INCORPORATING PREPAREDNESS INTO ROUTINE PUBLIC HEALTH ACTIVITIES:
EQUIPPING STAFF OF ALL LEVELS THROUGH CREATIVE EMERGENCY RESPONSE TRAINING

MICHIGAN DEPARTMENT OF AGRICULTURE AND RURAL DEVELOPMENT
Elizabeth Zay, MSA, PEM

LIVINGSTON COUNTY HEALTH DEPARTMENT
Lindsay Gestro, BA, PEM
Lynn Hermann, BS, MA, CIC
Dr. Juan Marquez, MD, MPH
Sign up for Mentimeter!

- Go to: www.menti.com
- 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.
What one word or short phrase do you think of when you hear “Emergency Preparedness Exercise/Training?”
Menti Poll

- Enlightening
- Organized
- Confusing
- Educational
- Important
- Unrealistic
- Intense
- Informative
- Effective
- Prepared
- Boring
- Helpful
- Useful
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
• 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!
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

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

<table>
<thead>
<tr>
<th>Incident Name</th>
<th>Date of Activation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activation Initiated By</td>
<td>Time of Activation</td>
</tr>
<tr>
<td>Lead</td>
<td>Scribe</td>
</tr>
<tr>
<td>In-Person Attendees:</td>
<td></td>
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<tr>
<td>Virtual Attendees:</td>
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</table>

### Initial Briefing Meeting Preparation

These tasks should be completed before the scheduled briefing takes place.

<table>
<thead>
<tr>
<th>Task</th>
<th>No Current Need</th>
<th>Completed (Date/Time)</th>
<th>Assigned to:</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify the Lead who will coordinate and run the briefing. This is typically determined by the initial group that is notified about the incident who confirms the need for a briefing/meeting.</td>
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<tr>
<td>Upon notification of an incident, set meeting date/time and provide meeting location/link. Health Officer, Lead or EPC will send calendar/asppt, invite.</td>
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<tr>
<td>Identify other partners who should be included in the initial briefing. (See Partner Notification in next section)</td>
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<tr>
<td>Utilize Sign in Sheet at the meeting. Copies are also printed and kept at the EPC’s desk</td>
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<tr>
<td>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.</td>
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</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Identified Hazard</th>
<th>Hazard Overview – Lead Should Provide basic summary (e.g., symptoms, complications/risk factors, who is at risk, treatment, recommendations, protocol, etc.)</th>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>Brief Summary of Events so Far</th>
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<tbody>
<tr>
<td><strong>Current Affected Area</strong></td>
</tr>
<tr>
<td>Fill in or highlight affected area(s)</td>
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<tr>
<td><strong>Region 1 Counties</strong></td>
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<td></td>
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<tr>
<td><strong>CFR Region Counties</strong></td>
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<tr>
<td></td>
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<tr>
<td><strong>Michigan</strong></td>
</tr>
<tr>
<td>(List other counties or affected areas) •Michigan</td>
</tr>
<tr>
<td><strong>United States</strong></td>
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<tr>
<td>(List affected states)</td>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Current Activation Level (Highlight or circle)</th>
<th>Assessment/Monitoring</th>
<th>Partial</th>
<th>Full</th>
<th>Demobilization and Recovery</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current # of Cases</strong></td>
<td>Suspect:</td>
<td>Probable:</td>
<td>Confirmed:</td>
<td>Unknown:</td>
</tr>
<tr>
<td><strong>Current # of Casualties</strong></td>
<td>Missing:</td>
<td>Injured:</td>
<td>Hospitalized:</td>
<td>Deceased: Unknown:</td>
</tr>
</tbody>
</table>
### INCIDENT RESPONSE CHECKLIST - COMMUNITY OUTREACH

**Community Outreach Planning Needs**

*Assess the need for current/future community outreach needs and planning considerations. (ex., resource centers, vaccine clinics, POD sites, distribution locations, etc.)*

<table>
<thead>
<tr>
<th>Task</th>
<th>No Current Need</th>
<th>Started (Date/Time)</th>
<th>Completed (Date/Time)</th>
<th>Assigned to:</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do we need to set up additional screening, testing, specimen collection operations?</td>
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<tr>
<td>Do we need to prepare our Distribution Node sites for activation? (Primary or Backup?)</td>
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<tr>
<td>Do we need to prepare for mass prophylaxis (POD) operations? (pills, vaccinations, therapeutics)</td>
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<td>Where would POD site(s) be set up? Walk through or drive through?</td>
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<tr>
<td>What type of precautions are recommended for staff/volunteers/residents?</td>
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<tr>
<td>Do we need to request volunteer support from the MRC?</td>
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</table>

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

Informative, Helpful, Realistic, Comprehensive, Planned, Well, Good, Organized, Relevant, Informational, Fabulous, Ready.
Contact Information

Michigan Department of Agriculture and Rural Development
- Elizabeth Zay, MSA, PEM - ZayE@michigan.gov

Livingston County Health Department
- Lindsay Gestro, BA, PEM - lgestro@livgov.com
- Lynn Hermann, BS, MA, CIC - lhermann@livgov.com
- Juan Marquez, MPH, MD - jmarquez@livgov.com