

INCORPORATING PREPAREDNESS INTO ROUTINE PUBLIC HEALTH ACTIVITIES:

EQUIPPING STAFF OF ALL LEVELS THROUGH CREATIVE EMERGENCY RESPONSE
TRAINING

MICHIGAN DEPARTMENT OF AGRICULTURE AND RURAL DEVELOPMENT

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LIVINGSTON COUNTY
Health Department

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- Menti Code: **6178 3003**



Learning Objectives

- Learn how to build department capacity to prepare for and respond to everyday emergencies.
- Recognize the importance of the value of training all staff to develop and maintain the proficiency of your public health workforce.
- Understand how to apply training techniques learned today within your own unique jurisdiction.



Menti Poll

- What one word or short phrase do you think of when you hear “Emergency Preparedness Exercise/Training?”



We listened (post-COVID staff feedback)



Emergency Preparedness involves all staff



Internal Communication



External messaging



Technology needs must be identified and addressed early on



How to keep up with disaster AND normal operations



Flexibility!





2022 Sample Team Exercise Series



Elizabeth Zay, Deputy Emergency Management Coordinator, MDARD

What is Sample Team Exercise?



- Key piece of the Michigan RRT Training Plan
- Regional staff meeting: 8-10 sessions around Michigan over ~6 months
- Every three years – it's a big lift!
- Surge Capacity Exercise
 - Practice Incident Command System (ICS) concepts
 - Try on new Incident Management Team (IMT) roles
 - Field staff practice surge capacity tasks

Goals & Objectives

- ↑ Employee engagement
- ↑ Surge capacity
- ↑ Incident Command System
- ↑ Technology
- ↑ Safety
- ↑ Multiagency coordination
- ↑ Sample collection
- ↑ Chain of custody
- ↑ Evaluate risk in marketplace

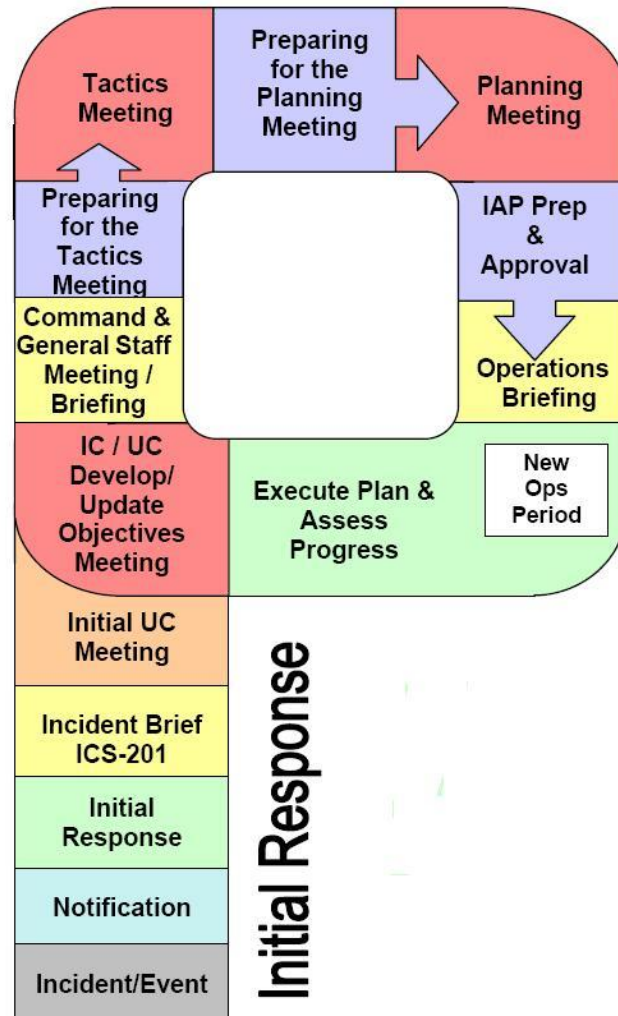


2022 Activities

- Two plant pest surveys
- Food sampling: mushrooms, sandwiches, cheese, melons
- Feed sampling: pet treats
- Pesticide sampling: disinfectants and methomyl products
- Radiological emergency response
- Highly Pathogenic Avian Influenza response



Planning Cycle: Repeated for Each Session



Resources

- Sample Team Exercise Planning Toolkit
 - Pt 1 – Planning Team Resources
 - Pt 2 – Incident Management Team Resources
 - Pt 3 – Examples and Response-Specific Resources
- MDARD ICS Positions & Skillsets Overview
- After Action Reports

Identifying the Need



Staff turnover: retirements, changes to leadership, new staff



Oiling the rusty wheels and getting “back” to Public Health



Staff feedback and comments post-COVID



Staff unprepared for common public health incident responses



As staff returned to their normal tasks, there was a need for short, simple trainings



Gaining staff buy-in - **Especially the value of leadership buy-in**



Monthly Preparedness Training Sessions

Developed a list of training topics

Determined who to include in the trainings

Created monthly training materials



Training Implementation



- Started with a 60-minute session but bumped them to 90 minutes based on feedback.
- Runs like a tabletop but does not involve in-depth exercise materials (i.e., SitMan, ExPlan, AAR, etc.)
- Schedule around a program's busy season (e.g., EH topics in the fall/winter)
- Often receive requests for impromptu or current topics.
- Can work for any size department!





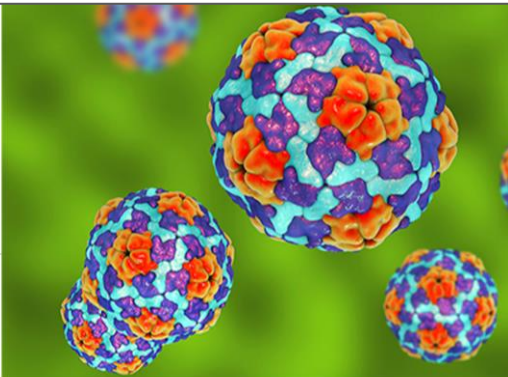
PFAS Overview

PER-AND POLYFLUOROALKYL SUBSTANCES



Mercury Overview

Hepatitis A Overview



Training Materials

- Sign in sheet
- Short scenario
- Topic overview presentations
- Developed simplified Incident Response Checklist to capture information typically put into FEMA forms.
- Aids in developing incident objectives, capturing attendance, identifying key issues, AAR development, etc.
- Improvement Tracking Log
- Post-participation survey



Incident Response Checklist - Initial Planning



Incident Response Checklist		Briefing #:	
Incident Name		Date of Activation	
Activation Initiated By		Time of Activation	
Lead		Scribe	
In-Person Attendees:			
Virtual Attendees:			

Initial Briefing Meeting Preparation – These tasks should be completed before the scheduled briefing takes place.				
Task	No Current Need	Completed (Date/Time)	Assigned to:	Notes
Identify the Lead who will coordinate and run the briefing. <i>This is typically determined by the initial group that is notified about the incident who confirms the need for a briefing/meeting.</i>				
Upon notification of an incident, set meeting date/time and provide meeting location/link. Health Officer, Lead or EPC will send calendar/appt. invite.				
Identify other partners who should be included in the initial briefing. <i>(See Partner Notification in next section)</i>				
Utilize Sign in Sheet at the meeting. <i>Copies are also printed and kept at the EPCs desk.</i>				
Create an incident folder on the S Drive if it has not been done so already. Share file path with relevant attendees. Add incident to Significant Events Log .				

- State basic incident information.
- Determine needs for initial briefing setup. (i.e., date, time, location, link, etc.)



Incident Response Checklist - Partners



Partner Notification

Who else needs to know information about this incident or be included in the briefing? Emergency Contacts can be found here: [S:\Emergency Preparedness\Emergency Contacts](#)

Has contact been made with the following?	No current need	No	Yes	Possible Future Need	Staff assigned to contact?	Notes
Local Contacts						
County Administrator						
Emergency Manager						
Medical Providers						
Dispatch						
EMS						
School Superintendents/LESA						
Police/Fire						
CVTs						
LivCo Human Resources						
Veterinary						
Daycares						
Others						
Regional Contacts						
Region 1 Epidemiologist						
Region 1 EPCs (<i>Clinton, Eaton, Ingham, Jackson, Lenawee, Shiawassee, Hillsdale</i>)						
CRI Region EPCs (<i>City of Detroit, Lapeer, Macomb, Oakland, St. Clair, Wayne</i>)						
D1RMRC (<i>Region 1 Healthcare Coalition</i>)						
State Contacts						
CHECC Duty Officer						
Relevant state agencies/contacts (<i>ex., MDHHS, MDARD, EGLE, etc.</i>)						
State Legislatures						

- Determine which partners need to be included in the initial meeting or kept on an informed basis.



Incident Response Checklist - Briefing



Situation Briefing – What is currently known

Identified Hazard					
Hazard Overview – <i>Lead Should Provide basic <u>summary</u> (ex., symptoms, complications/risk factors, who is at risk, treatment, recommendations, protocol, etc.).</i>					
Brief Summary of Events so Far					
Current Affected Area <i>Fill in or highlight affected area(s)</i>	Livingston County – Affected Area(s) •	Region 1 Counties • Clinton • Eaton • Hillsdale • Ingham • Jackson • Lenawee • Shiawassee	CRI Region Counties • City of Detroit • Lapeer • Macomb • Oakland • St. Clair • Wayne	Michigan <i>(List other counties or affected areas)</i> •	United States <i>(List affected states)</i> •
Current Activation Level <i>(Highlight or circle)</i>	Assessment/Monitoring	Partial	Full	Demobilization and Recovery	
Current # of Cases	Suspect:	Probable:	Confirmed:	Unknown:	
Current # of Casualties	Missing:	Injured:	Hospitalized:	Deceased:	Unknown:

- Identify subject matter expert to provide a brief incident overview.
- Use this section to capture notes of current information and what is known.



INCIDENT RESPONSE CHECKLIST - COMMUNITY OUTREACH

- Use the Community Outreach Planning to determine mass care type needs.
- *Other sections not shown include:*
 - *Identify immediate incident needs*
 - *Tactical communication needs*
 - *Risk communication and public messaging needs*
 - *Next steps/Future planning needs*
 - *Post briefing tasks*

Community Outreach Planning Needs					
<i>Assess the need for current/future community outreach needs and planning considerations. (ex., resource centers, vaccine clinics, POD sites, distribution locations, etc.).</i>					
Task	No Current Need	Started <i>(Date/Time)</i>	Completed <i>(Date/Time)</i>	Assigned to:	Notes
Do we need to set up additional screening, testing, specimen collection operations?					
Do we need to prepare our Distribution Node sites for activation? (Primary or Backup?)					
Do we need to prepare for mass prophylaxis (POD) operations? (pills, vaccinations, therapeutics)					
Where would POD site(s) be set up? Walk through or drive through?					
What type of precautions are recommended for staff/volunteers/residents?					
Do we need to request volunteer support from the MRC?					



Day-to-Day Benefits

- Increased and more consistent staff communication.
- Increased awareness of what each department does:
 - Microsoft Teams groups for easy notification and interaction.
 - Crossover with EH and PPHS: Food Team, CD Team, Epi Team, etc.
 - Better understanding of who the Subject Matter Expert is for other LCHD programs/roles.
- Usable skills gained for the “small incidents”.
- Staff feeling more confident and comfortable with their roles.



Challenges/Tips

- (Non-EP) staff buy-in
- Time
- Topic development and review with EP/ EH /Med Dir/ SME.
- Scheduling for seasonality
- Including leadership in trainings



Next Steps

- Start to include outside partners.
- Determine next round of training topics.
- Cross-training and redundancy during incident response.
 - EPC may not always be available to lead an incident!
- Gather staff/participant feedback to ensure continuous quality improvement.



Employee Post-Feedback

- Staff appreciate the opportunity.
- Departments we didn't think would be engaged have participated well and even requested additional topics related to their program.
- “How comfortable were you with the topic **before** the training?” 3.1
- “How comfortable are you **now** with the topic?” 4.3



Menti Poll

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- After learning these new training methods, what one word or short phrase do you think of when you hear “Emergency Preparedness Exercise”?



Contact Information

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