISD
Cedar Valley College
Coppell ISD

Dallas ISD
Dallas County Community
College District
DeSoto ISD
Duncanville ISD
Garland ISD
Highland Park ISD
Irving ISD
Lancaster ISD
Mesquite ISD
Mountain View College
Prince of Peace Catholic
School
Richardson ISD
Southern Methodist
University

VOLUNTEERS

American Red Cross
Community Council of
Greater Dallas
Dallas County Medical
Society
Medical Reserve Corps
Volunteer Center

PRIVATE SECTOR

Blue Cross Blue Shield
Brinks Security
Community Council of
Greater Dallas
Greater Dallas Chamber of
Commerce
Federal Reserve Bank
Hardie's Fruit & Vegetable
Company
Kroger Companies
North Park Center
Perot Systems
TXU
WAI-Wize

Prepared for DCHHS by

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