Operation Out and Over

After-Action Report/Improvement Plan

16 November 2015

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# Overview

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| Name | Operation Out and Over |
| **Dates** | 16 November 2015 |
| **Scope** | This exercise is a full-scale exercise planned for four hours at the National Emerging Infectious Diseases Laboratory and Boston Medical Center. Exercise play is limited to the NEIDL BSL4 space, BMC Patient Isolation Unit and the Milton Department of Public Health. |
| **Mission Area(s)** | Response |
| **Core Capabilities** | Medical Treatment and Transport of an Exposed Researcher |
| **Objectives** | Test NEIDL Medical Incident Response Plan with Transport to BMC  Test BMC PIU patient receiving procedures  Test Discharge procedures  Test EasCare Ambulance transport procedures |
| **Threat or Hazard** | Man-Made |
| **Scenario** | Scenario 1 Researcher suffers a needle stick in maximum containment with possible exposure.  Scenario 2 A researcher working in BSL 4 containment with Marburg Virus sustained a needle stick 10 days ago and was treated with counter measures prior to being released to home in Milton under surveillance by ROHP and Public Health. The researcher calls to report the onset of fever (102F), chills, and general malaise this morning. |
| **Sponsor** | Boston University and Boston Medical Center |
| **Participating Organizations** | BMC BEMS MA DPH  BU BFD Milton Dept. of Public Health  BPHC BPD  MDPH EasCare Ambulance |
| **Point of Contact** | XXXXXXXX XXXXXXXXXXX  Director, Emergency Management Director, Emergency Management  Boston University Boston Medical Center  704 Commonwealth Avenue 85 East Newton Street, Room 405  Boston MA 02215 Boston MA 02118  XXXXXXXXXX XXXXXXXXXXXX  XXXXXXXXXX XXXXXXXXXXXXXXXXXX |
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# Analysis of Core Capabilities

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

| Objective | Core Capability | Performed without Challenges (P) | Performed with Some Challenges (S) | Performed with Major Challenges (M) | Unable to be Performed (U) |
| --- | --- | --- | --- | --- | --- |
| Test NEIDL Medical Incident Response Plan with Transport to BMC | Public Health and Medical Services | P |  |  |  |
| Test BMC PIU patient receiving procedures | Public Health and Medical Services | P |  |  |  |
| Test EasCare Ambulance transport procedures | Public Health and Medical Services | P |  |  |  |
| Test the Discharge Process | Public Health and Medical Services |  | S |  |  |
| **Ratings Definitions:**   * Performed without Challenges (P): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. * Performed with Some Challenges (S): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. However, opportunities to enhance effectiveness and/or efficiency were identified. * Performed with Major Challenges (M): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s), but some or all of the following were observed: demonstrated performance had a negative impact on the performance of other activities; contributed to additional health and/or safety risks for the public or for emergency workers; and/or was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws. * Unable to be Performed (U): The targets and critical tasks associated with the core capability were not performed in a manner that achieved the objective(s). | | | | | |

Table 1. Summary of Core Capability Performance

The following sections provide an overview of the performance related to each exercise objective and associated core capability, highlighting strengths and areas for improvement.

## Objective 1

Test NEIDL Medical Incident Response Plan with Transport to BMC

## Core Capability 1

On Site Incident Management

### Strengths

The Full capability level can be attributed to the following strengths:

Strength 1: Notifications to the Control Center and to the Medical Incident Response Team were made in a timely manner.

Strength 2: The Emergency Response Team initiated and performed their duties according to the Medical Incident Response Plan.

Strength 3: There was good coordination between the Research Occupational Health Program (ROHP) and Boston Medical Center.

### Areas for Improvement

Based upon observation there were no significant areas of improvement needed.

## Core Capability 2

Public Safety and Security Response

### Strengths

The Full capability level can be attributed to the following strengths:

Strength 1: Public Safety Supervisor was on the Initial Conference Call and initiated their response plans.

Strength 2: Public Safety conducted proper access procedures for EasCare Ambulance.

Strength 3: There was good communication and coordination between NEIDL Public Safety, BU Emergency Management and Boston Medical Center concerning the patient transport process.

### Areas for Improvement

Based upon observation there were no significant areas of improvement needed.

## Objective 2

## Test BMC PIU patient receiving procedures

## Core Capability 1

Public Health and Medical Services

### Strengths

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

Strength 1: Detailed Procedures were developed, trained, and followed in the exercise.

Strength 2: Staff actions indicated a high level of knowledge and comfort with the procedures that fostered success.

Strength 3: The procedures were well thought out, organized, and operationally sound.

### Areas for Improvement

Based upon observation there were no significant areas of improvement needed.

## Objective 3

## Test EasCare Ambulance transport procedures

## Core Capability 1

Public Health and Medical Services

### Strengths

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

Strength 1: Detailed Procedures were developed, trained, and followed in the exercise.

Strength 2: Staff actions indicated a high level of knowledge and comfort with the procedures that fostered success.

Strength 3: The procedures were well thought out, organized, and operationally sound.

### Areas for Improvement

Based upon observation there were no significant areas of improvement needed.

## Objective 4

## Test the Discharge Process

## Core Capability 1

Public Health and Medical Services

### Strengths

The partial capability level can be attributed to the following strengths:

Strength 1: Staff actions indicated a high level of knowledge and comfort with the elements necessary for a comprehensive discharge plan.

Strength 2: Ensuring that procedures for the notification of Public Health agencies followed the same process for other communicable diseases simplified the process and contributed to success.

Strength 3: A collaborative approach to discharge planning that includes local and state public health representatives ensures that discharge decisions are made based on evidence and individualized environmental conditions.

### Areas for Improvement

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

Area for Improvement 1:

A discharge procedure exists but could be enhanced by developing a detailed discharge check list to facilitate a comprehensive review of patient and family teaching and understanding, environmental conditions, notifications to public health agencies, support systems for emotional, physical, and logistical issues, reporting requirements and limitations, etc.

**Area for Improvement 2:**

Preplanning with local communities prior to an event to share information on capabilities and resources available to respond to a developing illness in the community should be considered.

Analysis: While the drill included the notification of local and state public health agencies, it was not developed to drill deeper into the discharge process. This gave rise to many questions during the review process. Many of the questions raised in review were answered but not detailed in the discharge procedures. In addition, public health agencies participating in the exercise were not familiar with the PIU procedures nor the capabilities and resources available to support those procedures.

# Appendix A: Improvement Plan

This IP has been developed specifically for Boston University and Boston Medical Center as a result of Operation Over and Out conducted on November 16, 2015

| **Core Capability** | **Issue/Area for Improvement** | **Corrective Action** | **Capability Element[[1]](#footnote-1)** | **Primary Responsible Organization** | **Organization POC** | **Start Date** | **Completion Date** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Core Capability 1: Public Health and Medical Services | 1. Discharge Planning | Develop a discharge Check list | Planning | BMC | XXXXXXX | December 2015 | February 2016 |
| Conduct pre event information sessions for Public Health agencies to demonstrate PIU procedures and capabilities. | Training | BMC/BU | XXXXXXX | December 2015 | February 2015 |
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# Appendix B: Exercise Participants

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| Participating Organizations |
| **Boston Medical Center** |
| BMC Incident Management Team |
| BMC Infectious Disease |
| BMC PIU Medical Director |
| BMC PIU Nurse Manager and Educator |
| BMC Clinical and Clinical Support Staff |
| BMC Occupational Health |
| **Boston University** |
| NEIDL Emergency Response Team |
| NEIDL Public Safety |
| NEIDL Researcher |
| Research Occupational Health Program |
| Boston University Police |
| **Off Site Responders** |
| Boston Public Health Commission |
| Boston Emergency Medical Services |
| EasCare Ambulance |
| Massachusetts Department of Public Health |
| Milton Department of Public Health |
| **Observers** |
| Boston Public Health Commission |
| NEIDL Community Liaison Committee |
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1. Capability Elements are: Planning, Organization, Equipment, Training, or Exercise. [↑](#footnote-ref-1)