

2010 County Health Department Preparedness Exercise Summary
September 21, 2010

Background

The purpose of the 2010 County Health Department Preparedness Exercise was to assist county health departments preparing for hurricane season, by responding to scenario based questions covering specific responsibilities and capabilities under the topic areas of preparedness, response, recovery and mitigation. In addition, questions to solicit initial conversations about mutual aid were included. The surveys were administrated utilizing the department’s internal survey system with invitations sent to each county health department administrator/director. Each county was given at least one week to complete the responses.

Table 1 documents the number of respondents for each topic area:

Topic	Responses	Percent
Preparedness	64	96
Response	60	90
Recovery	58	87
Mitigation	60	90
Mutual Aid	63	94

Table 1

- **Preparedness**

Scenario

The county you work for has been notified, through normal communication pathways that a hurricane is going to impact your jurisdictional area. The hurricane has generated heightened concern in citizens due to rapidly increasing intensity and fatigue from previous severe weather events. Hurricane winds and rain are projected to cause substantial damage to your jurisdiction.

Assumptions

- The timeframe for this scenario is within your jurisdiction’s hurricane planning window.
- Agencies that serve vulnerable populations are reporting many of their clients will require sheltering in special needs shelters.
- Vulnerable populations are reluctant to travel to shelters greater than 25 miles from their primary residence.

Preparedness Questions

1. Based on your county profile what percent of your pre-identified vulnerable population can your jurisdiction house in your designated special needs shelter(s)?
2. What is your jurisdiction’s capability and capacity to provide oxygen to your identified vulnerable population?

3. Your special needs shelters are at capacity, what is your jurisdiction's plan to handle the surge? Assuming there is still time before landfall to react.
4. Are adequate transportation assets available to meet long-term care facility evacuation plans' requirements?
5. Review with your staff staffing expectations this should include roles/responsibilities, communication plans, and alternate work sites?

Responses

- Question 1

Answers varied greatly between the counties. One of the reasons for the variation appears to be that some jurisdictions utilized the number of Special Needs Shelter Registrations as the denominator while other jurisdictions reviewed the DOH vulnerable population information at <http://www.doh.state.fl.us/demo/php/VulnerablePopulations.html>.

30/63 (47%) respondents indicated that they could shelter 100% of their special needs populations for 72 hours.

- Question 2

85% of reporting jurisdictions indicated that they had the ability to provide oxygen services.

4 counties reported not having local capabilities and would require assistances from the State.

4 counties reported having limited capabilities.

Respondents indicated they could or have located alternate facilities but staffing additional shelters would be an issue.

Regional Responses

Region I

- Question 1

Two counties indicated that they could shelter 100% of the historical data for registered residents.

One county in Region 2 was designated as being a host for 2 other counties; they listed their capacity at 30 with a potential to surge to 50. The host county also indicated that they do not have a plan to surge beyond 50.

One county indicated that they have between 500-800 residents requesting shelter services but only have the capacity for 92 residents (15%).

- Question 3

Two counties indicated they had no surge plan.

All other reporting counties indicated they could surge with use of existing community facilities and resources.

- Question 4

One county reported that they had very limited resources to provide transportation services.

One county reported this was the responsibility of the County EMA but also stated that as a rural county they had limited capabilities.

Region II

- Question 1

Four counties indicated that they could shelter 100% of their special needs populations.

One county was listed as a host county for 4 counties. They indicated that had a capacity for 250 but the LRSP indicated they could handle 200 patients.

One county reported that 8% of those registered could be housed with a maximum of 10 residents, with a surge of additional 20 at an elementary school. Note the elementary school can not accommodate those with electricity requirements.

- Question 3

One county indicated that to handle surge they would require support from local hospitals and State ESF8.

Two separate counties indicated they would require additional surge support from each other.

One county had no plan for surge.

One county indicated they would send additional special needs to a host county. Any of their residents requiring medical services would be sent to the host county's hospitals; the hospitals would be responsible for finding services.

One county would work with surrounding communities to forward move those with special needs, including coordinating transportation, if required.

Two counties reported they would require assistance from the Regional Special Needs Consultant to determine shelter locations.

- Question 4
One county reported that transportation is the responsibility of the facility, not the county.

Region III

- Question 1
Four counties all have indicated they can house 100% of their special needs registered residents.
- Question 3
One county reported that staffing support would be needed to handle the additional surge.

A host county was identified by two counties.

One county reported they are conducting an assessment to determine surge capacity but they would also request assistance through a state mission.

One county would move patients to other counties with the assistance of their county EMA.

One county would utilize the State EOC to facilitate the movement of residents to neighboring counties.

- Question 4
One county indicated that most of the transportation assets are maintained in the neighboring county. The neighboring county reported they only had enough transportation assets to handle 50% of their community needs. They identified State ESF8 as the next source for transportation resources.

One county would require state assistance.

Region IV

- Question 1
Five counties all reported they could house 100% of their special needs residents.

One county indicated that they currently have 4000 registrations but can only shelter 250. They also indicated that their local school district would not allow facilities to be used for SpNS because of the impact to school, specifically the shelter remaining open longer than general shelters.

- Question 3

One county reported that additional assistance would be required via a state EM constellation mission.

- Question 4
One county reported that beyond local resources they would require outside assistance.

Region V

- Question 1
Five counties reported they could shelter 100% of their special needs residents.

One county reported a 16% capacity but historical data from 2004-2009 indicate that 8.5% of registrants utilize the shelters.

- Question 3
One county reported that additional staffing would be required.
- Question 4
All reported utilizing community assets to assist with transportation.

Region VI

- Question 1
Six counties reported they can shelter 100% of their special needs residents.

One county stated they have 600 registered residents seeking sheltering but currently have a capacity for 200 residents. However, historically they have only had to shelter approximately 10% of the registered residents.

Two counties reported that they share sheltering services with a capacity for 75 residents.

- Question 3
Region reported staffing and resources are the limiting factors. One county cited that due to the size of the region, staff would have to be brought in to support the surge since they had the facilities but lacked the staffing.
- Question 4
One county reported that since there was no control over long-term care facilities assistance would be provided through the County EMA.

Region VII

- Question 1
Two counties reported they can shelter 100% of their registered population.

One county reported a 65% capacity.
- Question 3
No counties reported any anticipated issues with having to surge beyond expectations.
- Question 4
One county stated that transportation needs would be limited to support long-term facility patient evacuation.

- **Response**

Scenario

Your county has been impacted by a significant hurricane. The impact has caused flooding with cascading effects to potable water and sewage systems. Wind damage has caused higher than historical numbers of people to seek shelters. At this time your jurisdiction has begun to respond to the consequences of the hurricane including initial public health consequences.

Assumptions

- The county health department is functional and the county EOC is operational
- Agencies that serve vulnerable populations are reporting many of their clients will require sheltering in special needs shelters.
- Vulnerable populations are reluctant to travel to shelters greater than 25 miles from their primary residence.
- Resources and equipment are available through mutual aid.
- Unless noted your jurisdictions pre-incident facilities and/or services are operational.

Response Questions

1. How often does your healthcare facilities and special needs shelters report their capabilities, unmet needs, and current capacity to your EOC?
2. How much fuel is consumed per day by your special needs shelters and health care facilities; assuming 100% output is required?
3. Is your county health department and ancillary volunteers capable of responding to this incident for multiple shifts for the next 72 hours?
4. Are all staff members briefed on primary clearance roads and areas of flooding; including both incident and chronic flooding areas?
5. Do your redundant communication systems allow for interoperable communications with your Department of Operations Center (DOC), county EOC, state EOC, special needs shelters, and health care facilities?

Responses

- Question 1
The majority of jurisdictions reported that reporting timeframes were dictated by the response, but every 12 hours was the standard answer.
- Question 2
Aggregate information was not available for fuel consumption.
- Question 3
Two counties reported that maintaining staff levels for 72 hours would not be possible.

The majority of counties reported that staff assistance beyond 72 hours would be needed.

- Question 4
All counties except 1 utilized some pre/post landfall situation brief to outline impacted roads.
- Question 5
One county stated that the CHD has no communications.

One county stated they rely on cellular communications.

- **Recovery**

Scenario

Your county has been impacted by a significant hurricane. The impact has caused flooding with cascading effects to potable water and sewage systems. Wind damage has caused higher than historical numbers of people to seek shelters. At this time your jurisdiction is in the stages of recovery and responding to public health consequences from the hurricane.

Assumptions

- The county health department is functional and the county EOC is operational
- Agencies that serve vulnerable populations are reporting many of their clients will require sheltering in special needs shelters
- Vulnerable populations are reluctant to travel to shelters greater than 25 miles from their primary residence.
- Resources and equipment are available through mutual aid.
- Unless noted your jurisdictions pre-incident facilities and/or services are operational.

Recovery Questions

1. Is your jurisdiction prepared to supply oxygen if the electrical power outage exceeds 48 hours?
2. How does your jurisdiction plan to provide dialysis services if pre-storm dialysis facilities are non-operational?

3. How many and what types of dialysis facilities are in your jurisdiction?
 - Tier 1- Generator and quick connection for water service
 - Tier 2- Generator quick connect and quick connection for water service
 - Tier 3- No generator or quick connection for water service
4. What is your jurisdiction's plan for sampling community wells, non-community wells and private well systems?
5. Have you reviewed with your health care partners and community stakeholders the plan for community re-entry including discharge procedures and re-certifying?

Responses

- Question 1
Majority of jurisdictions reported having oxygen capabilities.
- Question 2
Two counties stated dialysis patients would be sent to the same county; the dialysis machine in that county is a Tier 3.
- Question 3
Not all counties provided information about dialysis facilities or their capabilities. Respondents listed 270 dialysis facilities of those 72 were Tier1, 13 were Tier 2 and 72 were Tier 3.
- Question 4
In general, jurisdictions would communicate with non-community and community well owners pre-landfall about potential risks and services.

Post-impact jurisdictions varied on responses but typically focused their response on assuring safe services to community and non-community wells.

Public information would be provided regarding disinfection, inspection services, and sampling services.

Laboratory services were identified as the greatest limiting factor for sampling.

Jurisdictions also indicated the need for the Environmental Health Strike Teams to assist with the surge of sampling.

- Question 5
Summations of the identified gaps are as follows:
 - No plan or progress for discharging patients from SpNS
 - Healthcare system not included in discharge or re-entry planning.

- No solutions for how to re-locate displaced residents once shelters are closed. For example a school requesting to re-open and now displaced residents must be relocated.
- State multidisciplinary discharge teams consist of non-local volunteers and have not been activated.
- Majority of re-entry plans utilized passable roads and electricity as benchmarks and excluded access to potable water and food, and operational wastewater systems.

The majority of jurisdictions did report having plans to discharge clients to home, assisted living facilities, or long term care facilities based on pre-established criteria.

- **Mitigation**

Scenario

Your county has established a hurricane mitigation strategy, with prioritized projects that have been completed; including training, exercising and evaluation of the projects.

Assumptions

- Your mitigation strategy has been developed based on your community’s hazard vulnerabilities assessment with a focus on public health capabilities and capacities.
- The mitigation strategy is also based on your jurisdiction’s county profiles.

Mitigation Questions

1. Does your agency participate in county mitigation strategy planning?
2. Has your jurisdiction conducted mitigation projects that would alter your jurisdiction’s capabilities and/or capacity, to include;
 - a. generators added to high rise complexes
 - b. increasing generator capacity at special needs shelters
 - c. increasing the number of medical services in the community, for example pharmacies
 - d. changes in potable and waste water services
 - e. reduction of high risk areas; flood zones and beach erosion areas
 - f. increased community outreach to vulnerable populations
 - g. have conducted/participated in planning reviews with any new human services or emergency support function leads, including discussing your public health preparedness program with them
3. Have you accessed your jurisdiction for negative impacts that may affect your capabilities and capacity to include;
 - a. closure or remodeling of special needs shelters
 - b. closure of medical facilities including dialysis centers and pharmacies
 - c. residential building in flood plans
 - d. increase in vulnerable populations in the community

Responses

- Question 1
80% of respondents indicated they have participated in county level mitigation strategy planning.
- Question 2 & 3
Aggregate information was not available for question 2 or 3.

- **Mutual Aid**

Mutual Aid Questions

1. Has your county health department utilized mutual aid in the past?
2. If your county health department has utilized mutual aid in the past provide a brief description of the services received or provided?
3. Does your county health department have any documented mutual aid agreements, please list?
4. Does your county health department see the need for a formal mutual aid process for sharing resources between health jurisdictions? (Assuming no state emergency declaration has been issued)

Responses

Individual jurisdictional were not collected, therefore, only aggregate data could be reported for the mutual aid questions.

- Question 1
73% of respondents indicated that they have utilized mutual aid in the past.
Examples of mutual aid included the following:
 - community assessments
 - county health department staffing
 - special needs sheltering
 - outbreak investigations
 - environmental health services
 - nursing services
 - incident command staff augmentation

- Question 2
35% or respondents indicated that they have formal mutual aid agreements.

Some jurisdictions indicated that the County EMA and/or County Commissioners maintained all mutual aid agreements.

Jurisdictions reported having informal “hand shake” agreements but these were excluded from the positive responses.

- Question 3

37% of respondents indicated that they saw a need for a formal inter-county health department mutual aid agreement.